



HM Government

Considerations relating to Public Sector Equality Duty

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

22 June 2020

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Summary

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.

The protected characteristics in question are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation. 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.

Brief outline of policy or service

The government has carried out four PSED assessments on the impacts of the lockdown policy implemented 23 March. The 10 broad measures introduced include:

- self-isolating for 7 days if experiencing symptoms
- self-isolating for 14 days if a household member is experiencing symptoms

- shielding the clinically extremely vulnerable
- protecting the vulnerable (self-isolation for the 1.5m most vulnerable, including the over 70s, those with specific health conditions, and pregnant women with some underlying health conditions)
- no gatherings of more than two people (not in the same household)
- closure of schools (except for key workers and vulnerable children)
- closing certain retail and indoor public spaces
- closing outdoor public spaces
- prohibition on mass gatherings
- staying at home

Since their introduction, a series of easements have been introduced, removing many of these restrictions. Changes to date include:

- changing the ‘stay at home’ requirement set up in the regulations to a regime that is permissive of leaving the home but sets out certain restrictions, including:
 - not gathering in a group of more than 6 individuals outside (unless an exclusive household group), unless for a work purpose, or another specific exception. This includes gardens and other private unenclosed outdoor space
 - not gathering with anyone outside of the household indoors (including public indoor spaces and other private dwellings), unless for a work purpose, or another specific exception
 - not staying overnight somewhere away from the home, unless there is a reasonable excuse to so do including where it is reasonably necessary for work purposes
- open non-essential retail, when and where it is safe to do so (including minimal changes on 1 June followed by a broad reopening on 15 June);
- permitting other outdoor space to open - e.g. botanical gardens; and
- a phased return for early years settings and reception, year 1 and year 6 of schools.
- Introducing the “bubbling” concept for single adult households on 13 June.

This document considers the ongoing impacts of remaining restrictions, and any potential impacts of removing those restrictions under Step 3 of the Government’s Roadmap. The document is divided into five sections to explore the remaining overarching restrictions (although the summary section addresses the closure of businesses and restrictions on movements together):

- closure of businesses
- restrictions on movements and social contact
- enforcement
- schools and childcare provisions
- shielding

Closure of businesses and restrictions on movement and social contact

In a survey by Britain Thinks, respondents aged 18-24 were the age group most likely to report being furloughed, on reduced hours or taking obligatory temporary leave (35%). There is strong evidence from past recessions that young people will be among the hardest hit economically; those who have recently left education or just entering the job market are more susceptible to long-term unemployment and pay scarring.

There is some evidence of higher levels of loneliness and boredom in young people. This may have improved under the May and June easements allowing people to socialise more outside and visit shops, although broadly levels of loneliness (36%) and boredom (51%) remain elevated across the population (ONS).

Young people may have benefited more from some of the easements implemented – such as access to sport activities. There is also some evidence that young people are less likely to comply with remaining rules – e.g. [UCL found that less than 50% of people under 30 were completely complying with lockdown rules](#). Nonetheless, evidence from UCL also indicates that young people have been staying at home to a higher degree than older age groups.

Other evidence points to the particular impacts on older people and the shielding cohort. For example [ONS find that two fifths of over 70 year olds report their mental health being impacted by lockdown](#). We would expect impacts to be concentrated in the shielding and otherwise older cohort as other groups commence other activities.

Disabled people have consistently been recognised in the government's equality assessment as being disproportionately impacted by the restriction measures. There are lower employment rates among disabled people in general and they are more likely to work in sectors that are currently closed (e.g. hospitality). The government's access to work scheme should help to mitigate this. Disabled people are also more likely to have health vulnerabilities that could make them less able to safely return to work.

We would expect social distancing to exacerbate mental health issues for people with learning disabilities and autistic people as they do not have access to the same community services. People with addictions amounting to a disability may also struggle to access their usual support networks during lockdown, such as Alcoholics Anonymous.

The ability to meet in private outdoor settings (such as gardens) is expected to have benefited disabled people who would struggle to access public spaces for reasons related to mental or physical health. In addition, some disabled people who are more at risk of anxiety and social isolation could be expected to benefit substantially from the ‘support bubbling’ policy. However, given the bubbling model only applies where one of the households contains a single adult, it will not benefit households where a disabled child lives with two adults or where a disabled adult lives with another adult (unless they bubble with another single adult household).

The evidence has consistently pointed to higher health impacts on men, but disproportionate negative impacts from the social distancing policy on women. [Women were about one third more likely to work in a sector that is now shut down than men.](#)

Women may be less able to benefit from businesses reopening unless this is coupled with the widespread reopening of pre-schools, primary schools and childcare: evidence suggests that, of parents working from home, women have been taking on a larger share of childcare and home-schooling responsibilities at this time than men. [A recent study](#) found that 72% of mothers described themselves as the “default” parent for all or most of the time during lockdown and 70% of women reported being completely or mostly responsible for home-schooling.

[Women are more likely to be on insecure or zero-hours contracts](#), more likely to be dependent on social security and more likely to be in an insecure housing situation than men, exacerbating the impact of any loss of wages. [Women make up 70% of those on jobs not eligible for statutory sick pay. Research also indicates that women, and BAME women in particular, are more likely to believe they will end up in more debt after the outbreak, struggle to make ends meet in the next three months and be worried about how to pay the rent or mortgage.](#) Returning to employment may therefore be a stronger imperative for women than men.

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.

The government continues to be concerned about domestic abuse, of whom the victims are predominantly women. 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. Although restrictions on gatherings have been eased, it is expected that abusers may even increase controlling behaviour in the short term in order to retain control.

As part of a UK-wide package of support, £2 million has been made available to immediately bolster domestic abuse helplines and online support. £750 million of funding has also been made available to the voluntary sector to support charities including those working on domestic abuse.

Concerns remain that pregnant women and new mothers are being impacted economically by business closures. Pregnant women, who are advised to stay at home as they are clinically vulnerable, may be particularly vulnerable to workplace discrimination at this time if employers need to reduce staff. The government has taken steps to prevent furloughing impacting on maternity pay and allowance calculations. Women may find it harder to

access antenatal and postnatal community health services during the pandemic, though steps have been taken to mitigate these impacts.

New mothers, who are at a heightened risk of mental health complications such as postnatal depression, may be more able to access emotional support from friends and family now that small, outdoor gatherings are allowed.

Negative impacts remain in the LGBT community and 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. Evidence concerning the easements and the improved ability to leave the house is not yet available, although it is anticipated that this will have assisted mental wellbeing if LGBT people are able to spend more time away from a difficult home environment relating to their sexual orientation or gender identity.

The ONS has produced new data showing that people from BAME communities are at greater risk of severe adverse outcomes from COVID-19. PHE published a further report on understanding the impact of COVID19 on BAME groups. Key findings include:

- the risk of dying among people diagnosed with COVID-19 is higher in people from Black and Asian ethnic groups when compared to people in white ethnic groups; and
- there is some evidence which supports the hypothesis that Black African or Black Caribbean individuals are more likely to test positive for COVID-19 than white British. For other minority ethnic groups, there is insufficient evidence to draw conclusions.

This may make BAME individuals more hesitant to take up opportunities to work and socialise. However, there is also evidence of disproportionately negative employment and social impacts for these groups.

A high proportion of Black, Pakistani, and Bangladeshi groups are employed in sectors where businesses have closed. 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 remain closed. Bangladeshi men are four times as likely as White British men to have jobs in shut-down industries, due in large part to their concentration in the restaurant sector, and Pakistani men are nearly three times as likely, partly due to their concentration in taxi driving.

There are also other heightened challenges for returning to work in some ethnic groups, for example 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. Single parents with both adult and younger children living with them may be unable to benefit from bubbling, although they may face similar challenges to single parents with just younger children.

Other ethnic minorities are more likely to live in larger households (i.e. with more children, and/or multi-generational - a feature of many Bangladeshi households for example) which increases the potential risk and impact of infection.

The 'stay at home' restrictions had significant implications for 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%).

Restrictions on gatherings and the closure of places of worship have had an adverse impact on many people of faith, particularly those with religious festivals during the period. Moves to open retail and opportunities for social interaction without reopening places of worship may exacerbate the impacts felt by religious groups.

The government has consulted widely with faith groups, including through the ministerial-led Places of Worship Taskforce. The opening of places of worship for private prayer will have improved the circumstances of some religious individuals and groups. However, there is also evidence from the consultation with religious groups through the task force, that the distinction between private prayer and communal worship is difficult to communicate and that communal prayer is particularly important to some faiths.

Guidance states that any pre-requisite washing/ablution rituals should not be done at the place of worship and shared washing areas should be closed. This disproportionately affects people of Muslim faith. Communications with the Taskforce have reiterated that this easement is about spending the minimum time possible inside places of worship and keeping activity as solitary as possible to reduce the spread of infection.

There has been a suggestion that restrictions on weddings may be disproportionately impacting some religious communities. For example, people of some faiths will not live together and start a family before being married, whereas some non-religious couples could take the step of moving in together with the current restrictions still in place.

Income is not a protected characteristic, but this assessment has nonetheless considered how the government's policy has impacted different income groups. Lower-paid and lower-skilled workers have been worst affected by the crisis and are losing their jobs in greater numbers. For instance, low earners were seven times as likely as high earners to have worked in a sector that was shut down. Lower-income households are generally less resilient to falls in income, due to spending a higher proportion of their incomes on 'essential goods' (e.g. groceries, household bills). They are also more likely to be in debt or have low cash savings.

Enforcement

Fixed Penalty Notice data indicates that around two-thirds of those issued were to under 35s (37% were 18 to 24, 18% were aged 25-29 and 14% 30-34), however the balance of evidence indicates that disparities are likely to reflect behaviours among younger people rather than discriminatory practices. The risk of racial prejudice in enforcement has been highlighted and the Government is in the process of reviewing the force-to-force data on this.

Schools

The need to control the risk of transmission and operate within smaller groups and class sizes means only a limited number of pupils have been allowed to return to school in the first instance. We have started with the following years: reception, year 1, year 6 and some face-to-face time for years 10 and 12. The focus on greater numbers of younger year groups is justified given the moderately high scientific confidence that younger children are less likely to become unwell if infected with COVID-19 and less likely to act as vectors to transmit the disease to others. Evidence is also consistent on the benefits of early education to children's learning and development, particularly for the most disadvantaged children with a less enriching home environment than their peers. Year 6 children are preparing for the transition to secondary school and are therefore likely to benefit from time with their friends and teachers to ensure they are ready. Pupils in Year 10 and 12 should benefit from face-to-face support to supplement their remote education. This is because they are preparing for key examinations next year and are most at risk of falling behind due to time out of school or college.

Vulnerable children are also encouraged to continue to attend and SEND children (disability) are also being facilitated to attend. However, there is evidence that the vast majority of vulnerable children are not currently at school. Take up of early years provision by children with SEND is also relatively low. Regional action teams are working to increase school attendance by vulnerable children.

Opening schools creates health risks that fall disproportionately on older members of staff or parents, or those with underlying health conditions. The government has provided guidance to childcare and education settings to help settings lower their risk, with a particular focus on the hierarchy of controls that Public Health England advise will substantially lower the risk of transmission. This guidance also sets out clearly the position for people who are clinically vulnerable and clinically extremely vulnerable. The Government has also provided guidance as to the groups that should be shielding and therefore not attending school. Ultimately senior leaders of childcare and education settings should decide whether they have the staff available to cater for all, or indeed any of, the children and young people we have asked them to invite back, and the government is supporting them in their decision-making on this.

There are also considerable inequalities associated with the remaining restrictions on school attendance. The gender impacts of women taking responsibility for the majority of home-schooling are noted above in paragraph 14. We have also noted above that single parents are more heavily impacted. These individuals are more likely to be women and there are particularly high rates of single parents in the black community.

Children of parents on lower incomes are shown to be receiving lower levels of home-schooling than their wealthier peers (IFS estimates 30% less). 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. Pupils from better-off families are spending longer on home learning; they have access to more individualised resources such as private tutoring or chats with teachers; they have a better home set-up for distance learning; and their parents report feeling more able to support them. Policymakers are working urgently to address the gaps in education that the crisis is widening.

We also know that some groups, such as boys and those from BAME backgrounds are more at risk of exposure to extra-familial harms like county lines and serious violence – males represented 91% of those associated with county lines offending in 2018.

Women are more likely to benefit from employment opportunities in the sector (e.g. only 15% of teachers are men).

Shielding

The objective of shielding is to reduce mortality in those individuals at greatest personal risk from catching COVID-19. The support offered by the shielding programme has been designed to have a positive impact on the individuals involved, including those with protected characteristics, while they are advised to remain at home.

Nonetheless, we recognise that there are likely to be significant negative impacts for people with protected characteristics, including impacts to physical and mental wellbeing as a result of following the shielding guidance. There will have been particular impacts on older people, whom some evidence suggests experience high rates of loneliness. Lower income individuals could have been particularly impacted where they have experienced employment impacts. Disabled people that have been asked to shield will also experience particular impacts associated with their particular conditions or circumstances. Before the pandemic, disabled people were already four times more likely than non-disabled people to report being socially isolated and feeling lonely. To mitigate against this, all details for shielding individuals have been shared with Local Authorities to cross match with Social Care services databases to ensure individuals receive the support they need. The registration website also asks if individuals had 'unmet care needs' and the data for those who answer 'yes' is passed on to Local Authorities to provide support. Shielding measures will also have particular impacts on those living in overcrowded houses, which are more likely to be ethnic minorities.

We have had to continually balance these negative impacts against the health benefits of shielding. However, with mitigating measures in place as far as possible, the need to protect lives has, until now, justified the policy.

Conclusions

Persistent and concerning equalities impacts remain under the social distancing policy. We note in particular the recent PHE and ONS findings on BAME individuals being more susceptible to the health impacts of the disease. Respective concerns will impact the behaviour and well-being of these groups across the board.

There are also particularly striking impacts from the continued closure of schools, including the impacts on disadvantaged pupils and the knock-on impact on women and their capacity to return to work given the prevailing gender disparity in childcare. Economic hardship from a lack of employment opportunities is another particular concern, especially for young people and low earners.

However, the public health benefits (and individual health benefits) of the restrictions and measures set out in the Regulations and guidance are considered proportionate and justify

the adverse impacts noted in respect of groups with protected characteristics. This policy area is not always relevant to advancing equality of opportunity between those who share a protected characteristic and those who do not but we consider this limb in respect of the different protected characteristics in the detailed analysis below. The policy area is also not always relevant in respect of fostering good relations between those who share a protected characteristic and those who do not (e.g. tackling prejudice and promote understanding). However, we note that the measures relating to restricting a person's main social interaction to their households could in some cases create friction between different groups (for example, if that person has a protected characteristic which the other people in the household do not have e.g. a different sexual orientation).

The Government will continue to monitor the impacts and mitigate wherever possible. The Government is also considering a broader opening of services and lifting of restrictions for July which would go a long way to address these considerable impacts.

Full equality analysis

Equality analysis of potential 'Step 3' easements of social distancing measures 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
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Ministers should therefore consider the equality impact outlined in this PSED when making future decisions concerning social distancing.

The protected characteristics in question are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation. 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.

Brief outline of policy or service

The Government has carried out four PSED assessments on the impacts of the lockdown policy implemented 23 March. The 10 broad measures introduced include:

- self-isolate for 7 days if experiencing symptoms
- self-isolate for 14 days if a household member is experiencing symptoms

- shield the clinically extremely vulnerable
- protect the vulnerable (self-isolation for the 1.5m most vulnerable, including the over 70s, those with specific health conditions, and pregnant women with some underlying health conditions)
- no gatherings of more than two people (not in the same household)
- closure of schools (except for key workers and vulnerable children)
- closing certain retail and indoor public spaces
- closing outdoor public spaces
- prohibition on mass gatherings
- stay at home

Since their introduction, a series of easements have been introduced, removing many of these restrictions. Changes to date include:

- changing the 'stay at home' requirement set up in the regulations to a regime that is permissive of leaving the home but sets out certain restrictions, including:
 - not gathering in a group of more than 6 individuals outside (unless an exclusive household group), unless for a work purpose, or another specific exception. This includes gardens and other private unenclosed outdoor space;
 - not gathering with anyone outside of the household indoors (including public indoor spaces and other private dwellings), unless for a work purpose, or another specific exception; and
 - not staying overnight somewhere away from the home, unless there is a reasonable excuse to do so including where it is reasonably necessary for work purposes.
- open non-essential retail, when and where it is safe to do so (including minimal changes on 1 June followed by a broad reopening on 15 June);
- permitting other outdoor space to open - e.g. botanical gardens; and
- a phased return for early years settings and reception, year 1 and year 6 of schools.

This document considers the ongoing impacts of remaining restrictions, and any potential impacts of removing those restrictions under Step 3 of the government's Roadmap. The document is divided into five sections to explore the remaining overarching restrictions:

- closure of businesses
- restrictions on movements and social contact
- enforcement

- schools and childcare provisions
- shielding

Closure of businesses

The coronavirus restrictions regulations continue to prevent many businesses from opening. This includes the hospitality sector (cafes, restaurants, bars and nightclubs); leisure facilities such as indoor cinemas, theatres, bingo halls, casinos, skating rinks, museums and galleries; the personal care sector such as hairdressers, tattoo and piercing parlours; sports facilities such as gyms, indoors sports courts; indoor entertainment such as soft play and amusements arcades; outdoor children's activities such as funfairs and playgrounds; outdoor attractions such as landmarks and theme parks, indoor attractions such as film studios and aquariums.

Age

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.

Employees in the hospitality sector are predominantly younger workers when compared to the overall UK economy. 38% of workers are 16-24 years old, compared to just 11% across the UK economy. Conversely, the share of older workers is lower in hospitality with 8% aged between 55-64 years (16% across the UK economy) and 2% that are 65 years or older (4% across the UK economy).¹ More hospitality workers have been furloughed than in any other industry, with eight in ten workers in the sector not currently working. The closure of this sector therefore particularly disadvantages younger workers.

Workers in close contact services sector are likewise predominantly younger people when compared to the overall UK economy, and therefore likely to have been hit harder by mandated closures. 17% of workers are aged between 16-24 years old, compared to 11% in this age group across the UK economy and 28% are aged between 25-34, compared to 23% in this age group across the UK economy. Conversely, the share of older workers is lower in close contact services with 12% aged between 55-64 years old, compared to 16% in this age group across the UK economy.²

This is especially true for hairdressers and barbers where 22% of workers are aged between 16-24 years old. This is two times as many young workers than across the UK economy (11%). For beauticians and related occupations, 18% are aged between 16-24 years old. However, the share of older workers is higher among 'health associate professionals' (such as acupuncturists and massage therapists), with 33% aged between 55-64 years old compared to 16% in this age group across the UK economy. Similarly, 22% of tailors and dress makers are aged between 55-64.

The closure of sports facilities may have had a disproportionate impact on the elderly who rely on community provision such as swimming pools and community gyms to attend classes and use the facilities to treat and rehab injuries. There may also be a [disproportionate impact on younger people who tend to work at these facilities](#) and may

¹ BEIS calculations based on ONS Annual Population Survey data Jan 2019 – Dec 2019

² ONS Annual Population Survey, Jan – Dec 2019

have been furloughed for the past few months. These groups would therefore be advantaged by the reopening of sport facilities.

To mitigate some of these negative impacts, Sport England has published some [support and advice for people to help them stay active at home](#), including the elderly and those with children; and the Government is publicising free ways to improve mental and physical health, through using on-line resources. The NHS Volunteer Responders are also providing [telephone support to individuals at risk of loneliness](#) because of isolation. Vulnerable individuals are now able to self-refer into the programme.

There may be particular benefits to being able to visit business premises and other public places for the over 70s, as this could reduce social isolation. However, this is potentially counterbalanced by an increased health risk to this group if they choose to go out once more businesses are reopened, although safer workplace guidance seeks to mitigate this and help keep staff and customers safe.

Older people are more likely to fall into the ‘extremely clinically vulnerable’ group. The government strongly advises this group to shield themselves; any shielders whose jobs are not practicable from home would not be able to work if they follow government advice. There is a risk that people in this category may experience difficulties if their workplace re-opens, but they wish to follow government advice and shield themselves. To mitigate against this, employees who have been advised to shield are eligible to receive Statutory Sick Pay and the Coronavirus Job Retention Scheme can be used to support those advised to shield in professions where they are unable to work from home. 95% of all local councils also already have helplines set up for vulnerable residents. This is for both reactive and proactive support.

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.

Based on the disability definition in the Equality Act 2010, 16% of workers in the hospitality sector are classified as disabled, compared to 14% across all UK sectors. This means this group is slightly overrepresented in this sector and so slightly more impacted by its closure.

The continued closure of close contact services may particularly impact disabled people, who make up 16% of workers in these occupations, compared to 14% across all UK sectors (using the Equality Act 2010’s definition of disability).³ This means this group is slightly overrepresented in these occupations. The ‘tailors and dressmakers’ occupation has the largest proportion of its workforce classified as disabled (21%).

Disabled people have consistently been recognised in the government’s equality assessment as being disproportionately impacted by the restriction measures. Disabled people are more likely to have health vulnerabilities that could make them less able, or more concerned, to return to work; furthermore there are lower employment rates among

³ ONS Annual Population Survey, Jan – Dec 2019

disabled people in general⁴ and disabled people are more likely to have lower household incomes.⁵ Therefore, labour market disruption associated with “shielding” may have had a larger impact on the financial or socio-economic position of disabled people. Among those in work, 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.⁶

One in five people in England have a long-standing limiting disability or illness. Sport England’s Active Lives Adult Survey data shows [disabled people are twice as likely to be physically inactive \(41%\), compared with those without a disability \(20%\)](#). This inequality increases sharply as the number of impairments a person has increases, with 49% of people with three or more impairments inactive. If these population disparities are not addressed, the inequalities that already exist for disabled people will increase.

COVID-19 will have exacerbated these impacts due to the closure of sports facilities, events and classes that help disabled people to be active in a way that suits them best.

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 reopening of any part of the sector.

Based on data from the National LGBT Survey 2018, 10% of LGBT respondents were working in hotels, restaurants, cafes and bars. This suggests that the closure of this sector may have disadvantaged this group from an employment perspective, although we do not know what the particular impact for different groups within the LGBT community might be.

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 overrepresented in the sectors which have seen the highest proportions of short term staff lay-offs to manage the impact of COVID-19, including the ‘Arts, entertainment, and recreation’ sector and the ‘Administrative and Support Service Activities’ sector. This likewise suggests that LGBT people may be disproportionately positively impacted by continuing business closures.

⁴ DWP (2020). The employment of disabled people. <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2019>

⁵ DWP (2020). Households below average incomes 2018/19.

⁶ The [Trussel trust](#) (2017) reported high numbers of disabled food bank users. The government has since adapted welfare policies to address this, though disabled people may continue to access food banks in higher numbers than non-disabled adults.

Pregnancy and maternity

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.

[Pregnant women are classified as 'clinically vulnerable'](#). There is a risk that people in this category experience difficulties if their workplace has re-opened but they are apprehensive about returning. The Coronavirus Job Retention Scheme can be used to furlough employees who have been told to remain home but are unable to work from home.

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 calls regarding workplace pregnancy and maternity discrimination since lockdown started⁷. Mitigations include clear guidance on expectations of employers, and the continuation of discrimination and redundancy protections.

Employers have particular responsibilities towards those who are new or expectant mothers. Guidance asks that employers understand the specific needs of these workers and make reasonable adjustments to avoid new or expectant mothers being put at a disadvantage.

The prolonged closure of gyms, swimming pools and indoor sports facilities will have a negative impact on physical activity levels which will impact physical and mental health. Swimming is a popular choice of sport for pregnant women as it's a low impact sport and can help women to stay active and healthy during pregnancy. The reopening of facilities may therefore be beneficial.

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.

For those working in sectors that have now reopened, there are a number of reasons why people from ethnic minorities may be reluctant to return to work. In its quantitative review, ['Disparities in the risk and outcomes of COVID-19'](#), Public Health England established that people from Black ethnic groups were most likely to be diagnosed with COVID-19. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.

The qualitative Public Health England review, 'Beyond the data: Understanding the impact of COVID-19 on BAME groups' revealed that historic racism and poorer experiences of healthcare or at work may mean that individuals in [BAME groups are less likely to seek care when needed or as NHS staff are less likely to speak up when they have concerns about Personal Protective Equipment \(PPE\) or risk](#).

For those who were able to return to work, there is an additional barrier of ensuring that the workplaces they are going to are safe. We know that people from ethnic minority backgrounds are more likely to have persistently low incomes. Anecdotally it has been suggested that they therefore may be more hesitant to ask for the protective gear they need - for fear of losing their jobs, or being discriminated against.

⁷ EASS internal records

There are also problems for people in other circumstances, for example, COVID-19 will likely disproportionately affect the self-employed. [20.4% of workers in the combined Pakistani and Bangladeshi ethnic group are self-employed](#), the highest percentage out of all ethnic groups. As of 29 May 2020, the Self-Employment Income Support Scheme has now been extended. A second and final grant will be available when the scheme opens again in August 2020. Eligible claimants must apply on or before 13 July 2020. Ethnic minority groups should be made aware through appropriate messaging and communications regarding the scheme's extension.

People from ethnic minority groups tend to work in occupations that make it harder to work from home, so may have been 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.

Ethnic minorities make up a significantly larger share of the hospitality workforce than on average across the UK and are therefore more likely to have been disadvantaged by the sector's closure. 19% of employees in the food and beverage sector are classified as an ethnic minority, compared to 13% across all UK sectors, meaning a difference of 6 percentage points or over 50% higher share of ethnic minorities in hospitality.⁸

Within the headline data above, there is variation between ethnicities. The ethnicities that have relatively higher shares in employment in hospitality are Bangladeshi (2.5% in hospitality vs 0.6% on average), Chinese (1.6% vs 0.5%), other Asian background (3.2% vs 1.2%), Other ethnic groups (3.3% vs 1.6%) and Mixed / multiple ethnic groups (1.8% vs 1.1%). The shares of black / African / Caribbean / Black British (3% vs 3.1%) and Pakistani (1.7% vs 1.6%) are close to the UK average, suggesting these groups are not overrepresented. Finally, there are proportionately less Indian workers in hospitality than on average across the UK economy (1.9% vs 2.8%).⁹

In close contact services, 14% of workers are from BAME¹⁰ backgrounds, only slightly above the average across all UK sectors (13%), suggesting people from these backgrounds will have been more impacted by the sector's closure. Within close contact services, BAME workers make up 31% of the tailors and dressmakers' workforce, and 18% of beauticians and related occupations. It should be noted though that while the proportion of BAME tailors and dressmakers is twice as high as the UK average, the estimated numbers of those employed in this occupation is relatively small (c.13,000 workers)¹¹.

The proportions between ethnicities is relatively even, with 2.7% of workers identifying as belonging to the 'other ethnic group' e.g. Arab (compared to 1.6% UK average), 2.4% as

⁸ BEIS calculations based on ONS Annual Population Survey data Jan 2019 – Dec 2019.

⁹ Ibid.

¹⁰ Defined as: Pakistani; Indian; Bangladeshi; Chinese; Any other Asian background; Black/African/Caribbean/Black British; Mixed/Multiple ethnic groups; and other ethnic group e.g. Arab

¹¹ ONS Annual Population Survey, Jan – Dec 2019

'black/African/Caribbean/black British' (compared to 3.1% UK average), and 2.4% as 'any other Asian background' (compared to 1.2% UK average).

The prolonged closure of gyms, swimming pools and indoor sports facilities will have had a negative impact on physical activity levels which will impact physical and mental health. Closures may have had a disproportionate impact on employees from ethnic minorities who work in these sports facilities: 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.](#)

Men from minority groups are particularly likely to have been affected by workplace closures. While in the population as a whole, women are more likely to work in shut-down sectors, this is only the case for the white ethnic groups. Bangladeshi men are four times as likely as white British men to have jobs in shut-down industries, due in large part to their concentration in the restaurant sector, and Pakistani men are nearly three times as likely, partly due to their concentration in taxi driving. [Black African and black Caribbean men are both 50% more likely than white British men to be in shut-down sectors.](#)

Engagement with Voluntary and Community Sector Organisations has shown that many members of the Gypsy, Roma and Traveller community who are in employment are in roles that do not offer job security. The closure of businesses has resulted in a loss of employment and income for many with minimal to no support. This includes a lack of access to apply for the government employment benefit schemes available.

For those working in sectors that have now returned, caring responsibilities may be disproportionately preventing some people from ethnic minority groups from taking up the opportunity to return to work due to continued school closures. For example, [18.9% of Black households are made up of a single parent with dependent children](#) (the highest percentage out of all ethnic groups for this type of household).

For those returning to work there may be an increased risk of exposure to COVID-19, for example when using public transport for their journey. Data shows that a higher percentage of people from ethnic minority groups use public transport - in particular the bus. This, combined with the fact that people from Pakistani (99.1%), Bangladeshi (98.7%), and Black African (98.2%) backgrounds were most likely to live in an urban location - may result in a higher risk of viral transmission among ethnic minority groups, other things being equal.

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.](#) This disproportionality is most likely linked to the higher proportions of ethnic minority populations living in cities, with developed public transport routes.

Religion or belief

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.

Places of worship ("PoW"), which are forced to remain closed during religious festivals, when donations are at their highest, risk a heavy financial impact, as do faith organisations

that rely on donations from their congregations. 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.

We continue to engage with Faith stakeholders and Faith Leaders to explore how best to reopen PoW safely, this includes establishing The Places of Worship Taskforce, working with faith leaders to plan for the safe and gradual re-opening of places of worship.

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. Since the government has encouraged people to return to work if they are able to do so safely, this risk could be relieved once more shops begin to reopen as part of Step Two and Step Three of the government's plan to ease restrictions.

We have well-established ways of working with the food industry and together we are working around the clock to ensure people have the food and products they need. Industry has adapted quickly to these changes in demands, and food supply into and across the UK is resilient.

The free food parcels offer for clinically extremely vulnerable people is an emergency response to a very fast-moving situation to support those in greatest need of supplies. The food parcels are a standardised package designed to be suitable for the majority of people, as reviewed by nutritionists. There is therefore a chance that not all the food items in the parcel meet a particular person's faith-specific dietary requirements. A letter is put in every food parcel stating that if the shielded person has any particular dietary needs that are not met through the contents of the box they should contact their Local Authority.

Sexual orientation

See the above section under 'Gender reassignment' - the limited information available is not disaggregated by groups within the LGBT community.

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.

Although a number of sectors have now reopened, women may not be benefiting from this, as schools are still widely closed. Evidence suggests that, of parents working from home, [women have been taking on a larger share of childcare and home-schooling](#)

responsibilities at this time than men, in the UK. Single parents, 86% of whom are women, are likely to be particularly disadvantaged by a lack of childcare.

Further impacts relating to children and to those from lower income groups may also impact women who constitute 86% of single-parent families, carry out an average of 60% more unpaid work in the home than men, and form a higher proportion of lower income groups relative to men. Women are more likely to be on insecure or zero-hours contracts, more likely to be dependent on social security and more likely to be in an insecure housing situation than men, exacerbating the impact of any loss of wages. Women make up 70% of those on jobs not eligible for statutory sick pay. As stated previously, HM Treasury has introduced a number of mitigating measures which seek to reduce economic impacts.

Women are also more likely to have wider caring responsibilities such as supporting elderly relatives and individuals who are shielding during the pandemic. This may further make returning to work more difficult.

Within the sectors that remain closed, there are some differences by sex. There are relatively more female workers in the hospitality sector than across the UK economy. 52% of workers in hospitality are female, compared to 47% female across all sectors. The sector's closure will therefore have impacted female workers more.

Women make up approximately 87% of workers in close contact services¹². This is considerably higher than across all sectors in the UK (47% women). Women will therefore have been more impacted by the continued closure of this sector.

Lower socio-economic groups

There is a concern that those in lower-socio-economic groups and some protected characteristics may face difficult decisions if their only way to get to work is by taking public transport.

¹² January-December 2019 APS, collated by the Labour Markets Team in BEIS

Restrictions on movement and social contact

The government's broad policy to restrict people's movements and ensure social distancing was reflected in the 'stay at home' policy under regulation 6. The regulations have since been reframed to focus on restrictions on gatherings, including a limit of 6 people or a single household for outdoor gatherings activities, only households for indoor gatherings, and restrictions on overnight stays. Exceptions to these rules which include gatherings for work purposes, gatherings which include carers, overnight stays where necessary to attend a funeral or to escape from harm etc., are set out in law.

However, many elements of the restrictions remain in place – for example, people are only permitted to make social visits to the homes of friends and relatives in groups of up to six and outdoors, unless they have formed a 'support bubble' with another household.

Age

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

Of NHS reported COVID-19 hospital deaths, 91% of these were of 60+ year olds, as of 3 May 2020.¹³ Overall the health impact on people over 70, compared to not imposing some restrictions on movement, is said to be positive because of the higher fatality rate among older people and so for as long as the restrictions are necessary to control the transmission of the virus then there is a positive impact on those who are most at risk should they catch the virus (including those over 70). To help mitigate disadvantages to older people, 95% of all local councils already have helplines for vulnerable residents. This is for both reactive and proactive support.

Older people or those with dementia might have seen negative impacts on their wellbeing by changes to their routine or contacts (see disability section).

Older people over 70 who fall into the clinically extremely vulnerable category are experiencing a heightened level of social distancing as they are asked to 'shield' themselves (albeit not a part of the Regulations but the guidance). They are more likely to be isolated, or less able to mitigate the social isolation arising from lockdown with technological solutions. A monthly survey by the University of Essex found that [individuals defined by the NHS as 'high risk' often feel lonely to a greater level than non-high risk individuals](#) (13% vs 8%). The NHS Volunteer Responders are providing telephone support to individuals who are at risk of loneliness as a consequence of isolation.

Older people who are being asked to shield themselves will be advised not to meet people outside of the household either outdoors or through 'support bubbles', which has a negative impact on the advancing equality of opportunity between older people and people without that protected characteristic. Likewise all people 70 and over are advised to strictly follow the social distancing guidance. Overall, in both cases our view is that the risk of impact to their health will outweigh the negative effects of reduced social contact. Clinically

¹³ NHS England and NHS Improvement (2020) COVID-19 all announced deaths 4 May 2020

extremely vulnerable individuals are also now able to self-refer into the NHS Volunteer Responders programme.

Problems associated with isolation may have been mitigated by the permission for outdoor gatherings of up to 6 people from separate households or the formation of a 'support bubble' between single adult households and one other household. Older people may be more likely to live alone and therefore have more scope to benefit, although noting the caveats above advice to the clinically vulnerable and the clinically extremely vulnerable above.

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). These groups are likely to benefit from the easing of restrictions and especially the ability to meet in groups of up to 6 people from different households outdoors.

Young people report high levels of loneliness and concerns about coping during the lockdown. A monthly survey by the University of Essex found that the youngest age groups (16 – 34 years) report higher levels of loneliness than older participants (70+) (17% vs 4%). Where eligible, the younger cohort could strongly benefit from household bubbles, although noting that older individuals are more likely to live alone.

At the same time, those aged 75 years and over were found to have been almost twice as likely than those aged 16 to 24 years to report high anxiety during lockdown. The disproportionate impact for this group is even more striking when considering that older people were less anxious than younger groups prior to lockdown. Older people, especially those with dementia, might have seen negative impacts on their wellbeing by changes to their routine or contacts.

Sport will be made easier with the allowance of 6 people to gather outdoors. The amended regulations of 1 June also make clear that other sports are available, such as water sports. Sport participation declines with age with 70% of 16-34 years olds participating, compared to 61% of 55-74 year olds¹⁴. Younger people may therefore benefit more from easements on sports. However it may also particularly benefit people who have found it harder to be active during the pandemic, which includes older people, according to Sport England research.

Anecdotal evidence suggests that some children may have experienced undernutrition during lockdown¹⁵, some may have been at a [higher risk of being abused](#) or [witness abuse during lockdown](#), and some would have been at an increased risk of inhaling second hand smoke from smokers in their home, particularly those without access to gardens. Physical

¹⁴ Sport England Active Lives Survey report 2019

¹⁵ Rees, G.A., Richards, C.J. and Gregory, J., 2008. Food and nutrient intakes of primary school children: a comparison of school meals and packed lunches. *Journal of Human Nutrition and Dietetics*, 21(5), pp.420-427.

exercise levels among children are also believed to have decreased during lockdown. All of which would have [adversely impacted children's mental health](#).

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.

The health impact of the restrictions for people with forms of disability associated with a higher fatality rate is said to be positive compared with not imposing restrictions. [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](#). 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 because of challenges to staffing and services.

We recognise a risk that social distancing could 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.

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. Up to the week ending 10th May, [467 people with learning disabilities have died due to COVID-19](#). 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 pneumonia 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. Social distancing measures will help mitigate risk for those people with other underlying health conditions.

We also know that 70-80% of autistic people will have a mental health problem at some point in their lives. The regulations explicitly permit movement for the provision of voluntary or charitable services; to provide care or assistance to a vulnerable person; to provide emergency assistance; and to obtain medical assistance. Nonetheless, we have emerging evidence that the experience of the pandemic is creating specific challenges 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.

Disability groups such as autistic people and those with learning disabilities may gain particular benefits from the amendments to the regulations that allow increased access to outside space. The amendment regulations allowing people to go out with other people (up to groups of 6) will encourage individuals – e.g. those with a mental health condition – to benefit from more time outside. However this increase in social contact could increase the exposure of COVID-19 to disabled people. The limit of 6 people in a gathering (including carers) means those people who require carers would be able to meet fewer people for purely social reasons than those without carers. However, excluding carers from the limit of 6 would complicate the policy, may make it harder to enforce the policy, and could risk increase in the prevalence of COVID-19, in particular for those in need of a carer.

People with addictions amounting to a disability may struggle to access their usual support networks during lockdown, for example some 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 of COVID-19 and support drug users to self-isolate as effectively as possible.

We know that 850,000 people 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.

The ability to meet in private outdoor settings (such as gardens) is expected to benefit disabled people who would struggle to access public spaces for reasons related to mental or physical health. However, disabled people, particularly those with learning disability, autism and complex needs may struggle to understand some of the specific advice for meeting in other people's gardens for instance, not being able to use garden furniture or household utensils. People with dementia may also struggle to remember these particular points. This could negatively impact how these groups are included in these gatherings.

Benefits of increased social contact will not be felt by disabled people who are being asked to shield themselves. These people will be advised not to meet people outside of the household, which presents an issue in relation to advancing equality of opportunity. Overall, our view is that the risk of impact to their health for this category will outweigh the negative effects of reduced social contact. There are mitigations in place to reduce the negative effects of reduced social contact including support offered by the NHS Volunteer Responders programme.

In addition, some disabled people who are more at risk of anxiety and social isolation could be expected to benefit substantially from the 'support bubbling' policy. Some disabled people may struggle to understand what bubbling means, and this confusion could exacerbate their anxiety.

Given the bubbling model will only apply where one of the households contains a single adult, it will not benefit households where a disabled child lives with two adults or where a disabled adult lives with another adult (unless they bubble with another single adult household). The bubbling policy is limited to balance the risk of transmission of the COVID-19 as further social contact is allowed and in order to ensure it can be easily understood and applied in practice. This means that the Regulations provide that a bubble must include a single adult household for now. The policy and the regulations are kept under review and the impact of policies are considered carefully.

Gender reassignment

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

The National Advisor for LGBT Health 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. These risks have been echoed in a [briefing produced by the LGBT Foundation](#) on the impacts of COVID19 for LGBT people.

This evidence is supported by a range of other sources highlighting concerns for transgender people that may be compounded 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.¹⁶
- 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 have experienced worsening mental health and wellbeing, increased abuse at home, risk taking sexual behaviours and financial difficulties and job losses. The eased measures are expected to assist, but will not remove entirely these impacts.

¹⁶ Please note that these findings are provisional and subject to change once the fieldwork is completed.

- 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.¹⁷
- there is some limited evidence indicating that incidence of mental health problems is high for transgender people.¹⁸ There is also some limited evidence to suggest that transgender youth may have a higher prevalence rate of autism spectrum disorder (ASD) than the general population¹⁹. The current disruption to usual routines may be of particular challenge to these groups.

The government is in close contact with the LGBT-facing third sector and key frontline organisations which have been adapting their services during the lockdown. Leaving the house and spending time with up to 5 other people not from the same household is expected to assist those transgender people who experience specific difficulties in the home environment relating to their gender identity. However, it is important to note that bubbling is not available to all households and so people with this protected characteristic will only be able to benefit from it if they, or the household they bubble with, are single adult households. This therefore limits the potential positive impact to an extent, but people are likely to be significantly relieved by the removal of the express prohibition leaving the place a person lives without reasonable excuse.

Pregnancy and maternity

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

Based on the data available, there is very little evidence to suggest that pregnant women in their first or second trimester are any more at risk than the general population. [Pregnant women are more at risk if they have underlying conditions or if they are in their third trimester of pregnancy](#). We consider the health benefits of social distancing for this group of pregnant women counterbalance the negative impacts.

Pregnant women and new mothers, who are at a heightened risk of mental health complications such as postnatal depression, would benefit from both increased ability to spend time outside with others, and access to support from friends and family through social ‘bubbling’, where this could be established either (i) with another single adult household; or (ii) if the woman herself is in a single adult household. However, there may not be a single adult household available to bubble with, and pregnant and new mothers are more likely not to be in a single adult household themselves. Moreover, for women who are shielding these benefits will not be felt, and they may have increased likelihood of developing postnatal depression.

There is evidence that there may be more of a risk for BAME pregnant women. The UK Obstetric Surveillance System (UKOSS) is collecting information about all pregnant

¹⁷ Government Equalities Office (2018) The National LGBT Survey Research Report, July 2018.

¹⁸ 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

¹⁹ Glidden et al (2016) Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature

women admitted to hospital who are confirmed to have the virus infection including the influence of demographic characteristics on outcomes for mother and infant. Preliminary unpublished confidential data shows that nearly all pregnant women that had died in the UK with COVID-19, were BAME women. This research group published a paper in the British Medical Journal on 08 June 2020, which states that [56% pregnant women admitted to hospital with SARS-CoV-2 infection in pregnancy were from black or other ethnic minority groups](#).

A second study, led by the British Paediatric Surveillance Unit (BPSU) at the Royal College of Paediatrics and Child Health, is undertaking surveillance of the neonatal complications of coronavirus disease (COVID-19). Subject to confirmation, initial data indicates that BAME babies are disproportionately affected for neonatal deaths.

Race

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

The ONS has produced new data showing that [people from BAME communities are at greater risk of severe adverse outcome from COVID-19](#). PHE has published their [review on the disparities of outcomes for different groups](#). They have also published a further [report on understanding the impact of COVID19 on BAME groups](#). Key findings include:

- people from Black ethnic groups were most likely to be diagnosed. [Death rates from COVID-19 were highest among people of Black and Asian ethnic groups](#)
- after accounting for the effect of sex, age, deprivation and region, [people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British](#)

The 'stay at home' restrictions had significant implications for 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 (see mitigations set out in paragraph 187). The increased ability to spend time outside the home and see friends and family outdoors may have a small mitigating impact.

[Single parents, who are more likely to be women \(86%\)](#), could experience significant benefits from the bubbling policy as it would enable some of them to access informal childcare from family members, which could also enable them to return to work. This could disproportionately impact certain ethnic minorities, for example we know that [18.9% of Black households are made up of a single parent with dependent children](#), the highest percentage out of all ethnic groups for this type of household. Single parents with both adult and younger children living with them may be unable to benefit from bubbling, although they may face similar challenges to single parents with just younger children.

The increased ability to spend time outdoors may disproportionately benefit people from ethnic minority backgrounds who are more likely to live in urban areas, in poorer quality

housing, and less likely to have access to a private garden. [Black people in Britain are nearly four times as likely as White people to have no access to outdoor space at home.](#)

People in ethnic minority groups live mostly in cities and both Asian and Black households were more likely to be in the most deprived 10% of neighbourhoods. The most deprived neighbourhoods are more likely to be in closest proximity to public parks, and people with lower social grades were less likely to have access to a private garden.

Enabling greater social contact by allowing groups of up to 6 people from different households to meet outside may be met by hesitation from ethnic minority groups, in particular given the media attention on the number of people from ethnic minority backgrounds who have died from COVID-19. However, there will also be important mental health benefits for this group, as well as potential societal benefits if this enables e.g. access to informal childcare.

Certain groups may benefit relatively more from the reopening of sports courts, although participation varies by sport. There are different participation rates in sport across different race groups - for example 65% of white people participate in sport compared to 58% of Black people and 54% of Asian people²⁰.

Some ethnic minorities are more likely to live in larger households (ie with more children, and/or multi-generational - a feature of many Bangladeshi households for example) which increase the potential risk of infection. For example [around 2% of White British households experience overcrowding, compared with 30% of Bangladeshi households](#) (the highest percentage). Where there is a household of six people or more, they will not be able to benefit as much from the six person limit to socialise with more people outdoors alongside their household, as the limit would be reached within their household already. This will be particularly acute for families with a number of young children (who cannot be left at home). It may be that the 6 person limit is reached just within the household and there are limited options to split up the household in order to go outdoors with other non-household members. Though these families will not benefit from this policy as much as other groups, this is balanced by increased potential risks of infection in overcrowded households and the need for the limit on outdoor gatherings to be in place for overall mitigation of the transmission risk, and for ease of enforcement.

Enabling greater social contact via household bubbling may be met by hesitation from ethnic minority groups concerned about the apparent increased health risks of the virus for BAME individuals. Moreover some ethnic minorities are more likely to live in larger households and so are less likely to be single adult households and so will not always be able to benefit from the bubbling option (as it would rely on finding a single adult household to bubble with). However, if they are in a large household, they will already have social contact with others and so they may have less acute need for further social contact.

Measures to allow social 'bubbling' (and exceptions to the prohibition of indoor gatherings) would support some families to return to work by allowing two households to share childcare, this could potentially have a positive effect on ethnic minority single-parent households. For example, we know that [18.9% of Black households were made up of a](#)

²⁰ Sport England Active Lives Survey report 2019

[single parent with dependent children](#), the highest percentage out of all ethnic groups for this type of household.

The Gypsy, Roma and Traveller (GRT) community may find these restrictions more challenging. GRT Family circles generally include extended family who may reside in other areas. Restrictions on gatherings has impacted their ability to stay connected. With the ease on lockdown, the GRT community should have the same opportunity to reconnect with extended family members whom they consider immediate without harassment or ridicule.

There are very specific rituals in the GRT community when a member of their family passes. It is common practice for many GRT communities to travel far to visit whomever may be severely ill or has passed away, and funerals and wakes are typically attended by many people where an open coffin is common practice. Post burial, a grave is attended regularly by relatives, sometimes daily.

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 Community Security Trust (CST) and Tell Mama have reported hate groups disrupting online community events through 'Zoombombing'. These groups have developed guidance on how minorities can protect themselves from such incidents.

Initial indicators by the police show variable hate crime trends since the first cases of COVID-19 were seen in the UK, representing an initial significant drop when social distancing measures began, followed by an increase in mid-April and with most recent figures to the start of June showing reported hate crime trends increasing. Police recorded hate crimes are now higher in comparison to reporting seen during the same period last year despite some government COVID-19 restrictions still being in place.

Despite the closure of high incident venues such as pubs/ clubs, the police National Community Tensions Team (NCTT) assess the current increase of hate crime figures is likely due to several factors including the ongoing frustrations of government guidelines and the perception of those who break them. However, the exact causes of such a rise cannot be determined with confidence. It is assessed as likely this level of reporting will be maintained in the short term and there is a realistic possibility it will continue as lockdown restrictions continue to be eased.

The general social discourse around COVID-19 may have contributed to an elevated number of hate crimes against certain ethnic groups, 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. The NCTT continues to observe a higher than average number of offences targeting Chinese, Japanese or South East Asian ethnicity, particularly those crimes that mention COVID-19. Numbers of crimes recorded against this group are routinely so low that single incidents can dramatically change the overall percentage of instances.

Tensions against and hate crime targeting the Gypsy, Roma & Traveller communities remain throughout the pandemic.

Religion or belief

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

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 (including an impact on all those who follow a faith that practices communal prayer). Moves to open up retail and opportunities for social interaction without reopening places of worship may exacerbate the impacts felt by religious groups.

Following the publication of the UK government's roadmap to rebuild Britain, a ministerial-led Places of Worship Taskforce has been set up to develop plans for how and when closed sectors can reopen safely. The Taskforce has been tasked with developing the phased approach to the re-opening of places of worship, and development of supporting guidance. In addition, the multi-faith charity Faith Action has been contracted by MHCLG to engage with different faith community groups, including those which are lesser heard, as well as places of worship across the country to ensure a breadth of views are reflected in the Taskforce considerations. The Minister for Faith has held a series of faith-specific roundtables and one-on-one meetings with faith and community leaders in recent weeks to broaden consultation and will continue to do so in the weeks ahead to support planning to enable the phased and safe reopening of POW.

Individual Prayer: From Saturday 13 June 2020, places of worship will be permitted to open for individual prayer in line with social distancing guidelines. Individual prayer means a single person or household entering a place of worship to pray or meditate on their own, socially distanced from other individuals or households. Places of worship would need to open for this purpose, they are currently open only for funerals, streaming of worship and essential voluntary services (e.g. food banks). New guidance has been published to ensure this limited re-opening of places of worship can be done safely and in line with social distancing guidelines. Places of worship won't be obliged to open for individual prayer. It will be a decision made locally to do so.

Communally-led prayer, worship or devotion such as services, informal prayer meetings, Mass, Jummah or Kirtan will not be possible. The government will continue to work with the Places of Worship Taskforce towards the full reopening of places of worship as soon as the scientific advice allows.

Via the Taskforce we are aware that the difference between individual prayer and communal worship will be extremely difficult to communicate in some faiths. The distinction between individual and communal prayer is that numbers within the building can be controlled and spread across the day, rather than people congregating or gathering at one time in led worship, potentially reducing the spread of infection. Guidance and messaging will be clear that communal activity is not permitted, and it will be incumbent on the place of worship to ensure measures are in place to ensure compliance, for example closing during traditional times of corporate/communal worship.

This may invite challenge around bringing forward permission for practices such as individual prayer, which are of disproportionate significance to certain faiths while others, such as socially distanced communal worship, are not yet permitted. It could be seen as potentially discriminatory to allow prayer which certain faiths may avail of whilst others may not have communal prayer which may involve the same numbers. Guidance makes clear that restrictions are consistent with public health guidance and highlights that individual prayer means numbers can be more easily controlled.

The Guidance states that any pre-requisite washing/ablution rituals should not be done at the place of worship and shared washing areas should be closed. This disproportionately affects people of Muslim faith and could lead to an accusation of unequal treatment. Communications with the Taskforce have reiterated that this easement and accompanying guidance is about spending the minimum time possible inside the PoW and keeping activity as solitary as possible to reduce the spread.

As outlined below, there has been some challenge that the closure of places of worship as an unjustifiable infringement against Article 9 of the European Convention on Human Rights. In responding to such challenges we have emphasised that Article 2, the right to life, remains the government's overriding concern for the protection of the Nation's health as a whole.

Weddings: Restrictions on gatherings have continued to mean that weddings and civil partnerships cannot take place. Marriages and civil partnerships for those who are seriously ill and not expected to recover, are taking place in some exceptional cases. In these circumstances the Registrar General may issue a licence for the marriage or civil partnership to proceed *where the local authority considers it is safe to do so* in line with PHE guidance. This applies to civil and religious ceremonies, and therefore across all religious groups. Any relaxation of this measure would require gatherings of more than 6 people indoors and outdoors to enable all faiths to participate equally according to their own rites or religious law. Another consideration is length of service; some faith weddings take place over an extended period of days.

It is also possible that civil services in approved venues like hotels, would put pressure on those venues that may be accommodating people self-isolating as part of the Track and Trace programme, and therefore might struggle to maintain proper distancing measures for all of these requirements. And in Register Offices, social distancing measures are in place for staff to complete their other statutory functions to register deaths or births. If an

alternative venue is needed, the couple must give notice of marriage again, a fee is payable for this but can be waived.

It could be considered unfair or to open up certain religious or civil ceremonies or rites (marriages and civil partnerships) above others like funerals and collective prayer (which may have a greater significance in certain faiths) but we are led by the scientific advice to balance what is safe to open alongside the R rate. There is a clear public desire for greater freedoms to attend funerals of loved ones; funerals can take place with some mourners in attendance, though wakes are not permitted, so continued restrictions on marriages and civil partnerships are justified to align with other restrictions on religious services.

Any relaxations that allow people to host public ceremonies would need to be considered alongside the wider policies on social contact and public gatherings indoors and outside. The issues can, however, be different. While funerals and religious services will have personal, religious or cultural significance, marriage and civil partnership create a change of legal status that confers rights and protections, and under the current Marriage Act cannot be held over online channels and must be carried out indoors with the exception of Jewish and Quaker services. The change to legal status is important if one party is unwell and passes away.

We have identified that the restriction on weddings may disproportionately affect some religious communities. For example, for some faiths it is not possible for couples to live together and start a family before they are married; the restriction therefore has a disproportionate impact on these groups.

For some faiths, it is customary for weddings to take place at specific times in the year. However, the current restrictions place limitations on all couples marrying in their faith at a time of their choosing or that holds particular significance for the couple. Moreover, religious groups have adapted their participation in other celebrations and specific times of worship such as Passover, Ramadan, and Easter during lockdown and so it would not be reasonable to acknowledge one form of religious rite as justification to relax restrictions.

Funerals: Funerals are able to take place under the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. These allow for members of the deceased's household, close family members and, in the absence of these, close friends to attend the funeral, with further provision in the regulations to allow attendees to stay overnight in a place other than their normal place of residence.

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, or within the funeral itself which can also negatively impact those grieving. However, this continues to be outweighed by the wider public health benefits and protections that the measures provide.

Post-Burial and Cremation Rituals: Restrictions relating to funeral rites and subsequent commemorative events have significant impacts on some faith groups. However, the government has sought to mitigate this by working closely with faith and community leaders. This replicates the approach adopted 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.

Updated government regulations (from 1 June 2020) now allow for groups of up to 6 people to meet outdoors. This means that groups of up to 6 people can meet outdoors to take part in religious prayer or secular ceremonies intended to remember or honour the dead or provide or consecrate memorials. This may be in burial grounds, gardens of remembrance or elsewhere in public or private outdoor spaces currently open under government regulations. The limitation on numbers will still have implications for some ceremonies that require minimum attendance, but discussions with faith leaders have established interim arrangements until the regulations are relaxed.

Other Rituals: Many faith communities practice a range of rituals in relation to births, deaths and other milestones. Whilst many of these rituals can take place inside the home, there is a strong preference or requirement in many cases for these to be conducted within a place of worship. Consideration of opening places of worship will take account of ritual practices of all faiths to ensure that all communities have equal opportunities to practice rituals associated with their faiths. This also includes belief communities who may require access to public/civic spaces to conduct certain rituals or practices associated with their belief system.

The government will need to allow certain places of worship and community centres, where childcare facilities are hosted, to open for these specific circumstances. This is a necessary step to enable the policy, although it could give rise to concerns from faith groups on equality grounds, given places of worship are not yet open for collective worship or other rituals. The government believes the general equality benefits of opening childcare facilities outweighs these concerns and that the continued closure of places of worship for collective worship is justified on health grounds.

Islamophobia: we have observed some instances of the non-Muslim public articulating a fear of/speculating, for example through correspondence, that Muslim communities will not comply with social distancing regulations (particularly during Ramadan, and social distancing for funerals). 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.

Legal Challenge

The government is committed to ensuring that people are able to exercise the right to hold and manifest their beliefs in a reasonable manner. The closure of places of worship remains a highly sensitive issue as it is clear that there is an adverse impact on people of faith if their place of worship is closed. The government has received some legal challenge that the continued 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. We consider this current approach necessary and proportionate to address the risk to life posed by COVID-19. The government will continue to work closely with the Places of Worship Taskforce to ensure close monitoring of places of worship being open only for individual prayer and assisting religious communities to prepare for any easing of restrictions,

Sexual orientation

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

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+²¹. This suggests that older members of the LGB population may be particularly isolated, and therefore more likely to benefit from the ability to meet up with other individuals, or small groups, in outdoor spaces.

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).²² An online survey commissioned by Stonewall in 2017 found that 52% of LGBT respondents in Britain reported experiencing depression in the previous year.²³ 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 2019.²⁴ Individuals at the highest risk of isolation within their households (e.g. LGB groups who may be more at risk of anxiety) could be expected to benefit substantially from the ability to see people from other households outdoors, particularly as they would now be able to participate in a gathering of up to 6 people from other households. Being restricted to socially interacting mostly with their own household may not help foster good relations between people who share a protected characteristic and those who do not.

²¹ Please note that these findings are provisional and subject to change once the fieldwork is completed.

²² Institute for Social and Economic Research (2017) Understanding Society Insights 2017, University of Essex.

²³ Stonewall (2018) LGBT in Britain Health Report

²⁴ Pink News, (2020) LGBT+ helpline sees calls double as queer people fear being left with abusive families during coronavirus lockdown March 2020

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.

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 57% of deaths involving COVID-19 in England and Wales up to 8 May 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.

The continued limitations on indoor gatherings are likely to exacerbate the problems experienced by parents - and particularly women - as a result of school closures and limited access to childcare. Although exceptions are made for childminders, this is likely to only benefit those in higher socio-economic groups; limitations on indoor gatherings may prevent those in lower socio-economic groups from arranging informal childcare, with impacts on their wellbeing and ability to work.

New mothers, who are at a heightened risk of mental health complications such as postnatal depression, may be more able to access emotional support from friends and family now that small, outdoor gatherings are allowed. Clarifying that midwives and health visitors can visit the home would also contribute to improved support for new mothers. More on the question of new mothers is considered in the section above.

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](#).

Domestic abuse victims may be better able to seek help with the expansion of social contact, though there is a risk that their abuser takes control of the bubbling privilege in a way that further disadvantages the victim. In addition, a domestic abuse victim will often not be in a single adult household (unless the victim or abuser is a child). Therefore, they may not necessarily be able to benefit from the bubbling concept currently in the regulations and may only have limited opportunities to form a bubble with a single adult household.

The easing of restrictions on gatherings may result in an increase in numbers of victims of domestic abuse, who are predominantly women, seeking help, as they have greater opportunity to leave the house and seek support. There may also be further increases in incidents of domestic abuse as perpetrators increase controlling behaviour as victims start to go back to work or leave the house for other reasons. This is currently speculative and not yet corroborated with data. Given the closure of some courts during lockdown, there will likely be a backlog of domestic abuse cases which will start to be worked through as courts open back up.

Lower socio-economic groups

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.

People in [semi-skilled and unskilled manual occupations, casual workers and those who are unemployed are almost three times as likely as those in managerial, administrative, professional occupations to be without a garden](#) (20% compared with 7%). Therefore, they would benefit from increased access to public outdoor space.

The easement to permit individual adults to form support bubbles and stay overnight with one other household, is expected to have a positive impact on several groups. In particular, individuals from lower-income backgrounds, including single-parents who are more likely to be women, and those from BAME groups, may benefit financially, particularly if their workplace is required to remain closed. Individuals from lower-income families will be generally less resilient to falls in their income but the ability to stay with another household may enable them to share expenses, for instance. We also expect this to have a positive impact on these individuals' physical and mental well-being.

Enforcement

On Thursday 26 March, the government introduced new Public Health Regulations, strengthening police and Local Authority enforcement powers to ensure compliance with the Regulations. These Regulations have since been updated, with enforcement guidance issued for each iteration.

The focus for enforcement is now on the most flagrant breaches and very large gatherings such as house parties. In cases of non-compliance and where officers have followed the four-step escalation principles, the police still have the power to issue a Fixed Penalty Notice for the value of £100 as a last resort. This reduces to £50 if paid within 14 days and the maximum charge for repeat offending is £3,200.

Since 15 June people travelling on all forms of public transport have been required to wear a face covering as a condition of travel. This means operators are able to refuse travel or issue penalty fines for those who fail to wear a face covering. The British Transport Police are enforcing the new changes where appropriate and there is a very limited role for police forces.

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 (37% were 18 to 24, 18% 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.

In terms of face coverings on public transport, data suggests high levels of young people use public transport in comparison to people from older age groups. [A survey conducted by Statista in 2017](#) found that 38% of under 30s used public transport very frequently as opposed to 31% of 30-59 years and 28% of 60+ years. Compounded with the fact that young people might also have difficulties procuring face coverings and the evidence of high proportions of FPNs among younger people, this could result in more young people being more likely to be refused travel or fined. However, we judge this to be an indirect impact and not due to discriminatory practices.

In addition, some age groups may be less aware of new regulations coming into force due to access to the internet. Therefore, the government will ensure that any communications regarding new regulations is delivered in various ways so that different groups have access to them.

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.

There is also a risk that people with a physical disability might not be able to put on face coverings, for example if they are paralysed, have respiratory issues or poor dexterity. In addition, people who communicate through lip reading might be disadvantaged if people are wearing face coverings. These risks will be mitigated through providing exemptions where people cannot wear a face covering for the stated reasons.

People with a learning disability and/or autism may struggle to wear the face covering or find it distressing for other people to be wearing face coverings. Mitigations are being put in place to make the public more aware that some people are exempt from wearing face coverings for these reasons. This is to help mitigate discrimination towards them.

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 5% 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 12% 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 fact

that BAME groups tend to have a younger population profile when compared to those from White ethnic groups.

To be certain whether or not there has been disproportionality in the issuing of FPNs, the government needs to access the record-level data to compare observed and expected rates of enforcement notices at force level. The National Police Chiefs' Council has now shared this data with the government, and we are in the process of analysing it to determine if there is any evidence of disproportionality.

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.

In terms of face coverings, data show those of black ethnicity are more likely to use public transport when compared to other ethnic groups. [Gov.uk data](#) shows that, between 2014 and 2018, London bus journeys accounted for 11% of the distance travelled by Black people and surface rail accounted for 16%. This compares with 1% and 8% respectively for White people. This risks people of black ethnicity being disproportionately affected by the mandating of face coverings on public transport. However, we judge this to be an indirect impact and not due to discriminatory practices.

Preliminary analysis shows that the risk of death involving COVID-19 among some ethnic groups is significantly higher than those of White ethnicity. For example, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. These groups will therefore benefit more from the use of face coverings by others with symptoms of COVID-19.

There have been concerns that the police powers to enforce the Public Health Regulations have disproportionately impacted protected groups. However, without full analysis of the record-level data, this is difficult to determine. The Home Office is commencing in-depth analysis to determine if there are disproportionate impacts for minority groups. Once they have the full analysis, they will progress next steps based on the findings.

Religion or belief

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

Sexual orientation

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 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.

In terms of face coverings, data shows women are more likely to use public transport than men. A [study by Transport for London in 2012](#) found women make more journeys than men and are more likely to take shorter, consecutive trips called ‘trip chaining’. This risks women being disproportionately affected by the mandating of face coverings on public transport. However, we judge this to be an indirect impact and not due to discriminatory practices.

Lower socio-economic groups

The FPN amount, which is currently £100 with a maximum of £3,200 for repeat offending, is likely to have an impact on lower socio-economic groups who will less easily be able to pay the fine. This could result in certain groups being overrepresented in the amount of people who have been prosecuted for failure to pay the FPN. At present, the data released regularly on FPN distribution does not cover socio-economic class. However, the government is working with the police to obtain the record-level data, which will enable them to track community impacts and associated risks.

Schools

From 20 March 2020 the Secretary of State for Education asked all childcare providers, schools and other educational settings to restrict access to the majority of pupils, with only children of critical workers or vulnerable children and young people allowed to attend. A phased return to schools, colleges and childcare providers started on 1 June, for children and young people in key transition years, alongside those already attending. Plans for other years to return are still being developed.

Age

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

[Scientific advice](#) published by the department highlighted that the levels of infection of and transmission by children is not fully understood: this is a novel virus and the scientific understanding is developing all the time. However, the current evidence is that:

- there is a high degree of confidence²⁵ that the severity of disease in children is lower than in adults
- there is a moderate to high degree of confidence that the susceptibility to clinical disease of younger children (up to age 11-13) is lower than for adults. For older children there is not enough evidence yet to determine whether susceptibility to disease is different to adults
- the susceptibility to infection of younger children (up to age 11-13) might be lower than for adults, but the degree of confidence in this is low. For older children there is not enough evidence yet to determine whether susceptibility to infection is different to adults
- there is no evidence to suggest that children transmit the virus any more than adults. Some studies suggest younger children may transmit less, but this evidence is mixed and provides a low degree of confidence at best

The need to control the risk of transmission and operate within smaller groups and class sizes means only a limited number of pupils could be allowed to return to school in the first instance. This means certain year groups had to be prioritised for wider opening at the cost of others.

[The latest attendance data](#), from 11 June, shows that attendance was highest in year 6, with approximately 26% of children in attendance, whilst attendance was around 20% in year 1 and 22% in reception. This means that benefits and risks of a return to settings are likely to impact a larger proportion of children in year 6 than in reception and year 1. As noted above, some schools have decided not to open more widely at all, or not to all priority year groups. We understand that some of these decisions have been based on the school's local *R* rate, which will differ around the country.

²⁵ The language used here reflects that in the advice given to us, for the purposes of consistency.

There are risks of opening educational settings to these cohorts of pupils. It is evident that the wider opening of schools inevitably brings with it some increased risk as a result of the greater interaction that must take place for schools to operate. The Department has been guided by SAGE advice about the overall number and age groups of children chosen to return. The key focus has been on safety, and the following steps have been taken to mitigate any risk:

- limited the numbers of children schools can welcome back initially
- focussed on greater numbers of younger year groups given the moderately high scientific confidence that younger children are less likely to become unwell if infected with COVID-19
- set out guidance for providers, about how schools should implement protective measures
- considered wider factors such as transport. Our focus on primary reduces the need for public transport, and at secondary we are recommending staggered start times to reduce the need for transport at peak times

Whilst it is less likely that younger school children are able to maintain set distances from others and limit contacts independently, there are a range of protective measures which can substantially reduce the risk of transmission in these settings. These are outlined as a hierarchy of controls in protective measures guidance.

Impact on children in other year groups who are not currently able to return to educational settings

Schools and other educational settings have been encouraged to provide educational support for pupils at home and where possible for parents and carers to assist with that to minimise impacts. However, there is likely to be an impact on the education of pupils not attending schools. Strategies to minimise and recover from this issue have been implemented such as:

- schools and educational settings are 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 and carers 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](#), including some content for pupils with SEND
- the government has committed over £100 million to support vulnerable and disadvantaged children in England to access remote education and social care services, including by providing laptops, tablets and 4G wireless routers
- we are providing laptops and tablets to vulnerable and disadvantaged children who would otherwise not have access and are preparing for examination in Year 10, receiving support from a social worker or are a care leaver. Where care leavers,

children with a social worker at secondary school and disadvantaged children in Year 10 do not have internet connections, [we are providing 4G wireless routers](#);

- to support disadvantaged households who rely on a mobile internet connection, the government is working with the major telecoms companies to help ensure that disadvantaged and vulnerable families can access online educational resources while COVID-19 requires children to learn from home; and
- for 16-19-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](#).

These mitigations will minimise, but not eliminate, the negative impact on the education of children not invited to attend schools during this period. That the impact on those children will be negative would not justify not increasing attendance of the year groups we have identified, given the benefits overall.

There may also be benefits to siblings of children in priority year groups, as they might have more access to one-to-one support from parents and carers with their learning, or greater access to home learning technologies if they no longer have to share.

Many older pupils in Year 11 and Year 13 were preparing to sit 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 opportunity to sit an examination as soon as reasonably possible when schools and colleges return if pupils feel that their calculated grade does not reflect their ability. Further details of that methodology and the possible impacts on protected characteristics is not considered within this assessment, as this is a matter for which Ofqual, the independent qualifications regulator in England, has responsibility.

Pupils who are eligible for free school meals and who are not attending school 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.

Rationale for difference in treatment

Any difference in treatment because of a child's age is justified, for the reasons set out below. [Evidence is consistent on the benefits of early education to children's learning and development, particularly for the most disadvantaged children with a less enriching home environment than their peers](#). Attendance at early years provision is not compulsory, but the wider opening of early years provision will be of direct educational benefit to the children who do attend.

Primary school pupils may find independent learning and engagement with new remote learning methods more difficult compared with older secondary school pupils. [A Sutton Trust survey](#) from the start of April found children under 7 were mostly or entirely working under parental supervision, while for those over 10 the majority were working mostly or

entirely independently. Younger school children are therefore more likely to be educationally positively impacted by a return to school.

Children in Reception and Year 1 are at the very beginning of their school career and are mastering the essential basics, including counting and the fundamentals of reading and writing, and learning to socialise with their peers. Year 6 children are preparing for the transition to secondary school and are therefore likely to benefit from time with their friends and teachers to ensure they are ready.

Pupils in Year 10 and 12 should benefit from face-to-face support to supplement their remote education. This is because they are preparing for key examinations next year and are most at risk of falling behind due to time out of school or college or, for Year 11s in Alternative Provision, are at risk of not making a successful transition to post-16 and becoming NEET. All pupils serve to benefit educationally from face-to-face provision and therefore for those in years that may not be returning to school from 1 June, there may be an impact on equality of opportunity. However, scientific advice is that a gradual phased increase in the number of children and young people in settings is preferable and therefore other groups have been prioritised at this time.

The [majority of pupils in Alternative Provision settings are in Years 10 and 11](#) (66%) and relatively few are in other year groups (only 3% in AP in Year 6). We have asked AP settings to welcome back Years 10 and 11 (they have no Year 12) to mitigate against the risk of high volumes of pupils failing to achieve a sustained post-16 destination ([in 2017/18, 59% had a sustained education or employment destination after key stage 4, compared to 94% of pupils in state-funded mainstream schools](#)).

In state-funded schools (mainstream and special), the percentage of pupils in each year group that are vulnerable²⁶ is relatively similar from late primary onwards, at around 5% to 6% for Year 6 up to Year 11. The percentage of Year 12 pupils in state-funded schools alone that are vulnerable is lower, however when looking across schools and FE providers, the figure is again around 6%. In reception and Year 1, the figures are slightly lower, at around 4%.²⁷

Levels of vulnerability are higher in Alternative Provision settings than in mainstream schools. In a given year, [around 25% of pupils in all forms of AP and PRUs receive statutory children's social care services. 81% of pupils state-funded AP are SEN compared to 15% of pupils in all schools, and 13% have an EHC plan compared to 4% of pupils in all schools](#).

Given these vulnerable pupils have been able to continue attending their school or educational settings, whilst they have been positively impacted by the continuing offer of education, they have been at an increased risk of exposure to the infection, and this risk will be further increased with more children returning to schools. To help mitigate the risk, DfE has published [guidance on protective measures](#) to help educational settings support safe provision for these children and young people.

Not all vulnerable children who could still attend school are doing so. Regional action teams are working to increase school attendance by vulnerable children, and according to

²⁶ Further information on vulnerable children and young people can be found [here](#)

²⁷ DfE analysis of school census and Individualised Learner Record (ILR) (unpublished)

[DfE data](#), approximately 92,000 of the children in attendance on Thursday 11 June 2020 had an EHCP or a social worker (we estimate this represents 18% of all children classified as 'Children in Need' or who have an EHCP)²⁸; and 83,000 children in attendance were classified as 'otherwise vulnerable'.

We have made clear that vulnerable children of all year groups continue to be expected and encouraged to attend educational provision where it is appropriate for them to do so. Pupils of ages where there are relatively fewer vulnerable children are therefore more likely to be affected by wider opening in terms of being able to return to school. Vulnerable pupils may also see benefits of the wider opening, as attendance is normalised, and they are more likely to attend school.

The policy rationale for our approach in relation to FE is that this cohort of learners is most likely to be in full time education and due to take key examinations next year, and most at risk of falling behind and as a result to suffer from significant impact on future life chances. We are providing for flexibilities in relation to other older groups of learners for example where students aged 19 or over may be doing the same courses and taught in the same classes as 16-19 learners. We understand that many learners are engaging well with remote learning and may be content not to attend due to ongoing concerns about travel and being in enclosed spaces.

There is a risk that, by not applying priority year groups in prioritising children and young people for return to special education settings, we will create potential for disparity in access to education settings for some pupils with SEND, relating to the age of pupils.²⁹ As an example, DfE will expect a pupil with SEND aged 10 at the start of the academic year in a mainstream setting, to be able to return to school, conferring benefits as set out in this document. We will not be able to be as confident that a pupil with ostensibly similar SEND needs will be able to return to a special education setting, because we are asking and empowering the setting to make judgements on a case-by-case basis. This would negatively impact on a pupil with SEND in a special education setting, who misses out on a return to learning. It is similarly possible that a pupil with SEND in a mainstream setting, who is not in a priority year group, will miss out where a pupil with similar needs in a specialist setting will have been able to return to education. It is not possible to estimate the number of pupils who could be affected, because decisions will be taken at school level.

On balance, we see offering more flexibility to specialist settings as likely to have a positive effect, overall. Children in special settings tend to have more complex needs and reach transition points at different times. This requires in turn a more flexible approach to organising 'school years' than in mainstream education. The policy goal in mainstream is to prioritise for the return of those children approaching transitions, determined in mainstream by their year group. Giving head teachers in specialist settings the flexibility to prioritise children for return on an individual basis, not by year group, will give them the best chance of achieving that same goal. Similarly, hospital schools have been given greater flexibility around which students to welcome back in a phased return, based on a

²⁸ This is an estimate based on the January 2019 school census and 2019 Children in Need census. Before 1 June, settings were asked the number of vulnerable children attending. Settings were also asked to provide separate figures for the number of pupils with an EHCP and those with a social worker attending.

²⁹ The relationship between SEN and the protected characteristics of disability is explored further in the [Disability](#) section of this document

risk assessment conducted between education and NHS Trust staff. This will ensure pupils are prioritised appropriately, based on their individual health and educational needs.

To note, increased flexibility for primary schools allows them to determine which additional pupils are welcomed back. This may be a specific year group, however which particular year this is will vary therefore we do not anticipate a uniform impact of this policy development on children of particular age groups.

Families

Based on the 2011 census, we assume that unless there has been a significant change since this point in time, [a large proportion of parents and carers with youngest dependent children of primary school age or below are under 50 years old](#) and are therefore not in the most vulnerable age categories (individuals above 70 are considered clinically vulnerable based on their age).

However, a larger proportion of parents and carers whose youngest child is age 10 or above are themselves 65 or above. Therefore, wider opening of secondary schools and colleges could increase the risk for older generations. For households with multiple generations living together, children and young people returning to childcare, schools and other educational settings could increase the risk for older generations and those vulnerable for reasons other than age in the household. We are returning small groups of secondary pupils and making clear that public transport use should be eliminated where possible and not at peak times where it is required, to reduce the transmission risk amongst these young people. We have also published protective measures guidance for schools and colleges, to substantially reduce the risk of transmission in these settings, which will in turn protect the families of these young people. Whilst this does not entirely eliminate the risk, it would not be proportionate to return no young people to education settings, thus not realising the benefits of doing so.

This age profile does mean most parents and carers will be of working age and so are more likely to be positively impacted by some form of wider opening of childcare, schools and other educational settings in terms of their ability to work and their incomes and livelihoods. In particular younger parents and carers, who are more likely to be parents and carers of children in early years and primary, are most likely to be positively impacted in terms of ability to go back to work. There may also be benefits for older grandparents and carers who may, against government advice, have been drawn into providing childcare to enable a parent or carer to go to work, despite being in a high-risk group. The wider opening of schools may have reduced contact with children for these individuals, which may lower their risk of infection.

Workforce in childcare, schools and other educational settings

Public Health England state [coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long term conditions like diabetes, cancer and chronic lung disease](#). There is a risk that face-to-face contact increases the risk of contracting the virus within the protected characteristics of age.

The childcare, school and other educational workforce generally skews to the younger end of the age scale for working age adults^{30 31}, and therefore most individuals are not in the vulnerable age categories, meaning that an impact on the health of the childcare and teaching workforce due to their age alone is likely to be limited. We have provided [guidance](#) to childcare and education settings to lower that risk yet further, with a particular focus on the hierarchy of controls that Public Health England advises will substantially lower the risk of transmission: minimising contact with anyone with symptoms; good hand and respiratory hygiene, good cleaning practices; and minimising contact and mixing, primarily through small group sizes.

The AP workforce tends to be older than in mainstream; in 2018 6.3% of AP teachers were aged 60 and over, compared to 1.9% in primary and 2% in secondary³². Around [a quarter of the childcare workforce is aged over 50](#), and a return to work may present a higher risk for some of the older individuals in this group if they are over 70. For young children (or those with additional support needs), more unavoidable intimate care may be needed (nappy changing, wiping noses, cleaning bodily fluids, lifting etc). [Guidance](#) sets out cases where Personal Protective Equipment (PPE) should be used in providing care. [Some studies](#) suggest younger children may transmit less, but this evidence is mixed and provides a low degree of confidence at best

[School leaders are more likely to be older than classroom teachers](#), and therefore may be more at risk based on their age alone. In nursery and primary schools, 29% of school leaders are over 50 compared to 14% of classroom teachers. In secondary schools, the figures are 23% and 16% for school leaders and classroom teachers respectively. In some settings, leaders may be less likely than teachers to come into direct contact with children and young people who can't observe social distancing, however this may not be universally true across settings.

We do expect that other workforce in schools, such as teaching assistants and catering staff, may have an older age profile and so those staff may be more at risk from a return to school. In some of these roles, contact with children may be more limited. We have provided [guidance](#) to childcare and education settings to help settings lower their risk, with a particular focus on the hierarchy of controls that Public Health England advises will substantially lower the risk of transmission: minimising contact with anyone with symptoms; good hand and respiratory hygiene, good cleaning practices; and minimising contact and mixing, primarily through small group sizes. This guidance also sets out clearly the position for people who are clinically vulnerable and clinically extremely vulnerable.

Staff working in hospital schools may be working in the same premises where COVID-19 positive patients are being treated, and so their working environment is riskier. We expect headteachers to conduct risk assessments on staffing, and staff should also wear PPE if needed.

³⁰ The early years workforce in England (Education Policy Institute, 2019): https://epi.org.uk/wp-content/uploads/2019/02/The-early-years-workforce-in-England_EPI.pdf

³¹ School workforce in England: November 2018 (Department for Education, June 2019): <https://www.gov.uk/government/statistics/school-workforce-in-england-november-2018>

³² DfE analysis of school workforce census (unpublished)

We continue to provide clear [guidance](#) about the groups who should be shielding and therefore not attending school. Staff who are clinically extremely vulnerable are advised not to attend work and those who are clinically vulnerable should be found roles where they can work from home, such as leading remote learning, and if this is not possible should be found the safest on-site roles available. The same applies in early years and childcare settings that have equivalent roles.

We are aware that shortfalls in staffing may lead to pressure on staff to take up roles with greater risk or attend work when they are advised not to. Maintained schools and academies will need to discharge their own equality duties in considering the particular impacts of a wider opening of their settings on staff members of different ages. In our published [guidance](#), we have reminded schools and academies of this by prompting them to consider the impact on staff and pupils with protected characteristics, including race and disability, in developing their approach to wider opening. We have also prompted them to work closely with staff and unions as they normally would, when agreeing the best approaches for their circumstances.

[Guidance](#) in our primary framework states that it does not supersede any legal obligations relating to health and safety, employment or equalities and it is important employers continue to comply with existing obligations, including those relating to individuals with protected characteristics. Updated [guidance](#) on implementing protective measures provides more detail on schools' health and safety obligations, including on COVID-19 risk assessments for educational settings.

Ultimately, senior leaders of childcare and education settings should decide whether they have the staff available to cater for all, or indeed any of, the children and young people we have asked them to invite back, and we are supporting them in their decision-making on this. We have provided guidance to senior leaders, for example, on possible approaches to managing a shortfall in staff for primary schools, which have been outlined in a [planning guide](#), and this should help to mitigate this risk.

26% of college staff are aged 55 or older compared with 8% of school staff, therefore there may be more staff in colleges who are clinically vulnerable due to their age^{33, 34}. However, only individuals over 70 are vulnerable due to their age, and so this will only apply to a certain fraction of those 55 or older. Older children in FE settings may also be more able to adhere to social distancing guidelines. We have provided [guidance](#) to childcare and education settings to help settings lower their risk, with a particular focus on the hierarchy of controls that Public Health England advises will substantially lower the risk of transmission: minimising contact with anyone with symptoms; good hand and respiratory hygiene, good cleaning practices; and minimising contact and mixing, primarily through small group sizes. This guidance also sets out clearly the position for people who are clinically vulnerable and clinically extremely vulnerable.

³³ School workforce in England: November 2018 (Department for Education, June 2019): <https://www.gov.uk/government/statistics/school-workforce-in-england-november-2018>

³⁴ College staff survey (Department for Education, 2018): <https://www.gov.uk/government/publications/college-staff-survey-2018>

Disability

We have identified impacts under limbs 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 3. We have considered below how the duty to make reasonable adjustments in respect of disabled pupils will apply in relation to this policy.

Children

Special educational needs (SEN) and disability are not synonymous, but there is an overlap between them, as [around half of pupils with SEN also have a disability](#).

[14.9% of school pupils have SEND and 3.1% have an EHCP. Pupils with an EHCP were defined as vulnerable by DfE at the point schools were asked to allow attendance to certain categories of pupils on 23 March](#), with local authorities and schools asked to carry out a risk assessment to determine whether or not each pupil with an EHCP should continue to attend school. We have also confirmed that local authorities and schools have the flexibility to make a risk assessment, and having done so, to consider pupils with SEND who do not have an EHCP to be 'vulnerable', based on their knowledge of the pupil's needs.³⁵

There is a risk arising for children with Education, Health and Care Plans in priority years, in mainstream or Alternative Provision settings. For this group, which we estimate contains around 30,000 pupils,³⁶ attendance will also depend on the risk assessment determining that it remains as safe or safer for them to be in the setting than at home. This is a policy with positive intent. It aims to maximise the benefit of education for this group of children and young people with SEND by ensuring they are able to return to settings with their peers; academic, social and emotional benefits as well as providing a form of respite to families. It minimises the risk that this group of children and young people with SEND will return to a setting, when it is not safe for them to do so. The risk is that as head teachers consider how to keep these and other children and young people safe, they conclude that the increase in numbers of pupils attending the setting, makes attendance unsafe (or less safe) for a pupil with an EHCP. This could, for example, be the case where a pupil's behaviour makes it hard to maintain [protective measures](#).

We cannot predict accurately the likelihood of this risk becoming a live issue, nor how many of the cohort it might affect. The data we do have on attendance for vulnerable children suggests that, [approximately 92,000 of the children in attendance on Thursday 11 June 2020 had an EHCP or a social worker](#) (we estimate this represents 18% of all children classified as 'Children in Need' or who have an EHCP)³⁷. If we assume that for pupils with an EHCP this figure is in accordance with a risk assessment that judged them safer at home, we would need evidence to suggest schools and local authorities are likely to downgrade their assessments of risk, to be confident that this new risk will not play out, potentially at scale.

³⁵ Further information on vulnerable children and young people can be found [here](#)

³⁶ DfE analysis of school census (unpublished)

³⁷ This is an estimate based on the January 2019 school census and 2019 Children in Need census. Before 1 June, settings were asked the number of vulnerable children attending. Settings were also asked to provide separate figures for the number of pupils with an EHCP and those with a social worker attending.

To mitigate against this risk we have issued and updated [guidance](#) on risk assessment, and more generally we are supporting children and young people with SEND to help education providers and others take these difficult decisions. We are also developing the offer of online learning and encouraging and supporting education settings and local services to do more to help children and young people who remain at home. We are and will continue to monitor attendance of children and young people with EHCPs, so will be able to respond if numbers suggest this risk has become an issue.

Those who have been assessed as able to attend school but have not done so through fear and stigma, may be encouraged to return to school by seeing other pupils returning and through changes to the government's messaging on remaining at home, providing a positive impact on their education and wellbeing. Some of those who were judged at risk and therefore not attending school may be reassessed as the position changes and it may be determined that they can now attend, providing a positive impact.

Some of those who were judged at risk and therefore not attending school will continue not to attend, but it is likely that these pupils' education will suffer more as a result in comparison to peers who do return, creating or widening the gap in attainment between pupils. However, to mitigate against this, many schools (including special schools) are offering online or virtual learning. Further, DfE has published sources of high quality [online educational resources](#), while the [Oak National Academy](#) is now providing content designed for pupils with SEND. These mitigations will minimise, but not eliminate, the negative impact on the education of children not invited to attend schools during this period. That the impact on those children will be negative would not justify not increasing attendance of the year groups we have identified, given the benefits overall.

Some disabled pupils will find it harder or impossible to maintain social distancing at school and transport may be required that cannot be provided in a way that allows for social distancing. This may either put these pupils at greater risk, or act as a disincentive for them attending school, thus negatively impacting their education compared with their peers. We have, however, been clear that for all children and young people, small group sizes will help minimise risk in a way that acknowledges the reality that many cannot stay 2m from others at all times. We have also been clear that for children and young people with SEND, it will be especially important to teach new norms and routines around protective measures and personal hygiene clearly and accessibly. We have also said that [reasonable adjustments should be applied to new rules where appropriate, for example for children and young people with SEND](#). We have also suggested ways that transport can be provided to mitigate against this risk, such as half-occupancy vehicles.

[6.3% of three- and four-year-olds benefitting from funded early education have SEN](#). Early education also helps with the early identification of additional needs, which might otherwise be missed, or not identified until a child starts school. However, take up of early years provision by children with SEND is relatively low. Children with SEND have been able to access childcare during the period of closure of schools to most pupils, but actual take up levels are unclear. It is also unclear whether parents and carers will be confident enough about the safety of childcare to send children from vulnerable groups back in.

23.4% of FE learners aged 16-18 reported a learning difficulty and/or disability (LLDD) in 2019/20, with 22.7% of 16-year olds reported as LLDD. These are higher percentages than the percentage of pupils with SEND in schools. The proportion of pupils with an EHCP is also higher in FE settings than in schools, with 3.9% of 16-18-year olds in FE

having an EHCP. This varies by provider type; 1.0% of students in Sixth Form colleges have an EHCP, compared to 4.7% in General FE colleges.³⁸

Figures for 2019/20 show that FE learners (across all provider types) aged 19-25 are more likely to have an EHCP than those aged 16-18 (5% compared to 4%). For General FE colleges in particular, 7% of learners aged 19-25 have an EHCP compared to 5% of 16-18-year-old learners.³⁹

2019 data shows that pupils with SEN are more likely to be eligible for free school meals, 28% compared to 13% of pupils without SEN. [Pupils with an EHCP are more likely to be eligible for free school meals than pupils on SEN support](#) (33% compared to 27%). 13% of FE learners aged 16-18 in 2019/20 with LLDD are eligible for or in receipt of free meals in further education, compared to 7% of those without LLDD. FE learners aged 16-18 with an EHCP are more likely than those without to be eligible for or in receipt of free meals in FE (20% compared to 8%).⁴⁰

[Disabled 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 the request to allow attendance of only certain categories of pupils. Therefore, to help mitigate this issue:

- the government has committed over £100 million to support vulnerable and disadvantaged children in England to access remote education and social care services, including by providing laptops, tablets and 4G wireless routers
- we are providing laptops and tablets to vulnerable and disadvantaged children who would otherwise not have access and are preparing for examination in Year 10, receiving support from a social worker or are a care leaver. Where care leavers, children with a social worker at secondary school and disadvantaged children in Year 10 do not have internet connections, [we are providing 4G wireless routers](#)
- to support disadvantaged households who rely on a mobile internet connection, the government is working with the major telecoms companies to help ensure that disadvantaged and vulnerable families can access online educational resources while COVID-19 requires children to learn from home
- for 16-19-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](#)

These mitigations will minimise, but not eliminate, the negative impact on the education of disabled children not invited to attend schools during this period. That the impact on those

³⁸ DfE analysis of Individualised Learner Record (ILR) (unpublished)

³⁹ DfE analysis of Individualised Learner Record (ILR) (unpublished)

⁴⁰ DfE analysis of Individualised Learner Record (ILR) (unpublished)

children will be negative would not justify not increasing attendance of the year groups we have identified, given the benefits overall.

Children with autism may find changes to routine or staffing on return to settings more difficult than other pupils. 29% of children and young people with an EHC, have an autistic spectrum disorder (ASD) recorded as their primary need. [The proportion of those with an EHC where ASD is a primary need is slightly higher in state-funded secondary schools \(10.3%\) than state-funded primary schools \(7.9%\) and highest in special schools \(29.8%\).](#)

To note, specialist settings, including special schools have been asked to prioritise children and young people approaching transitions or those particularly needing in-person education to support their life chances and development, rather than bring back priority year groups. It is also important to note that not all children and young people with autism will struggle with changes to routine and staffing in the same way when returning to settings.

[Guidance](#) on 'supporting children and young people with SEND as schools and colleges prepare for wider opening' is not condition specific, however it does contain advice useful for staff and settings in helping with the challenges children with autism may face. For example, on adapting the pace of a return to full-time provision and on additional support around anxiety, mental health and behaviour.

The department has also commissioned the development of specific tools, from the Autism Education Trust, to support professionals and parents with the transition of children and young people with autism back into on-site provision.

There may also be a negative impact due to time out of settings on children and young people with pre-diagnosed mental health problems, although this will not in all cases constitute a disability. Being away from educational settings may reduce the amount of mental health support children and young people can access, which could be particularly important in difficult circumstances caused by the coronavirus outbreak. Therefore, returning to educational settings is likely to have a positive impact for these children and young people.

Returning to educational settings may involve challenges for pupils with mental health problems. Although this will depend on the individual pupil, their circumstances and pre-diagnosed problem. By and large children and young people with mental health problems stand to significantly benefit from a return to school where they can better access support.

In 2017, 11.2% of children and young people aged between 5 and 15 had a diagnosable mental health disorder. [The proportion of children and young people with such disorders is higher for secondary age pupils \(11-16: 14.4%\) than primary age pupils \(5-10 year olds: 9.5%\).](#) Therefore, prioritising primary pupils for return to full-time provision may negatively impact a higher proportion of secondary age pupils who have mental health problems and will continue to be out of settings for longer. However, the diagnosable threshold does not relate directly to the need for support and so it is not clear what proportion of pupils will benefit in this area from a return to school.

Pupil wellbeing has been an important consideration with guidance for educational and childcare settings, including a specific theme in the planning framework issues by the department. We are also working to put in place further specific support. This includes

training for teachers, such as a new module developed with clinical experts about mental health in education, as well as advice seminars and £750k in funding to three organisations to extend support and advice to schools on tackling bullying.

The government remains committed to promoting and supporting the mental health of children and young people, in and out of school, and acknowledges that access to support is more important than ever at this time. NHS services remain open and leading mental health charities are being supported to deliver additional services through the £5 million Coronavirus Mental Health Response Fund. The NHS is also setting up 24/7 open access telephone lines for urgent mental health support for people of all ages.

Public Health England and Health Education England have developed advice and guidance for parents and professionals on supporting children and young people's mental health and wellbeing. The department has also signposted resources on supporting and promoting mental wellbeing among the list of resources to help children learn at home. The DfE is also working across government to consider what further resources and support, including bereavement support, might be appropriate to support children and young people during this outbreak.

Flexibility offered to primary schools allowing them to welcome back more pupils, if conditions are met, may mean more children with SEND return to school and limit their risk of falling further behind. However, schools should decide based on their knowledge of children and communities which additional pupils to prioritise and will be subject to their own duties under equalities legislation in making decisions on this.

There is also a risk that where children with SEND remain out of school and are not prioritised for return they fall further behind in relation to a greater number of their peers who will be back at school. However, support for children with SEND who are out of school to help mitigate this risk, as mentioned above, remains in place.

Families

Parents and carers with disabilities may find it difficult to send their children to childcare or school in a way that supports social distancing. If they are required to shield due to their disability, they may particularly feel pressure to send their child to school and in so doing, put themselves at risk. If it is necessary to keep their child at home due to their health, they may suffer further negative impact on their ability to work and their wellbeing without some respite, but this will be outweighed by the benefits in terms of reduced health risks.

We have made sure therefore that guidance is clear that if a child or young person lives with someone who is clinically extremely vulnerable and stringent social distancing cannot be adhered to at their school or setting, we do not expect these individuals to attend. We also expect schools to work closely with parents and carers, as they normally would, when agreeing the best approaches for their circumstances. And we have made clear that no parent will be sanctioned for their child's non-attendance during this time.

Workforce in schools and other educational settings

The ONS reports that [9% of primary school teachers, 11% of secondary school teachers, 16% of teaching assistants, and 9% of headteachers have a disability](#). Based on a [survey by Teacher Tapp](#), around 17% of teachers are in a household that they feel needs to isolate, typically to protect a vulnerable household member.

A higher proportion of the college workforce than in schools report having a disability, therefore there may be more staff in the COVID-19 vulnerable groups. 15% of college teachers and 14% of college leaders reported having a disability. This is a higher proportion than those reported for primary (9%) and secondary (11%) teachers. [A higher proportion of teachers in some subject areas report having a disability e.g. 21% of social care teachers.](#)

Those staff may be negatively impacted by any increased opening of schools and the potential risk of virus transmission. We have therefore been clear in [guidance](#) about which staff should remain at home and which should be prioritised for the safest on-site roles if they cannot work from home; and we expect schools to work through any issues with staff as they normally would; and have flagged the need to communicate with and reassure staff. Ultimately senior leaders of childcare and education settings should decide whether they have the staff available to cater for all, or indeed any of, the children and young people we have asked them to invite back, and we are supporting them in their decision-making on this. We have provided guidance to senior leaders, for example, on possible approaches to managing a shortfall in staff for primary schools, which have been outlined in a [planning guide](#) and this should help to mitigate this risk.

There may be an impact on disabled, vulnerable staff who may need particular adjustments to come back to work, or potentially face a prolonged period before they can actually return to work. This inability to return to work on site may have negative impacts on career progression.

We have encouraged schools to be especially sensitive to the needs and worries of disabled staff, considering if any additional measures or reasonable adjustments may need to be put in place to mitigate concerns. Maintained schools and academies will need to discharge their own equality duties in considering the particular impacts of a wider opening of their settings on disabled staff members. In our published [guidance](#) we have reminded schools and academies of this by prompting them to consider the impact on staff and pupils with protected characteristics, including race and disability, in developing their approach to wider opening. We have also prompted them to work closely with staff and unions as they normally would, when agreeing the best approaches for their circumstances.

[Guidance](#) in our primary framework states that it does not supersede any legal obligations relating to health and safety, employment or equalities and it is important employers continue to comply with existing obligations, including those relating to individuals with protected characteristics.

Gender Reassignment

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

Children

LGBT children and young people may experience specific difficulties in the home environment relating to their sexual or orientation gender identity, without the 'escape' of going to educational settings. 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. [The most frequently identified perpetrators of the most serious incident were parents and guardians](#) (38%). However, the survey did not include those aged under 16-years and so no definitive conclusions can be drawn about the experiences of younger children.

Any support, advice and guidance given by school welfare officers to any transgender pupils and young people will not be easily accessible during the schools limited opening. 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.

If young children have experienced transphobic bullying in school, which has abated due to separation from peers during the period of closure of schools to most pupils, it would be for schools to continue to apply robust policies to protect all children from bullying.

Families

We don't anticipate any disproportionate impacts on families subject to the protected characteristics of gender reassignment.

Workforce in schools and other educational settings

We do not collect data on the gender reassignment status of staff in schools and other educational settings, however we don't anticipate any disproportionate impacts on staff subject to this protected characteristic.

Pregnancy and Maternity

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.

Children

[Guidance](#) states that clinically extremely vulnerable children and young people, which currently includes pregnant women with significant heart disease, have been advised to shield and therefore aren't expected to attend school or college and should be supported at home as much as possible. These individuals are therefore likely to benefit less than others from the wider opening of schools and other educational settings.

Additionally, pregnant women without certain other medical conditions are classed as clinically vulnerable, and therefore may be concerned about the health risk to themselves and may choose to not attend. For those not attending, DfE has implemented a range of strategies to minimise the impact by providing educational support, as outlined earlier in this document.

Families

There may be negative impacts on pregnant women with certain medical conditions who are advised to shield as they are in the extremely clinically vulnerable group. Guidance is clear that children and young people living with individuals who are extremely clinically vulnerable are advised to only attend an education or childcare setting if stringent social distancing measures can be adhered to. If they cannot, we do not expect these children

and young people to attend. Furthermore, parents will not be fined for non-attendance at this time.

For pregnant women or mothers of newborn children, who may have older children, there may be stress from juggling the education and care of children with needing to deal with their newborn or any pregnancy-related issues. The wider opening of childcare and schools may help alleviate this stress for those with children in relevant year groups, if they choose for their older children to attend, however this will be a personal choice for these women.

Workforce in schools and other educational settings

We do not collect data on the pregnancy status of staff in school or other educational settings, however as highlighted earlier the workforce is predominantly female.

Pregnant members of staff, being a clinically vulnerable group, may need adjustments, or may feel unable to return to work at the same time as their colleagues. This may be particularly pertinent for pregnant BAME members of staff as a recent study found that [56% of pregnant women admitted to hospital with coronavirus from 1 March to 14 April were from a BAME background](#). Clinically vulnerable individuals, which includes those who are pregnant, have been [advised](#) to take extra care in observing social distancing and should work from home where possible. Education and childcare settings should endeavour to support this, for example by asking staff to support remote education, carry out lesson planning or other roles which can be done from home.

Clinically extremely vulnerable individuals, which currently includes pregnant women with significant heart disease, have been advised to shield and therefore aren't expected to return to work on site.

For individuals facing restrictions in their ability to work, there may be negative impacts on career progression. We would encourage schools to be especially sensitive to the needs and worries of pregnant staff, considering if any additional measures or reasonable adjustments may need to be put in place to mitigate concerns. Maintained schools and academies will need to discharge their own equality duties in considering the particular impacts of a wider opening of their settings. In our published [guidance](#) we have reminded schools and academies of this by prompting them to consider the impact on staff and pupils with protected characteristics, in developing their approach to wider opening. We have also prompted them to work closely with staff and unions as they normally would, when agreeing the best approaches for their circumstances.

[Guidance](#) in our primary framework states that it does not supersede any legal obligations relating to health and safety, employment or equalities and it is important employers continue to comply with existing obligations, including those relating to individuals with protected characteristics.

Race (including ethnicity)

We have identified impacts under limbs 1 and 2. We have not identified any impacts for this protected characteristic under limb 3.

There is [emerging evidence](#), published by PHE, that BAME individuals [may be more severely affected](#) than the general population by the virus, though this is not yet fully

understood. In light of these reports, we are considering how we can support educational settings and the education workforce, to manage these risks. This involves working with stakeholders to understand the implications for education. We continue to encourage schools to be especially sensitive to the needs and worries of BAME pupils, parents and carers, and staff, considering if any additional measures or reasonable adjustments may need to be put in place to mitigate concerns.

We believe our approach to wider opening continues to be appropriate. Whilst there remains a risk of transmission to all those in settings, implementing the hierarchy of controls in protective measures guidance creates an inherently safer system where this risk is substantially reduced for all those attending settings. This will serve to protect all those attending settings, including BAME individuals and those subject to other disparities. Furthermore, [we continue to advise that clinically extremely vulnerable individuals do not attend settings and that clinically vulnerable adults should be supported to take extra care in observing social distancing and working from home](#), where possible.

Children

On balance, pupils from a BAME background are likely to be positively impacted by wider education openings from an educational perspective for the reasons set out below. However, the policy adopted does not differentiate based on ethnicity.

The proportion of pupils who are BAME for most year groups in state-funded mainstream schools is close to the proportion overall across all year groups. This is the case for Reception, Years 1, 6 and 10, however in Years 12 and 13, there are a greater proportion of BAME pupils (27% compared to 24% overall). Looking across 16-year olds in FE and Year 12 pupils in school, the proportion of white pupils is 74%, the same proportion as in state-funded mainstream schools in year groups prior to key stage 5⁴¹.

[Black and Mixed ethnicity pupils are disproportionately over-represented in AP settings, where the majority of pupils are in year groups that are returning](#). Chinese and Asian pupils are under-represented in these settings. The prevalence of [SEN is higher in children from certain ethnic minority groups](#) (GRT, Black Caribbean).⁴²

Certain minority ethnic groups are more likely to be included in the vulnerable children and young people cohort who are still able to attend school⁴³: we estimate 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. The proportion of Asian and Chinese pupils classed as vulnerable is constant across age groups, for other BAME groups it increases slightly from Reception to Year 11.⁴⁴

These vulnerable pupils have been able to continue attending their school or educational settings, however whilst they have been positively impacted by the continuing offer of education, they have been at an increased risk of exposure to the infection, and this risk

⁴¹ DfE analysis of school census and Individualised Learner Record (ILR) (unpublished)

⁴² Please refer to the [Race \(including ethnicity\)](#) section for an assessment of the impact for this protected characteristic

⁴³ Further information on vulnerable children and young people can be found [here](#).

⁴⁴ DfE analysis of school census and Individualised Learner Record (ILR) (unpublished)

will be further increased with more children returning to schools. To help mitigate the risk, the DfE has published [guidance](#) on protective measures to help educational settings support safe provision for these children and young people. However, as previously set out, not all children who could still attend school are doing so.

We have made clear that vulnerable children of all year groups continue to be expected and encouraged to attend educational provision where it is appropriate for them to do so. Ethnicities with relatively fewer vulnerable children may be more positively impacted overall by the return to school, and vulnerable pupils who have not been in attendance may also return, as attendance is normalised.

There is a group of adolescents who are not currently in school, who are vulnerable to extra familial harm or are already being exploited by criminal gangs. We also know that some groups, such as boys and those from BAME backgrounds are more at risk of exposure to extra-familial harms like county lines and serious violence – [males represented 91% of those associated with county lines offending in 2018](#); in 2019 [almost half of Black homicide victims were aged between 16 to 24 years old](#) and [self-reported violence and weapons carrying peaks at age 15](#). As other measures ease, this group is likely to experience decreased supervision and structure alongside increased freedom of movement which could significantly increase their risk of exposure to extra-familial harms. Many professionals are concerned about the spike in serious violent crime that may occur. Widening school opening will benefit this group of young people by improving the protective factor of education.

Some ethnic groups are over-represented in disadvantaged populations and we have evidence to show that [disadvantaged children have more to gain from early education due to having a less enriching home environment than their peers](#). The wider opening of early years providers will therefore be of particular benefit to these groups, providing they do take up places; as mentioned elsewhere, it is not compulsory.

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: [in 2007 almost half of all children from ethnic minorities were in income poverty](#). This may mean these ethnic minority groups are likely to have been more affected by the school closures policy. As noted above, DfE has introduced policies to help support these children and young people.

Exploration of the home learning environment for different ethnic groups using internal findings from the LSYPE⁴⁵ 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.

⁴⁵ DfE analysis of longitudinal survey of young people in England (LSYPE) - 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) (unpublished)

- 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'.

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. Therefore, they may benefit disproportionately from the wider opening of schools. Those BAME pupils not in the newly eligible groups may, on the other hand, fall further behind as a result of not being invited to attend their educational setting at this time. The remote learning mitigations above will minimise, but not eliminate, the negative impact on the education of children not invited to attend schools during this period. However, priority has been given to certain year groups, for the reasons set out above.

In addition, White British households are less likely to be overcrowded than households from other ethnic groups. [Around 2% of White British households experienced overcrowding, compared with 30% of Bangladeshi households](#) (the highest percentage). Therefore, children and young people from Bangladeshi (and other ethnic minority) households may not have a physical space within their home that is free from distraction and conducive to learning. [There may also be a greater risk of transmission in overcrowded households](#).

[The Asian and Black ethnic groups are disproportionately represented in 'other households with dependent children'](#), a category which includes multigenerational households. Children in these ethnic groups may therefore be more likely to live with older relatives who are being 'shielded', and so may be less likely to return to school even if eligible.

[Gypsy, Roma & Traveller \(GRT\) pupils have the lowest GCSE results of any ethnic group and the highest overall absence rates and persistence rates of any ethnic group](#). Many are unlikely to have access to online lessons and those with parents and carers with low levels of education may have had limited parental support for education at home.

During the period of closure of schools to most pupils, school activity to prevent bullying and tackle discriminatory behaviours would be suspended. There is also a risk that bullying may disproportionately affect children of Chinese or other East Asian origin due to discrimination and misconceptions relating to coronavirus as set out in the enforcement section of this analysis.

For those returning to school, they might be at risk of exposure to COVID-19 when using public transport for their journey. [For BAME individuals, on average a higher percentage of trips are made by public transport](#) (in particular by bus), suggesting they may be more at risk. There would need to be adequate transport arrangements, in terms of volume of public transport and safety measures to ensure children and their families are kept safe when they return to school. We have therefore made clear in guidance that schools should seek to minimise use of public transport and where this must be used, it should avoid peak times. We are also suggesting options to schools for their own transport.

Wider opening may benefit young children who live in a household where someone is experiencing abuse. [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 \(3.8%\).](#) With wider attendance of childcare, schools and other educational settings, children are likely to spend more time removed from that abuse, and someone being abused may have increased social contact if they accompany the child to school or are able to return to work during school hours. If a child is being abused rather than someone in their household, they will benefit from the return to school both to get away from the abusive environment, and there is a greater chance the child can report the abuse, or an adult can spot any signs of abuse and report it.

Those who are not in the year groups identified at this stage for a return to school may continue to be impacted in the ways outlined above. However, the mitigating measures described above have been put in place to assist in accessing education remotely and to protect any child at risk. Any particular disadvantage suffered by BAME children who are not returning to school at the current time is justified, for the reasons set out above.

Families

[Parents and carers 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 have been more affected by the request to limit attendance, and may benefit more from wider opening.

The emerging evidence states that BAME individuals may be at greater risk from the virus and so any widening of attendance may have a larger negative impact on these individuals if children bring the virus home. That potential greater risk is to be seen in the context of the benefits to BAME children of widening attendance set out above. Parents and carers of BAME children may be less likely to send their children to childcare, school and educational settings due to this emerging evidence, meaning children may miss out on the benefits set out above.

Workforce in schools and other educational settings

In the [2018 Annual Population Survey](#), 13% of the working age population in employment were an ethnicity other than White. In the [2018 Labour Force Survey](#), 13% of childcare workers were an ethnicity other than White.

Based on [the school workforce census](#), 9% of classroom teachers, 6% of deputies and assistant heads and 4% of Heads came from BAME backgrounds in November 2018. 11% of non-teaching staff were from a BAME background in November 2018. This was 12% for auxiliary staff and 11% for both teaching assistants and other support staff. In 2018, [87% of teachers in FE colleges were White, and 6% were from a BAME background \(2% other, 5% prefer not to say\). 91% of leaders were White, with 4% coming from a BAME background \(2% other, 3% prefer not to say\).](#)

Although care should be taken due to the different sources, these figures suggest BAME staff are proportionately represented in the childcare workforce and among FE teachers,

are slightly under-represented in the school workforce and in FE leaders. Therefore, relatively fewer BAME individuals may return to work as part of the wider opening of school and educational settings, and as highlighted above there is emerging evidence that on an individual basis, they may be at greater risk from the virus. We have provided [guidance](#) to childcare and education settings to help settings lower their risk, with a particular focus on the hierarchy of controls that Public Health England advice will substantially lower the risk of transmission: minimising contact with anyone with symptoms; good hand and respiratory hygiene, good cleaning practices; and minimising contact and mixing, primarily through small group sizes.

We are encouraging settings to be especially sensitive to the needs and worries of BAME staff in the absence of clear understanding about the drivers of greater risk to them of the virus, discussing with them if any additional measures or reasonable adjustments may need to be put in place to mitigate concerns. Maintained schools and academies will need to discharge their own equality duties in considering the particular impacts of a wider opening of their settings on BAME staff members.

Religion or Belief

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.

Children

Previous restrictions on attendance 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.

As the wider opening policy again applies irrespective of whether a setting is a faith school or not, we do not anticipate that there are significant equalities impacts for children with this protected characteristic. We have explored some of the potential differential impacts, based on the number of pupils attending settings of different faiths, and some specific considerations regarding studying for certain faiths.

Pupils attending faith schools make up different proportions of primary and secondary school pupils (28% of primary school pupils attend a school with a religious character compared to 18% of secondary pupils). However, this difference is not the same across all faith groups. Pupils attending a Church of England school make up a greater proportion of primary school pupils than secondary (19% vs 6%) and so with more primary year pupils returning, more of these pupils will be able to attend their faith schools and enjoy the positive effects of being exposed to their faith in school. Pupils attending a Catholic school make up a similar proportion of primary and secondary pupils (9% vs 10%) so there is less of a disproportionate impact in terms of pupils returning. Though there are a small number of Jewish and Muslim schools, the proportion of pupils attending a Muslim secondary school is over double those at primary with 0.3% compared to 0.1%, Jewish schools make up 0.3% of secondary pupils compared to 0.2% of primary pupils. The choice of priority year groups may therefore limit the ability of Jewish and Muslim schools to support faith education compared to other groups.⁴⁶

⁴⁶ DfE analysis of Get Information About Schools (GIAS) data (unpublished)

Jewish and Torah studies for Jewish pupils and Islamic and Koran studies for Muslim pupils often take place in schools, both in class time and after school. The current restrictions on school attendance are likely to be affecting this significantly. So wider opening may disproportionately benefit pupils of these religions in priority year groups in terms of access to religious education, although as outlined above more pupils attending schools of these faiths are secondary pupils.

Where some children continue to need remote education at home, some religious pupils such as very orthodox Jewish pupils are likely to be negatively impacted as they are very unlikely to have internet access to use remote learning options due to their religious beliefs. The schools these children attend follow these same rules on internet use and so will have been finding alternative ways to ensure these children continue to receive education at this time. This potentially negative impact is not a good reason not to open up schools to the priority year groups, for the reasons set out above.

Families

We don't anticipate any significant disproportionate impacts on families owing to their religion or belief in addition to those outlined for pupils above, but should any arise we would expect schools to consider and manage these locally, working with pupils and parents and carers as they normally do.

Workforce in schools and other educational settings

We do not collect data on the religious beliefs of childcare or school staff, however we do not believe there will be disproportionate impacts on staff of different religion and beliefs. Schools will continue to work with staff to address emerging needs and again, we expect schools to consider and manage any disproportionate impact locally.

Sex

We have identified potential impacts under limbs 1 and 2. We have not identified any impacts for this protected characteristic under limb 3.

Children

Of the 64% of 0-4 year-olds that use formal childcare, 52% of these are boys and 48% are girls⁴⁷. The ratio of boys to girls at school for most year groups in state-funded mainstream schools is close to the overall gender ratio across all years in these schools, and this is the case for Reception, Years 1, 6 and 10. Year 12 and 13 in schools have a disproportionate number of girls (53% of Year 12 and 13 pupils are girls compared to 49% across all years). However 53% of 16-18 year olds in FE are male.⁴⁸ [Boys are also over-represented in AP settings relative to mainstream schools, making up 72% of the cohort in PRUs, AP academies, and AP free schools.](#)

⁴⁷ Unpublished statistics from the Childcare and Early Years Survey of Parents 2019: <https://www.gov.uk/government/statistics/childcare-and-early-years-survey-of-parents-2019>

⁴⁸ DfE analysis of school census and Individualised Learner Record (ILR) (unpublished)

Boys are more likely to fall into the vulnerable cohort⁴⁹ than girls (6.4% compared to 3.8%), and so are more likely to have been eligible to attend school during the period of limited opening.⁵⁰ Given these vulnerable pupils have been able to continue attending their school or educational settings, whilst they have been positively impacted by the continuing offer of education, they have been at an increased risk of exposure to the infection, and this risk will be further increased with more children returning to schools. To help mitigate the risk, the DfE has published [guidance](#) on protective measures to help educational settings support safe provision for these children and young people.

Not all vulnerable children who could still attend school are doing so. Regional action teams are working to increase school attendance by vulnerable children, and according to [DfE data](#), approximately 92,000 of the children in attendance on Thursday 11 June 2020 had an EHCP or a social worker (we estimate this represents 18% of all children classified as 'Children in Need' or who have an EHCP)⁵¹. This still suggests the vast majority of vulnerable children are not currently at school.

We have made clear that vulnerable children of all year groups continue to be expected and encouraged to attend educational provision where it is appropriate for them to do so. Girls are more likely to be affected by wider opening in terms of being able to return to school. Vulnerable boys are likely to be positively impacted by the policy as, although they have always been able to attend their setting, they may see benefits of the wider opening, as attendance is normalised, and they are more likely to attend school. We are returning small groups of pupils and making clear that those year groups selected are prioritised for positive reasons – i.e. they are likely to benefit educationally the most from an early return, in both mainstream schools and alternative provision. We have also published protective measures guidance for schools and colleges, to substantially reduce the risk of transmission in these settings.

There is a group of adolescents who are not currently attending school, who are vulnerable to extra familial harm or are already being exploited by criminal gangs. We also know that some groups, such as boys and those from BAME backgrounds are more at risk of exposure to extra-familial harms like county lines and serious violence – [males represented 91% of those associated with county lines offending in 2018; in 2019 almost half of Black homicide victims were aged between 16 to 24 years old and self-reported violence and weapons carrying peaks at age 15](#). As other measures ease, this group is likely to experience decreased supervision and structure alongside increased freedom of movement which could significantly increase their risk of exposure to extra-familial harms. Many professionals are concerned about the spike in serious violent crime that may occur. Widening school opening will benefit this group of young people by improving the protective factor of education, such as schools being able to make referrals to support services where they have safeguarding concerns about a child.

⁴⁹ Further information on vulnerable children and young people can be found [here](#)

⁵⁰ DfE analysis of school census (unpublished)

⁵¹ This is an estimate based on the January 2019 school census and 2019 Children in Need census. Before 1 June, settings were asked the number of vulnerable children attending. Settings were also asked to provide separate figures for the number of pupils with an EHCP and those with a social worker attending.

Families

Individually men could be at greater risk from the virus: [overall, there have been more deaths for males than females](#). So any widening of attendance may have a larger negative impact on fathers if their children bring home the virus. This risk of unequal impacts is partially offset by the fact that [children are less likely to live with fathers than their mothers](#) (86% of lone parent families have lone mothers).

There are employment benefits from wider opening childcare, schools and other education settings, which may disproportionately benefit parents and carers in single parent or carer families who, as above, are more likely to be mothers. Evidence is also clear that [early years provision particularly benefits maternal employment](#). However, many parents and carers of children in priority year groups will have other children to care for and may not be able to return to work due to this and other factors.

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, and for this particular benefit women may gain proportionately more from the wider opening of schools.

The childcare sector opening more widely may be crucial to its long-term survival and the ability of that market to function. Women are likely to be more negatively impacted by the childcare market failing as they are more likely to be looked to as the primary carer for their children, affecting their ability to work (and this is especially important for single-mothers).

The return to school for some families will be beneficial for women experiencing domestic abuse who care for young children. There are disproportionate impacts on victims of domestic violence, who are predominantly women, of having to remain at home with their abuser. As of 27 April 2020, calls to the National Domestic Abuse Helpline, run by Refuge, have spiked significantly, seeing an [on average increase of around 50% in calls since lockdown measures began](#). Increased contact with the school and the need to accompany young children to school could provide a reasonable excuse for women to leave the home on the school run, or return to work, and increase their social contact and ability to leave the abusive environment. If a child is being abused rather than someone in their household, they will benefit from the return to school both to get away from the abusive environment, and there is a greater chance the child can report the abuse, or an adult can spot any signs of abuse and report it.

Workforce in childcare, schools and other educational settings

[Men make up 15% of teachers and leaders in state funded nursery and primary schools, and 37% in secondary schools](#), making teaching a more female-dominated profession.

Non-teaching staff are even more predominately female, with 7% of non-teaching staff in primary and nursery settings being male, and 21% in secondary schools. However, school leaders are more likely to be men compared to classroom teachers. In nursery and primary schools, 14% of classroom teachers are male compared to 22% of school leaders. In secondary schools, 36% of classroom teachers are male compared to 50% of school leaders.

[There are far more women than men in the childcare sector](#) (96% of group-based provider staff are women). A gender disparity also shows in the FE workforce. 61% of FE teachers are female and 36% are male (with 3% preferring not to say). [For leaders this is 55% female, 44% male](#) (1% prefer not to say). The gender split is also similar in the Alternative Provision workforce; [37% of AP teachers are male and 63% are female](#).

Individually men could be at greater risk from the virus: [overall, there have been more deaths for males than females](#). However, on balance the direct risks for women are likely greater given that there are more of them in the childcare, school and other education setting workforce, and women are more likely to work with children in age groups where more intimate care and close contact is required. We have provided [guidance](#) to childcare and education settings to help settings lower their risk, with a particular focus on the hierarchy of controls that Public Health England advises will substantially lower the risk of transmission: minimising contact with anyone with symptoms; good hand and respiratory hygiene, good cleaning practices; and minimising contact and mixing, primarily through small group sizes.

As school and FE leaders are more likely to be male than teachers in these settings, they may be more at risk than teachers based on their gender alone. In some settings, leaders may be less likely than teachers to come into direct contact with children and young people who can't observe social distancing, however this may not be universally true across settings. Given the make-up of the workforce is predominantly female, job opportunities from wider opening are likely to benefit women more than men, however this is conditional on recovery of the economy from coronavirus.

Sexual Orientation

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

Children

LGBT children and young people may experience specific difficulties in the home environment relating to their sexual orientation or gender identity, without the 'escape' of going to educational settings. The National LGBT Survey 2017 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](#)). However the survey does not include those aged under 16-years and so we cannot draw conclusions about the impact on younger children.

In addition, any support, advice and guidance given by school welfare officers to any LGBT children and young people will not be easily accessible during the schools limited opening. 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.

There is very little data about sexual orientation of children of primary age, and so it is unclear what impact a return to school is likely to have had on these children in particular. Any data we have to draw on about experiences of being LGB are from much older children. If there are any negative impacts of the period of closure of schools to most pupils on young LGB children, it is possible that the return to time with peers and self-expression through play, could be beneficial.

If young children have experienced homophobic bullying in school, which has abated due to separation from peers during the period of closure of schools to most pupils, it would be for schools to continue to apply robust policies to protect all children from bullying.

We know that [there have been increased reports of domestic abuse generally](#), including by LGB adults that use these services, and so young children in that environment would benefit from the return to school. We know that the restriction on movement is particularly challenging for those experiencing domestic abuse as it reduces social contact or opportunities to seek support, and so LGB adults may benefit from increased opportunities to leave the home to accompany their child to school or return to work during school hours. If a child is being abused rather than someone in their household, they will benefit from the return to school both to get away from the abusive environment, and there is a greater chance the child can report the abuse, or an adult can spot any signs of abuse and report it.

Families

We don't anticipate any disproportionate impacts on families subject to the protected characteristics of sexual orientation, aside from the point relating to LGB adult victims of domestic abuse highlighted above.

Workforce in schools and other educational settings

We do not collect data on the sexual orientation of staff in schools and other educational settings, however we don't anticipate any disproportionate impacts on staff subject to this protected characteristic.

Shielding

Shielded individuals have been identified on medical grounds by the Chief Medical Officer as the most 'clinically extremely vulnerable' (CEV) to severe illness as a result of contracting COVID-19. This cohort had been advised to stay at home and avoid face-to-face social contact; as of 1 June, guidance has been relaxed to enable outdoor exercise, including with one other individual for those living alone.

The objective of shielding is to reduce mortality in those individuals at greatest personal risk of catching COVID-19. The support offered by the shielding programme has been designed to have a positive impact on the individuals involved, including those with protected characteristics, while they are advised to remain at home.

Nonetheless, we recognise that there are likely to be significant negative impacts for people with protected characteristics, including impacts to physical and mental wellbeing as a result of following the shielding guidance. Advising people to stay at home and minimise all contact with others for a long period of time is a big ask and can significantly impact on quality of life, for both the individuals and their households. We have had to continually balance these negative impacts against the health benefits of shielding. However, with mitigating measures in place as far as possible, the need to protect lives has, until now, justified the policy.

The shielding programme offers support to those who are shielding, by providing food deliveries, assistance with getting medicine and some social contact, if they do not have family or friends who can help.

Age

Loneliness: Older people are more likely class themselves as often lonely, a situation that shielding risks compounding. Across the general population, there is also some evidence of higher levels of loneliness and boredom in young people. As part of the shielding programme, Local Authorities, working with the voluntary and community sector, are being asked to continue to care for those who may be feeling very isolated. Lessening the shielding restrictions to allow individuals to meet with family and friends outside of their household, would mitigate against this negative impact. A transitional period of support would also be essential.

Economic vulnerability: The older population may be on lower incomes, if they are retired or working part time, or are unemployed. This could raise financial barriers to accessing the supermarket delivery offer, particularly if individuals cannot afford a 'big shop' and are required to pay for supermarket delivery charges. However, relaxing the guidance so that individuals can now visit the shops, if they choose, will mitigate against this. Those suffering wider economic impacts will be able to access the financial measures introduced by the government in response to COVID-19, as well as continuing to be able to access the social protection system.

Digital literacy: Older groups are disadvantaged by their more limited access to and knowledge of IT. Guidance and communication on the pausing of the programme, when this occurs, will need to be accessible to diverse groups.

Housing conditions: Younger people are more likely to live in houses of multiple occupancy. Following the shielding advice will likely be less sustainable for these individuals.

Disability

Mental health: Disabled individuals rely on a range of services and often specialist support. We expect shielding to exacerbate mental health issues for disabled people, particularly those with learning disabilities and autism conditions. Before the pandemic, disabled people were already four times more likely than non-disabled people to report being socially isolated and feeling lonely. To mitigate against this, all details for shielding individuals have been shared with Local Authorities to cross match with Social Care services databases to ensure individuals receive the support they need. The registration website also asks if individuals had 'unmet care needs' and the data for those who answer 'yes' is passed on to Local Authorities to provide support. The longer that shielding continues, the greater the risk to mental health. We therefore anticipate that a lessening of restrictions, especially the ability to exercise outside and meet with people from outside the household, would have a positive impact on wellbeing.

However, having shielded for 12 weeks, it is also likely that many people will feel anxious about leaving their homes and concerned for their personal safety. In DHSC's behaviour survey 42% of people stated their mental health had gotten worse over this period. That is why we are recommending that when the policy is removed, funding is provided to Local Authorities for a transitional period of support, targeted at the most isolated and vulnerable individuals within the group. This is likely to avoid creating more acute mental health needs in the long-term and help to transition individuals to independence or alternative sustainable support measures

Accessibility: Many disabled people are likely to face barriers accessing COVID-19 guidance. The impairments which can prevent them accessing the material include visual and hearing impairments, dyslexia and learning disabilities. Many people with learning disabilities have a lower comprehension rate than the general population and across all age groups, disabled adults also make up a large proportion of adult internet non-users. To mitigate against this, we have implemented measures to ensure that the shielding support offer is as accessible as possible, thereby advancing equality of opportunity and meeting diverse needs. When shielding is paused, it will be especially important to provide clear, accessible and inclusive communication of the latest health advice and changes to support provision, to avoid individuals feeling confused and unsupported. It will also be necessary to engage in advance with patient groups and stakeholders, so that they are able to support their members to interpret the new guidance and understand what it means for them.

Return to work: Disabled people are more likely to have health vulnerabilities that could make them less able, or more concerned, to return to work. We are considering options for providing reassurance on expectations in relation to work.

Pregnancy and maternity

Shielding restrictions, alongside the reduced availability and accessibility of health and other specific services, for example, antenatal groups, may have negatively affected pregnant women and new mothers. The relaxation on meeting people from outside the

household outdoors will be helpful to new mothers in getting out of the home and seeing other friends and family.

Race

Housing conditions: Around 2% of White British households experience overcrowding, compared with 30% of Bangladeshi households (the highest percentage). Following the shielding advice will have undoubtedly been less sustainable for those in poor housing conditions.

Economic vulnerability: Ethnic minorities are disproportionately represented among those with lower incomes or working in lower paid jobs. Delivery charges for supermarket deliveries may adversely affect this group, or result in groups being unable to transition to the supermarket option when they obtain a priority delivery slot. However, relaxing the guidance so that individuals can visit the shops, if they choose, would mitigate against this.

Accessibility: Those for whom English is a second language, or non-English speakers, may face barriers in accessing government guidance and support. To mitigate against this, a language line has been in place for the shielding registration call. It will be crucial to ensure that future guidance and communication about the changes to the support package are accessible.

BAME health concerns: ONS has produced data that suggests people from BAME communities are at greater risk of severe adverse outcomes from COVID-19. There is a risk that BAME individuals within the shielded cohort will be particularly anxious about the relaxation of the guidance and any potentially disproportionate impact on their health. Clear guidance and communication and a comprehensive transition period will help to mitigate this.

Religion or belief

Dietary impacts: The existing food packages are standardised and not all food is universally suitable, particularly with respect to religious cultural dietary needs such as halal or kosher. Mitigation is in place as box recipients are signposted to their Local Authority if the food does not meet their requirements, and also tinned meat is packaged so that there is no risk of people having to touch foodstuffs that are unsuitable for them. When restrictions are lifted and individuals can access the shops, this equalities impact will be resolved.

Clinically vulnerable individuals and older groups who are still being asked to shield themselves will still be unable to attend PoW for individual prayer. The guidance suggests that venue managers might want to consider advertising set days or times when places of worship are open for individual prayer solely for those individuals.

Sex

Domestic abuse: Throughout the pandemic, there have been concerns about a spike in reports of domestic abuse, which disproportionately affects women. Those shielding, who need to leave their homes for safety reasons, have never been prevented from doing so. However, the relaxation of restrictions on shielded individuals staying at home will help to mitigate, to a certain extent, some of these disadvantages, at least on par with the general population.

Sexual orientation and gender reassignment

Mental health and safety: Studies have found that adults who identify as LGBT were twice as likely as heterosexual adults to experience symptoms of common mental disorder, for example, symptoms of anxiety or depression. There have also been concerns around LGBT people who are isolated in homes with families who are not supportive of their sexual orientation or gender identity, with implications for physical and mental health. Relaxing the shielding restrictions will hopefully improve mental wellbeing, as people are able to spend more time away from a difficult home environment relating to their sexual orientation or gender identity.



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