



HM Government

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

30 May 2020



# Contents

<b>Summary</b>	<b>2</b>
<b>Full Equality Analysis</b>	<b>13</b>
Introduction	13
Closure of businesses	15
Restrictions on movement and restrictions on gatherings	28
Enforcement	47
Closing Schools	51
Self-isolation	75
Shielding	76
Conclusions	78
Monitoring and Evaluation	79
<b>Annex: Additional Background Evidence</b>	<b>80</b>

# Summary

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

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 Equality Act 2010
- Limb 2: advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Limb 3: foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics set out in the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership (only relevant to the first limb of the test), pregnancy and maternity, race or ethnicity, religion or belief, sex, and sexual orientation.

The government will continue to keep these policies and their impact under review to ensure that disadvantages are minimised wherever possible. Measures will only continue for as long as the level of risk is assessed to be sufficient to justify these negative impacts.

## **Social Distancing measures**

On 23 March the government introduced Non-pharmaceutical Interventions (NPIs) to curb the spread of the coronavirus, protect the NHS and save lives. These included restrictions on people leaving the house and gathering, as well as obligations on businesses and other public facilities to close. Enforcement measures were also introduced, including penalties. Furthermore, the government advised schools to close and vulnerable people to take further measures to protect themselves. Previous PSED assessments considered the impact of these measures.

On 13 May the government eased the restrictions on leaving the home, including to allow people to spend time in public open space and use outdoor sports courts for exercise. People were also encouraged to return to work and several retail services were permitted to re-open. An equalities assessment was conducted to consider these changes. This assessment now considers the remaining restrictions as a package - rather than separating phase one from the initial lockdown.

Further easements to be introduced under step two of the government's [Roadmap](#) are now considered; included in this assessment are:

- Moving away from the 'stay at home' restriction and towards prohibitions on certain activities, limiting gatherings and closure of businesses and other premises.
- opening pre-school and some primary school year groups.
- phased opening of more retail
- allowing more social interaction with non-household members in limited socially distanced gatherings outside; and
- elite athletes to return to training and competitive sport behind closed doors.

This summary presents the impacts of these policy changes, and the continued impacts of overall restrictions on movement.

### **Moving from 'Stay at home' to specific restrictions**

The government's broad policy to restrict people's movements and ensure social distancing was captured in the 'stay at home' policy under regulation 6. This provision will now be removed as that is no longer the focus of the public health measures and there is mounting legal risk around inconsistencies and irrationality, given that there were so many exceptions and more are now being implemented. The regulations will now be reframed to focus on activities that are not allowed outside the home, while lifting the broad requirement to stay at home. However, many elements of the restrictions remain in place in legislation and in guidance - people are still being encouraged to work from home where possible, many workplaces and public places remain closed, most non-essential retail remains closed, people are not permitted to visit friends and relatives in their homes and only some school years are being re-opened. This section therefore considers the overall impact of this policy, which remains linked with the impacts of the 'stay at home' policy evidenced in previous assessments.

There is strong [evidence](#) from past recessions that young people will be among the hardest hit economically by the restrictions on working; those who have recently left education or just entering the job market are more susceptible to long-term employment and pay scarring.

There is some evidence of higher levels of loneliness and boredom in young people<sup>1</sup>. This may have improved under the May 13 easements, although broadly levels of loneliness

---

<sup>1</sup> Britain Thinks found 42% of 18-24 year olds reporting 'not coping as well as usual' (among 65+ year olds only 20% reported the same) <https://britainthinks.com/pdfs/Covid19-Diaries-Data-Tables-April-2020.pdf>

(36%) and boredom (51%) remain elevated across the population (ONS). It is expected that lifting the stay at home message and restriction will help.

Other [evidence](#) points to older people and the shielding cohort being at an increased risk of mental illness compared to the general population as quarantine measures start to relax. This is likely to continue and will potentially be elevated as other parts of the population leave their homes more often as the guidance will still reflect that the shielding cohort should limit any interaction with people not from their household.

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<sup>2</sup>, although 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, or more concerned, to return to work

In addition, disabled people are disproportionately impacted by the closure of indoor sports and leisure facilities which are particularly important for this group's physical and mental health. These impacts may have been partially improved by the 13 May easements which allow for unlimited exercise and recreational activities outdoors but we do not have evidence for this yet.

The evidence has consistently pointed to disproportionate negative impacts on women; [IFS analysis](#) of the Labour Force Survey data suggests that because women disproportionately work in retail and hospitality, Covid-19 is likely to have a bigger effect on their earnings. There is [evidence](#) to suggest that, of those with children who are 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. Lone parent families, who are predominantly female, are also most financially vulnerable to an economic shock<sup>3</sup>. 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. 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. The relaxation of the restrictions on staying at home will help to mitigate, to a certain extent, some of these disadvantages though not fully given the remaining restrictions which apply. We have included carve outs in the prohibition on gatherings and overnight stays to ensure that someone who needs to leave their home for safety reasons (e.g. to escape domestic abuse) would never be prevented from doing so.

Concerns remain that pregnant women and new mothers are being impacted economically by business closures. Pregnant women may be particularly vulnerable to workplace

---

<sup>2</sup> DWP (2020). The employment of disabled people. <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2019>

<sup>3</sup> Living costs and food survey, ONS

discrimination at this time, if employers need to reduce staff. The government has now 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. 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. The six person limit will allow the baby (and any other children) to accompany the mother at the same time as meeting others (though we note the more children someone has the more of the six person limit will be used up with household members who cannot be left at home and this may have a bigger impact on people of a certain age range who may be more likely to have children who cannot be left at home and certain ethnic groups who often have larger families). The restrictions on indoor gatherings will mean pregnant women and new mothers will still find it hard to access many antenatal and postnatal services and groups as those would usually be held indoors. The advice for pregnant women around shielding will also mean they cannot benefit in the same ways as others to seeing more people outdoors.

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.<sup>4</sup> Evidence concerning the easements and the improved ability to leave the house is not yet available, although it is anticipated that this will have (and will continue to) assist mental wellbeing if LGBT people are able to spend more time away from a difficult home environment relating to their gender identity or sexual orientation. The ability to meet with more people (up to five others) who are outside the person's own household may help with mental wellbeing for this group too though the restriction on indoor gathering will limit the social interaction available.

The [ONS](#) has produced new data showing that people from BAME communities are at greater risk of severe adverse outcomes from Covid-19. PHE has announced they will [conduct a review](#) analysing how different factors, including ethnicity, impact on Covid19 outcomes. There is a risk that general moves to ease the lockdown could have a disproportionate impact on this group, if it were to result in a second peak of infections. The Government is taking all possible measures to ensure its approach is proportionate and based on the 5 tests (including the condition that new measures do not risk a second peak) set out in the [Roadmap](#) to rebuild and expert advice.

A high proportion of Black, Pakistani, and Bangladeshi groups are employed in sectors where businesses are required to remain close, and are therefore less likely to benefit from the government's message to return to work. 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 mostly 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

---

<sup>4</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.

times as likely, partly due to their concentration in taxi driving (restrictions in guidance on sharing vehicles will remain in place). 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. Childcare restrictions on work will remain in place until all year groups can return to school.

The increase in access to outdoor spaces may have disproportionately benefited people from ethnic minority backgrounds who are more likely to live in urban areas – for example around 2% of White British households experienced overcrowding, compared with 30% of Bangladeshi households (the highest percentage)<sup>5</sup>. Black people are the least likely to have access to outdoor space (private or shared garden, balcony etc) and all ethnic minority groups are less likely to have access to a private garden than White people. So they will not necessarily be able to benefit as much from meeting people in private gardens but they will still be able to benefit from the increased gathering sizes allowed in all outdoor spaces.

Continued restrictions on gatherings and the closure of places of worship will have an adverse impact on many people of faith, particularly those with religious festivals during the period. These restrictions apply across all faiths. Following the publication of the UK government's roadmap to rebuild Britain, a series of ministerial-led Task forces have been set up to develop plans for how and when closed sectors can reopen safely including one on places of worship.

Socio-economic status 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<sup>6</sup>. 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)<sup>7</sup>. They are also more likely to be in debt or have low cash savings. Finally, the new provisions that allow outdoor gatherings in gardens is less likely to assist this group, who are less likely to have access to private outdoor space.

Overnight stays continue to be prohibited under the new package of measures unless the person has a reasonable excuse such as for work or to escaping a risk of harm. For the duration of this measure this will mean that people are unable to take, for example, summer holidays which will negatively impact many groups, but it is not thought to particularly disadvantage any single group on the basis of a protected characteristic.

---

<sup>5</sup> Ethnicity facts and figures – overcrowded households: <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest>

<sup>6</sup> IFS (2020) Sector shutdowns during the coronavirus crisis: which workers are most exposed?

<sup>7</sup> ONS (2020) Living costs and food survey



## Reopening schools for certain year groups

Substantial economic and societal impacts have been identified with respect to young people and children from the school closures measures implemented since 23 March. A [report from the IFS](#) concluded that school closures are almost certain to increase educational inequalities. 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. It has been suggested that keeping schools closed until September could increase the attainment gap by 25-75%<sup>8</sup>. Policymakers are working urgently to address the gaps in education that the crisis is widening. There is a connection between ethnicity, disadvantage and attainment, almost 50% of children from ethnic minority backgrounds grow up in low-income households, compared to just over 20% of young white people.<sup>9</sup>

The government's Roadmap set out a plan to reopen certain school years, focusing in particular on early years, Reception, Year 1 and Year 6. This will have immediate benefits for children in these year groups. Evidence is consistent on the benefits of early education to children's learning and development (particularly for disadvantaged children) and primary school pupils may find independent learning through remote methods more challenging than children in secondary education. This is why the government has targeted these groups. Nonetheless, it is acknowledged that this limited return to school will mean that the benefits of school attendance will be unequally shared across age groups, and the problems set out above will persist for many young people.

There are significant economic benefits for parents who are enabled to work, and there is particularly strong [evidence](#) of benefits for women, who typically perform a higher proportion of childcare and home schooling than men. Opening schools will also help limit educational inequalities between low and high income families as noted above. However, these benefits will depend on the proportion of children able to return.

Some ethnic groups are over-represented in disadvantaged populations and there is strong evidence to show that disadvantaged children gain the most benefit from early education. There is good evidence to show the particular benefits of early education to children with Special Educational Needs and Disability (SEND). Such pupils already qualify for continued access, although uptake is unclear.

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 worship. The government believes the general equality benefits of opening childcare facilities outweighs

---

<sup>8</sup> Education Endowment Foundation (2020) Policy briefing on school closures

<sup>9</sup> Kenway, P. and Palmer, G. (2007) 'Poverty among ethnic groups: How and why does it differ?', New Policy Institute

these concerns and that the continued closure of places of worship for worship is justified on health grounds.

### **Reopening retail and other outdoor services**

Reopening more retail would have economic benefits for several groups that are disproportionately employed in this sector. This includes women, young people, low income groups, ethnic minorities and disabled people (as covered in the impact of the current measures above).

The initial, more restricted opening of retail - i.e. including car showrooms and outdoor markets - would confer fewer benefits for the groups identified above, but we have not identified data at this stage to inform on the specific employment impacts.

It is assumed that all people could benefit from improved retail access, although people of lower incomes are less likely to benefit from vehicle showrooms. Of lower income groups, single-parent families of which women make up a large proportion, young people, and ethnic minority groups, are less likely to benefit. Opening markets is more likely to benefit people from lower socio-economic groups, including some ethnic minority groups, as these groups tend to have a stronger reliance on markets for clothing and household goods, given prices are generally cheaper than bricks and mortar retail.

At this stage, the government has limited the broader opening of outdoor leisure facilities as it is proceeding with caution. Outdoor gardens and e.g. heritage sites will be allowed to open. There are important fairness considerations in choosing which sites to open, and the choices the government has made will disproportionately favour some groups over others. For example, the inclusion of some ticketed attractions - such as National Trust sites will have fewer benefits for lower income groups, which is more likely to include certain ethnic groups as well. Young children would benefit more from the opening of fairgrounds or zoos and low income and urban groups would benefit more from the opening of playgrounds, but these will all remain closed. The government's overriding concern has been to focus these easements on where there are limited opportunities for transmission by crowding or the touching of surfaces.

### **Opening sports facilities for elite athletes**

The package for elite sport athletes will be important for these athletes, and is expected to have a positive impact on their physical and mental well-being but will have limited benefits across the population of groups with protected characteristics.

Broadcasting professional sport will have a much broader impact across the population. YouGov polling of sports channels indicates that men are more likely to rate sports channels positively (60 to 63%) than women (37 to 38%) and that people aged 24 to 40 years give a more positive rating than the over 55s. The announcement is therefore most likely to be welcomed by these groups.

There is some evidence that watching sport can increase levels of domestic abuse. One [study](#) found that domestic violence reports to police increase by 38% following football matches in which the English national side lost. However, data is limited and it is difficult to predict the interplay with the social distancing policy. The government continues to monitor evidence on domestic abuse and is supporting domestic abuse charities and services as set out below.

Sports are a small part of available tv and online media and sport has been more exceptional in its absence than in its return. Those not enjoying sport on tv are likely to find other media options readily available.

### **Increasing social contact - gatherings outside**

The government will allow groups of up to 6 individuals to gather outside. This is expected to impact positively on all groups and especially on those people living alone or in most need of support from others. Though people who are shielding will not necessarily be able to benefit from this as they will continue to be advised to limit contact with people outside their household.

Gatherings in indoor public places is limited to households, with some exceptions in line with existing provisions. While this represents a minor tightening of the restrictions, in practice the ability to meet one person outside the home is currently very restricted given it operates in conjunction with the stay at home regulation and the business closures.

Restrictions on visiting other peoples' homes will remain in place besides exceptions for people working - e.g. nannies, cleaners and tradespeople.

Restricting social contact in this way risks certain equality concerns, given that people will be able to meet outside with up to five people outside their household (although social distancing will be advised), but shielded and otherwise vulnerable groups that have been advised not to go outside will not benefit from this external social contact. People with some disabilities may find it easier to socialise indoors and so will not be able to benefit from the outdoor relaxations. However, there are clear public health grounds to this distinction. The transmission risk is lower outside. The government would therefore have a strong justification for not introducing social contact indoors or in peoples' homes at this stage, given the health impacts, especially for more vulnerable individuals. The Government will keep the policy in review and would like to introduce provisions to allow more social contact within homes - especially for those living alone - as soon as it is safe to do so.

Restricting outdoor gatherings to 6 individuals will result in larger households not being able to benefit from the amendment to regulations in the same way as other households, as they will be unable to all meet at the same time. In addition, people with young children may be unable to leave the house without them, which may limit their opportunities to socialise with people outside their household. This will have more of an impact on certain ethnic groups who are more likely to have larger families. Setting the limit at 6 individuals rather than a limit on households will provide more freedom for people to meet with friends

and family. This may be particularly beneficial for people that are most socially isolated including young and older people, trans people and people at risk of domestic abuse (predominantly women).

Restrictions on gatherings will continue to mean that weddings and civil partnerships cannot take place. Marriages and civil partnerships under the special procedure for those who are seriously ill and not expected to recover, are taking place in some cases where 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 to enable all faiths to participate equally according to their own rites or religious law. 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 set out below, and therefore might struggle to maintain proper distancing measures for all of these requirements.

Like weddings, 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. In order to manage the transmission risk, it is still considered to appropriate to restrict indoors gatherings in all settings and so continued restrictions on marriages and civil partnerships is justified.

## **Other changes**

### **Ensuring hotels and accommodation are open to people required to self-isolate on arrival into England and for elite sports people**

A change in the regulations is required to enable hotels and other accommodation to open for this purpose. We have not identified any specific equality impacts for this change, besides the general health benefits of reduced risk of transmission.

### **Changing the review period from 21 to 28 days**

The Government is required to keep social distancing measures under continual review. If at any time the measures are no longer necessary to protect public health they will need to change. Therefore, the increase in the maximum period of the formal review should not have any equality impacts. It does not mean that changes will be more slow to be made to the regulations and indeed to date the changes to the regulations have been made at different times which have not always coincided with the review periods. The Government is committed to relaxing measures as soon as possible (and before the 4 week period) if it is safe to do so.

## Conclusions

The social distancing policy and the measures within the Coronavirus Restrictions regulations continue to have a profound impact on the population at large, and disproportionately on groups with protected characteristics, despite the change to the 'stay at home' provision. Young people, women, low earners, disabled people and ethnic minority groups are most likely to have been impacted economically by the closure of retail and hospitality sectors. Gender disparities persist without widespread options for school and childcare. There is concern about lasting economic impacts and scarring, especially for young people. There is also evidence of a widening attainment gap between rich and poor children, which may have lasting impacts. Mental health and well-being remains a concern, especially for individuals living alone or vulnerable within their household circumstances - e.g. domestic abuse victims and LGBT young people living with unaccepting families.

Measures to improve access to the outdoors and social interaction will have had benefits for many and may help young people in particular, and individuals to better escape the hostile home environments, although there is limited data available here at this time. The improved access to outdoor space with people from outside a person's household will have particular benefits for those living in small urban dwellings though they may be less able to benefit from gathering in private outdoor space, and they are disproportionately those from ethnic minorities.

Moves to open up retail will have some positive impacts for people with protected characteristics and there is evidence that women, disabled people, ethnic minority groups and young people in particular, work in the retail sector. Though there are only small increases in retail opening in this round of changes (the additional businesses which are required to close within this set of changes will have little impact as they were not open previously because people were not allowed to leave their house to visit them under the stay at home restriction).

As people increasingly leave their homes and return to something resembling normal life, the differences between the population at large and the generally vulnerable and shielded communities (disproportionately older people and those with underlying health conditions, including disabled people) will become more pronounced, which may further impact the mental well-being of these people. The Government is keeping social contact policy in review, especially with respect to people of single-occupancy households - and intends to allow more contact between households as soon as it is safe to do so.

Moves to open up retail and opportunities for social interaction may exacerbate the impacts felt by religious groups, as places of worship remain closed. The government's further consideration of private prayer, weddings and other religious rituals are important mitigations in this respect.

Should any of these relaxation of restrictions result in an increased transmission of coronavirus this will have a more negative impact on those people who are more at risk

from catching covid-19, in particular, older people and those with certain disabilities. However, the Government will be watching the impact of the relaxation of the restrictions carefully and will take steps, including imposing further restrictions again, should that be considered necessary.

Overall, this assessment has identified many indirect equality impacts of the policy. Nonetheless the health imperative continues to justify the government's approach and there is good evidence that the government is adapting its policy and taking measures to mitigate the impacts on groups with protected characteristics where possible and appropriate.

# Full Equality Analysis

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; and
- Limb 3: foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics set out in the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership (only relevant only relevant only relevant to the first limb of the test), pregnancy and maternity, race or ethnicity, religion or belief, sex, and sexual orientation.

To note, 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.

The government has carried out three PSED assessments on the impacts of the lockdown policy implemented on 23 March. On 10 May the government introduced the first set of easements to social distancing measures, taking effect from 13 May.

The amendment regulations also increased the value of fixed penalty notices, especially for repeat offenders, which may be issued to anyone aged 18 or over who an authorised person reasonably believes has committed an offence under the Health Protection (Coronavirus, Restrictions)(England) Regulations 2020.

On June 1 the Government will introduce changes to the Coronavirus Restrictions Regulations, changing the nature of the social distancing and lockdown policy, as previously set out in step two of the [Roadmap](#) document - our plan to rebuild. This PSED considers the impact of the restrictions policy as a whole, including the remaining restrictions, with a particular focus on the impacts of the new easements. The assessment includes both the measures that are implemented in law and other policies that have been



implemented without a change to the law - e.g. the advice on shielding and the closure of schools. The document is structured as follows:

**Closures of business - considering the impact of business closures set out in the regulations, and the impact of the policy as of 1 June to:**

- 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
- permit cultural and sporting events to take place behind closed doors in due course;

**Restrictions on social contact – considering the restrictions on people interacting with each other, including the impact of the policy as of 1 June to:**

- 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

**Enforcement**

- changing the stay at home requirement has minor enforcement considerations

**School and childcare facilities – considering the general closures, as well as the impact of the policy as of 1 June for:**

- a phased return for early years settings and reception, year 1 and year 6 of schools (to be followed by some direct contact for Years 10 and 12 at a later stage)

**Shielding the vulnerable**

- the persistent impact of the shielding policy

**Other changes to the regulations**

- changing the review period of the regulations from 21 to 28 days

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



The government will continue to keep these policies and their impact under review to ensure that disadvantages are minimised wherever possible. Measures will only continue for as long as the level of risk is assessed to be sufficient to justify these negative impacts.

## Closure of businesses

Regulations 4 and 5 provide that businesses and other venues across the UK must close during the emergency period except for the exceptions set out in the regulations. They require the closure of certain retail and public premises, although these businesses may continue to operate in order to respond to online and telephone orders etc. Similarly, hotels and similar accommodation must close except for where people are living in them as interim abodes whilst their primary residence is unavailable to them, including critical workers, permanent residents, those unable to move into a new home, for homeless and vulnerable people, and to host blood donations. Hotels and similar accommodation can also provide services to critical workers as part of the effort to deal with coronavirus, if the stay is necessary for their work and to those isolating under the borders legislation. The regulations also provide for places of worship to close except to faith leaders and for small funerals (provided social distancing is observed) and for support of the vulnerable. There are also restrictions on crematoriums.

The easements to be introduced on 1 June will allow vehicle showrooms and outdoor markets to open. However, we have not identified specific data on how these openings will impact people of protected characteristics. The assessment therefore considers the impact of the closure of businesses in a broad sense and how this will impact people of protected characteristics.

## Age

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

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

have been put in place to address these including a nationwide and localised efforts to mobilise volunteers to support these groups.

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

The easements enacted in legislation on 13 May permitted a range of public and private outdoor sports courts to re-open. This is expected to have a positive impact on all age groups' physical and mental health and of young people and children in particular. The opening of golf courses is expected to have a larger positive impact on adult men as [84 percent of registered golf players are adult male](#). However, we recognise that there could be a disproportionate negative impact from businesses that remain closed on younger people and children, including indoor sports facilities and leisure centres; soft play centres, arcades, bowling alleys; ice rinks; funfairs; youth centres; and libraries. The services these offer are disproportionately used by younger people and their parents. These sites offer mental and physical health benefits that we can reasonably expect to be reduced during the duration of business and premises closures. Mitigations include encouraging online provision of services as well as the opening of outdoor sports facilities, although we recognise not all of the benefits of these services can be replicated virtually.

Encouraging more people to go back to work may have had a positive impact on young people as 1.1m workers under 25 work in sectors impacted by the restrictions – making them twice as likely to be working in an impacted sector compared to older workers aged 45 to 64<sup>10</sup>. 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%). It is therefore likely that a return to work may currently only benefit younger workers if their workplace is exempt from closure. Younger people are [less likely to be able to work from home](#) when compared to older people where workplaces are required to close. However, this does not necessarily translate into the actual impact of the crisis, for which there is limited real-time data.

The opening of non-essential retail as part of Step Two of the government's plan to ease restrictions, is expected to benefit younger people considerably: 24.6% of workers in non-food retail are aged 18-24<sup>11</sup> (the highest proportion by age category), and sales assistants & cashiers was one of the top job categories in which 22-29 year olds worked as of 2017, as reported by the [ONS](#).

While in the population as a whole, young people are more likely to be affected by the shutdown, the reverse is true among Pakistanis and Bangladeshis. While 24% of young white British and 29% of young Bangladeshis [work in shut-down sectors](#), the figure is 14% for 30- to 44-year-old white British but 40% for 30- to 44-year-old Bangladeshis.

---

<sup>10</sup> Living costs and food survey, ONS

<sup>11</sup> From the 2019 January-December APS, collated by the Labour Markets Team in BEIS

The impact of not being able to work and job loss due to business closure in terms of long-term labour market outcomes is likely to vary by age. There is strong [evidence](#) from past recessions that young people who have recently left education and have recently entered or are about to enter the labour market, are at greater risk of long-term unemployment and pay scarring than the average worker. Older workers are also likely to take longer than middle aged workers to [get back to work once they become unemployed](#).

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. Employees who have been advised to shield are therefore 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.

## **Disability**

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

Based on the data available, we believe the fatality rate of COVID-19 is higher in those with pre-existing medical conditions which, where they are long-lasting and have substantial effects on activity, will meet the Equality Act 2010 definition of disability.

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

Since our original analysis, the specific health and well-being impacts of the closure of sports facilities on those with mental health conditions and/or particular disabilities such as autism have been further considered. We recognise that there is a particular negative impact on these groups from the closure of sports facilities including fitness studios, gyms, swimming pools or other indoor leisure centres and other leisure facilities for support to improve mental and physical health. While the opening of several outdoor sports facilities may have a positive impact on the physical and mental well-being of individuals with disabilities, indoor facilities that remain closed and provide those individuals with access to specialised equipment and support, is expected to have a continued negative impact. The provisions in Regulations and associated guidance concerning taking exercise and leaving the house for medical assistance and/or to avoid injury and illness went some way to mitigating this impact. The Government is also publicising free ways to improve mental and physical health, through using on-line resources; although the benefits of these will not help groups who are not digitally literate or do not have easy access to the internet.

We recognise that some people who have a disability or health condition who require adjustments could be at a disadvantage compared to those who do not have a disability and are required to work from home as a result of business closures due to COVID 19.

Employers are legally obliged to make reasonable adjustments to make sure workers with disabilities aren't substantially disadvantaged when doing their jobs. Alternative/additional reasonable adjustments agreed for the standard workplace may need to be made to make homeworking possible for disabled people, or in order for workplaces to be made suitable for disabled people as well as comply with social distancing measures. The Access to Work scheme can assist in the process and with associated costs for employers and has additionally taken steps to put in place easements to enable disabled people to work more flexibly during the pandemic (see Annex 1 for detailed information).

In addition, some disabled people might be more concerned about working even where public health guidance allows them to; and some employers might assume that they should not work.

A comparison of data from the Labour Force Survey Q4 2019 and the Annual Population Survey 2018 to 19, suggests that disabled people may be overrepresented in the 'Administrative and Support Services Activities'. The [Business Impact of COVID-19 Survey \(BICS\)](#) published by ONS<sup>12</sup> suggests that this industry has one of the highest proportions of reported furloughing among businesses that are continuing to trade (34%). As disabled people may be disproportionately impacted by this furloughing, encouraging these businesses to return to work could potentially have a positive impact on this group.

Similarly, the re-opening of non-essential retail may particularly impact disabled people, who make up 16.8% of workers in non-food retail (using the Equality Act 2010's definition of disability)<sup>13</sup>. This may have economic benefits for some people, but could also increase their risk of exposure, although the mitigations set out in paragraph 21 will help to mitigate this risk.

Disabled people are more likely to fall into the "extremely vulnerable" group being asked to shield. Disabled people have lower employment rates than non-disabled people<sup>14</sup> and lower household incomes.<sup>15</sup> Therefore, labour market disruption associated with "shielding" may have 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<sup>16</sup>. In response, changes have been made to the welfare state to better support disabled people, including access to SSP/eligibility. Therefore, for those people who are considered to be 'clinically extremely vulnerable' – including those with disabilities – a return to work would not be advised, even

---

<sup>12</sup> BICS is a qualitative fortnightly survey by ONS covering business turnover, workforce, prices and trade. They are not official statistics, but have been developed to deliver timely indicators to help understand the impact of COVID-19

<sup>13</sup> January-December 2019 APS, collated by the Labour Markets Team in BEIS

<sup>14</sup> DWP (2020). The employment of disabled people. <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2019>

<sup>15</sup> DWP (2020). Households below average incomes 2018/19.

<sup>16</sup> 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.

if workplaces, including non-essential retail as part of Step Two of the government's plan to ease restrictions, were to reopen.

There is crossover between the clinically extremely vulnerable group identified in government guidance and disabled people<sup>17</sup>. See specific section on shielding for more information.

## **Gender reassignment**

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

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

The Business Impact of COVID-19 Survey (BICS) published by ONS found that across all industries, the highest proportion of short term staff lay-offs to cope with the impact of COVID-19 on their workforce, were reported by the 'Arts, entertainment, and recreation' industry and the 'Administrative and Support Service Activities' industry (39% reported this in each industry).<sup>18 19</sup> A comparison of data from the Labour Force Survey and the National LGBT Survey 2017 suggests that LGBT people are overrepresented in these particular industries, which could suggest that LGBT people are disproportionately impacted by these short term lay-offs.

There is also some evidence to suggest that transgender people experience discrimination in the labour market, particularly at the interview stage<sup>20</sup>. This may mean this group is disproportionately impacted by COVID-19 associated labour market disruption.

Reopening businesses may potentially offer some benefits to this group.

## **Pregnancy and maternity**

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

We recognise the benefits that visiting particular businesses and premises may offer to pregnant women and new mothers, and the risks to physical and mental health that may

---

<sup>17</sup> People with specific cancers are identified as clinically extremely vulnerable; people with cancer are defined as disabled as per the Equality Act 2010.

<sup>18</sup> ONS (2020) Business Impact of COVID-19 Survey, 9th April 2020

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

<sup>20</sup> Totaljobs (2016) Totaljobs trans employee survey report 2016

arise from reduced access to care and support e.g. from any antenatal or other support groups. Mitigations are in place including encouraging these centres to offer support without social contact e.g. online.

A [study in Canada](#) found evidence of elevated depression and anxiety among pregnant individuals during the pandemic. Pregnant women may also be concerned that maternity leave or returning from maternity leave could lead to higher risk of employment disruption associated with business closures. There is also a risk of increased pregnancy discrimination if businesses have to make difficult decisions about which staff to keep on; the Equality Advisory and Support Service has received a significant number of calls regarding workplace pregnancy and maternity discrimination since lockdown started<sup>21</sup>. Mitigations include clear guidance on expectations of employers, and the continuation of discrimination and redundancy protections.

Pregnant women and new mothers may suffer economically from business closures. Although the government has now taken steps to prevent furloughing impacting on maternity pay and allowance calculations, some women will have started maternity leave before 25 April 2020 when these adjustments were made and so may be disadvantaged. We have amended Regulations to ensure entitlement to Statutory Maternity Pay (SMP) and Maternity Allowance (MA) will be calculated based on full earnings rather than furlough pay, ensuring that individuals get what they would have received if they had not been furloughed. This will apply for those whose pay period for SMP/MA started on or after 25 April 2020.

Pregnant women are classified as '[clinically vulnerable](#)', and advised to stay at home. There is a risk that people in this category experience difficulties if their workplace re-opens but they wish to follow government advice and shield themselves. 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. Pregnant women may be particularly vulnerable to workplace discrimination at this time, if employers need to reduce staff. Legal protections continue to exist for all protected characteristics, but are reliant on an individual choosing to take a case to an Employment Tribunal, which can be a stressful and costly process.

## Race

We have identified impacts under limbs 1 and 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 3. The section below considers the impact of the closure of businesses on employees of businesses that have closed, and the impact on consumers. We know that people from ethnic minority backgrounds are more likely to have persistently low incomes, therefore we've also considered the impact on low income groups.

With regards to the impact on business owners, there may be impacts from some business closures that disproportionately affect people from different ethnic groups. However, we do

---

<sup>21</sup> EASS internal records



not yet have reliable evidence on the representation of certain ethnic groups by business, in terms of ownership. We are considering appropriate steps to take on this ahead of the next review.

COVID-19 will likely disproportionately affect the self-employed, as they may struggle to meet their required outgoings, however the Self-Employed Income Support Scheme is now live, providing financial support for the self-employed up to £2,500 a month. We know that 20.4% of workers in the combined Pakistani and Bangladeshi ethnic group were self-employed, the highest percentage out of all ethnic groups. The government has introduced small business grants, business rates relief and business loans, support for the self-employed and business interruption loans to support businesses during this time to mitigate the impact of these closures.

The easements enacted as legislation on 13 May encouraging people to go back to work are expected to have had a positive impact. However, a high proportion of Black, Pakistani, and Bangladeshi groups are employed in sectors where businesses are still required to close, and are therefore likely to continue to be negatively impacted. For example, the combined Pakistani and Bangladeshi ethnic group had a higher percentage of workers in the distribution, hotels and restaurants sector (30.7%) which remain closed. Re-opening of non-essential retail as part of Step Two of the government's plan to ease restrictions, is therefore expected to have a limited positive impact on ethnic minority groups as this will not include the hospitality sectors.

Men from minority groups are more likely to be affected by the shutdown. 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](#).

Although the furlough period being offered by the government has been extended to October, the hardship for significantly impacted industries may go on beyond this. This may impact their ability to financially sustain interruptions to income and livelihoods and lead to a reduced equality of opportunity, for example, less opportunity to develop new skills. People from Bangladeshi, Black Caribbean and Black African backgrounds have the most limited savings to provide a financial buffer if laid off. Only around 30% live in households with enough to cover one month of income. In contrast, [nearly 60%](#) of the rest of the population have enough savings to cover one month's income.

While some people are now encouraged to return to their workplaces, some individuals may find it difficult to work from home where their workplaces are required to remain closed. People from ethnic minority groups tend to work in occupations that make it harder to work from home, so may be less able to take up future new working methods. Those of Pakistani and Bangladeshi ethnicities were the [least likely to work from home](#). For those who are in low income groups, the ability to work from home may be more difficult due to more limited access to IT resources, less space in the home and more caring

responsibilities for children or the vulnerable within the home and this could lead to reduced income or loss of work. For example, we know that [18.9% of Black households were made up of a single parent with dependent children](#), the highest percentage out of all ethnic groups for this type of household.

A return to work may therefore benefit people from ethnic minority backgrounds who are currently unable to work from home, although the hotels and restaurants sector is likely to remain closed in Step Two of the government's plan.

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

While several outdoor sports facilities can open as per the easements enacted in legislation on 13 May, the closure of indoor sports and leisure facilities may impact the mental and physical health of the majority of ethnic minority groups who live in urban areas with fewer open spaces. The government is publicising free ways to improve mental and physical health through using online resources.

Data on use of house waste and recycling centres by different groups is not available. However, we expect lower income groups to benefit from being able to leave home to visit such centres. Data shows that [ethnic minority groups are more likely](#) to live in non-decent homes that lack modern facilities and homes that have [less space per person](#), thereby making the ability to manage and dispose of waste more important.

Due to the speed with which Regulations and associated guidance were brought in, some official sources of information remain in English only which may affect groups who do not have English as a first language, which is likely to be associated with race. Where these are reported, we are seeking to provide alternative information in other languages.

Other factors associated with race include immigration status. The vast majority of temporary migrants, including those on work and study route, and those on the family/Article 8 leave to remain, will have no recourse to public funds (NRPF). However, the government's package of measures for supporting employment, statutory sick pay and the eviction protections are not considered public funds and so can be accessed by those with NRPF. In addition, migrants on the 10-year family/private life route can apply to have the NRPF condition lifted if they would otherwise be destitute. The government has recently digitised the application form, which ensures it can be completed by those who need to remain at home and applications are being dealt with compassionately.

The easements enacted in legislation on 13 May ensure people can move home and complete key activities around this, such as viewing property. This will therefore assist more people to move accommodation during this time. There are potential benefits to individuals or families currently living in 'non-decent' homes who are keen to move, of which BAME groups are more likely according to data from the [English Housing Survey](#). However, we have not yet identified strong data to support this.



## Religion and belief

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

Changes to shift patterns as a result of adaptations to the current context could have an impact on individuals' ability to express their religious beliefs, although it should be possible for employers to mitigate this when developing rotas.

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

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

Other schemes open to POW include the Coronavirus Business Interruption Loan Scheme and the Coronavirus Large Business Interruption Scheme, which are both available to registered charities. Registered charities have also been exempted from the requirement that the applicant derives at least 50% of its income from its trading activity. Finally, HMRC has put in place extra support to agree payment plans with organisations unable to pay relevant HMRC bills, and VAT registered charities can use the VAT deferral scheme. 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. For further detail on wider stakeholder engagement, see Para 140.

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.

## Sex

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

ONS data on death rates in England and Wales suggests that men represent 56.6% of deaths involving COVID-19 up to 8 May 2020<sup>22</sup>. It is unclear whether this has any correlation with occupation or other risks related with sectors that remain open. However, women may have a heightened risk of exposure to COVID 19 as they are over-represented in key worker roles such as in healthcare; for example, as of September 2019 women represented approximately 58% of key workers<sup>23</sup>. General guidance for workplaces has been put in place by the government to mitigate health risk, and efforts are being made to source PPE materials for health sector roles. However, in the health sector, a [BMA council member](#) has stated that 7 out of 10 women don't have appropriately fitting PPE and are therefore at increased risk in frontline roles.

In addition, [some studies report](#) women having higher levels of anxiety relating to coronavirus than men, with women on the frontline reporting some of the greatest levels of anxiety. 56% of women who say their work is essential report anxiety levels of 7 or more, compared with 30% of men in that group.

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

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

Women are disproportionately represented in lower income occupations such as caring, leisure and other services (80%) , sales and customer service (63%) and administrative and secretarial roles (76%), while men comprise more elementary and trades related occupations (74% male) and dominate process, plant and machine operatives (87% male).<sup>24</sup> Despite this, [women are less represented in higher paid positions](#) than men such as manager, director and senior official roles, professional occupations and associate professional and technical occupations. Other [analysis indicates](#) women have been 5 percentage points more likely to lose their jobs during the COVID-19 pandemic (compared to men) and suggests this could be explained by women taking on more caring responsibilities.

---

<sup>22</sup> ONS Coronavirus (COVID-19) roundup 5 May 2020

<sup>23</sup> ONS Coronavirus and key workers in the UK, 15 May 2020

<sup>24</sup> ASHE ONS 2019

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.<sup>25</sup> 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.

Business closures may disproportionately impact victims of domestic abuse, who are predominantly women, through having less recourse to go out to visit businesses or leisure premises and therefore having to remain at home with their abuser. As of 27 April 2020, calls to the National Domestic Abuse Helpline, run by [Refuge](#), had spiked significantly during the lockdown – seeing an on average increase of around 50% in calls since lockdown measures began. A concern has been raised via MPs that the exemption for off-licences to remain open is exacerbating the impact on this group. Mitigations have been in place including government funding to domestic abuse charities. Additionally, enabling more workplaces to reopen safely may mitigate the increase in domestic violence as more people are able to return to work.

The changes announced on 10 May, encouraging people to return to work in sectors of the economy that the regulations allow to be open, is likely to have seen more men return to work than women. The ONS Business Impact of COVID-19 Survey (BICS)<sup>26</sup> suggested that the transport, manufacturing and construction industries had scope to increase the number of staff working, and [these industries are more than 75% male](#). This is likely to have positively impacted this group economically, but may also have risked exposing men to increased health risks and, as set out above, [men are more susceptible to COVID-19](#). The government has issued guidance to support a safe return to work, and officials are working with Trade Unions and employers' groups to ensure the necessary safety precautions are put in place to protect employees from a risk of increased exposure to COVID-19.

If there is a re-opening on non-essential retail, this is likely to impact women - who make up 58.7% of workers in non-food retail<sup>27</sup> - more than men. This will have a positive economic impact, but potentially increase exposure and therefore health risks. However, women may be less able to benefit from businesses reopening unless this is coupled with the 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, [in the UK](#). Single parents, [86% of](#)

---

<sup>25</sup> Resolution Foundation (2019) [Low Pay Britain](#), May 2019

<sup>26</sup> Estimates from the BICS are currently unweighted, and the ONS advise that they should be treated with caution when used to evaluate the impact of COVID-19 across the UK economy

<sup>27</sup> January-December 2019 APS, collated by the Labour Markets Team in BEIS

[whom are women](#), are likely to be particularly disadvantaged if schools and childcare options are not available. The re-opening of some school years may ease these impacts for some groups, but will not apply to everyone given the majority of school years groups remain closed for now.

The government has amended its guidance to clarify that paid childcare, for example nannies and childminders, can take place subject to being able to meet the public health principles set out. There are far more women than men in the childcare sector (96% of group-based provider staff are women).<sup>28</sup> Access to this form of childcare may therefore help other women to return to work, although this is likely to only benefit families with higher incomes. We are now re-opening registered childcare in community centres, places of worship etc in parallel with the reopening of early years education which will have additional benefits for more working mothers.

## Sexual orientation

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

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

The Business Impact of COVID-19 Survey (BICS)<sup>29</sup> published by ONS<sup>30</sup> found that across all industries, the highest proportion of short-term staff lay-offs to cope with the impact of COVID-19 on their workforce, were reported by the 'Arts, entertainment, and recreation' industry and the 'Administrative and support service activities' industry ([39% reported this in each industry](#)). A comparison of data from the Labour Force Survey and the National LGBT Survey 2017 suggests that LGBT people are overrepresented in these particular industries, which could suggest that LGBT people are disproportionately impacted by these short term lay-offs.

There is [evidence](#) that LGB people's general and mental health is worse than that of heterosexual people. The opening of several outdoor sports facilities may go some way to mitigate this for LGB groups' mental health due to the increased ability to leave their homes to exercise multiple times a day, including with one person from another household.

A comparison of data from the Labour Force Survey and the National LGBT Survey 2017 suggests that LGBT people are overrepresented in the 'Administrative and Support

---

<sup>28</sup> Childcare and early years providers survey: 2019: <https://www.gov.uk/government/statistics/childcare-and-early-years-providers-survey-2019>

<sup>29</sup> ONS (2020) Business Impact of COVID-19 Survey, 9th April 2020

<sup>30</sup> BICS is a qualitative fortnightly survey by ONS covering business turnover, workforce, prices and trade. They are not official statistics, but have been developed to deliver timely indicators to help understand the impact of COVID-19

Services Activities'<sup>31</sup>. The Business Impact of COVID-19 Survey (BICS)<sup>32</sup> published by ONS suggests that this industry has one of the highest proportions of average reported furloughing of businesses that are continuing to trade (34%). As LGBT people may be disproportionately impacted by this furloughing, encouraging these businesses to return to work could potentially have a positive impact on this group.

Overall, the current impact is that LGBT people could be affected by business closures, due to being over-represented in the 'Administrative and Support Services Activities', & 'Arts, entertainment, and recreation' industries. As the 'Arts, entertainment, and recreation' industry may be slow to reopen, the LGBT population in employment may face a slower return to work or find employment in less affected sectors.

### **Socio-economic status**

Lower income groups may benefit from returning to workplaces if they cannot work from home. We expect this to be the case where there is a limited access to IT resources or less space per person in the home. This benefit may be offset by the inability to return to work if a workplace is required to remain closed and it is not possible to work from home. Individuals from lower income groups who work in the hotel and restaurant sector for instance, are likely to be disproportionately affected by this. However, we anticipate that the further opening of the retail sector will assist many individuals to go back to work.

We know that 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<sup>33</sup>. One mitigating factor is that many of the affected lower earners live with others whose earnings are likely to have been less affected, so many may have suffered smaller hits to their living standards than otherwise<sup>34</sup>. Those who are/were not supported by other earners, however, (for instance, some lone parents), are likely to be particularly vulnerable. 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)<sup>35</sup>. They are also more likely to be in debt or have low cash savings. Finally, the poorest households who were out of work before this crisis, might be relatively better protected due to receiving a greater proportion of their income from benefits (which have seen increases due to recent measures put into place)<sup>36</sup>. However, the crisis may still make it more difficult for these households to ultimately re-enter the labour market, putting them at greater risk long term.

---

<sup>31</sup> Government Equalities Office (2018) National LGBT Survey: Research Report

<sup>32</sup> ONS (2020) Business Impact of COVID-19 Survey, 7 May 2020

<sup>33</sup> IFS (2020) Sector shutdowns during the coronavirus crisis: which workers are most exposed?

<sup>34</sup> ONS (2020) Living costs and food survey

<sup>35</sup> ONS (2020) Living costs and food survey

<sup>36</sup> HMT analysis

There is also 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, and they are not able to work from home.

## Restrictions on movement and restrictions on gatherings

The government's broad policy to restrict people's movements and ensure social distancing was captured in the 'stay at home' policy under regulation 6 as explained in the summary.

The regulations will now be reframed to focus on activities that are not allowed outside the home, while lifting the broad requirement to stay at home. However, many elements of the restrictions remain in place - people are still being encouraged to work from home where possible, many workplaces and public places remain closed, people are only permitted to visit friends and relatives outdoors, and in groups of up to six, and only some school years are being re-opened.

This section therefore considers the overall impact of this policy, which remains linked with the impacts of the 'stay at home' policy evidenced in previous assessments.

### 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 and 3.

In a survey by [Britain Thinks](#), younger respondents were more likely to report that they are not coping as well as usual (42% among 18-24 year olds), with this decreasing gradually by age bracket (among 65+ year olds only 20% reported the same). These groups are likely to benefit from the easing of restrictions and especially the ability to meet in groups of up to 6 people outdoors.

Of NHS reported COVID-19 hospital deaths, 91% of these were of 60+ year olds, as of 3 May 2020.<sup>37</sup> 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. 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).

<sup>37</sup> NHS England and NHS Improvement (2020) COVID-19 all announced deaths 4 May 2020



Older people over 70 who fall into the vulnerable category are experiencing a heightened level of social distancing as they are asked to 'shield' themselves. They are more likely to be isolated, or less able to mitigate the social isolation arising from lockdown with technological solutions; however, movement data from O2 suggests that people in the age range of 65+ saw the greatest increase in mobility (29 April). The NHS Volunteer Responders are providing telephone support to individuals at risk of loneliness as a consequence of isolation. Vulnerable individuals are now able to self-refer into the programme.

Older people who are being asked to shield themselves will not be advised to meet people outside of the household, which has a negative impact on the advancing equality of opportunity between older people and people without that protected characteristic. Overall, our view is that the risk of impact to their health will outweigh the negative effects of reduced social contact.

Problems associated with isolation may be mitigated by permission for outdoor gatherings of up to 6 people. However, although older people may be more likely to live alone and therefore have more scope to benefit, this benefit will be limited as the guidance will remain that those aged 70 and over should take particular care to minimise contact with others outside their household.

Sport will be made easier with the allowance of 6 people to gather outdoors. The amended regulations of 1 June also makes clear that other sports are available, such as water sports. Sport participation declines with age with 70% of 16 to 34 years olds participating, compared to 61% of 55 to 74 year olds<sup>38</sup>. 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.

## 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.

Many disabled people have common health conditions including mental health conditions like anxiety and depression and musculoskeletal disorders<sup>39</sup>. Continued limitations on many face to face services in the community may exacerbate conditions for people who rely on these to help them manage conditions. The Government is keeping these measures under review to see if easements could be introduced before July.

The health impact 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](#)

---

<sup>38</sup> Sport England Active Lives Survey report 2019

<sup>39</sup> DWP (2020). The employment of disabled people. <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2019>

[extremely vulnerable](#) are those with certain types of cancer or undergoing certain cancer treatments, people with severe respiratory conditions, people with diseases and errors of metabolism that increase the risk of infections, solid organ transplant recipients, and those on immunosuppressive therapies.

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

For example, we know that 70 to 80% of autistic people will have a mental health problem at some point in their lives. We have emerging evidence that social distancing is exacerbating this as people who relied on community services no longer have access to these to support their mental health and wellbeing. We are hearing from stakeholders that autistic people and those with learning disabilities are becoming distressed as a result of changes to routine, loss of care team through illness/self-isolation or just not being able to do usual activities.

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

We know anecdotally that the social distancing guidance is impacting on people's routines which are essential to keeping autistic people and those with a learning disability well. There are also issues about autistic people and those with learning disabilities not always



understanding the social distancing rules necessitating police involvement, which could be avoided with the right preventative support in place. We know that it is crucial for individuals to go outside and exercise in order to manage their behaviour and keep well.

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

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

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

We have heard, anecdotally, that people with physical and learning disabilities are struggling to access food delivery slots or visit the supermarkets because they are finding the social distancing measures in place too overwhelming or confusing and this is impacting on their physical and mental health. There is now support for disabled people through the NHS Volunteers Programme, Defra's Food Access Scheme and through Local Authorities to ensure disabled people are able to receive food shopping.

A number of retailers are aiming to improve access for the blind and partially sighted during the crisis, through steps to help them socially distance. Several supermarkets have been working with the Royal National Institute of Blind People on new best practices, such as tape on checkout screens to make them more visible and announcing social distancing measures rather than relying on signs alone.

Some retailers offer support for customers with hidden conditions such as autism, diabetes, hearing loss or multiple sclerosis by offering sunflower lanyards in store. The

lanyard identifies the customer as having a hidden disability so staff are aware they may need some more help or extra time.

Many retailers offer an elderly and vulnerable shopping hour on certain days of the week. Anyone identifying themselves as a member of either of these categories is welcome to shop at these times without having to provide specific proof.

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

- along with NHS England and NHS Improvement (NHSEI) are jointly hosting a weekly webinar with learning disability and autism stakeholders to discuss emerging issues and how these can be resolved
- working closely with learning disability and autism charities to develop bids for government funding that will boost their online and telephone service capacity to upscale their support offer and prevent the deterioration of the physical and mental health
- working closely with the Disability Unit to identify which funding support programmes provided by the government can be accessed by charities supporting disabled people
- engaging with the Disability Unit, Public Health England and NHS England to improve the accessibility of government guidance for disabled people. This includes producing easy read, audio and BSL versions; and
- publication of a strategy to support the medical and caring workforce and to highlight the needs of people with physical and learning disabilities, complex needs and autism, which recognises the concerns of the adult social care sector.

Individuals with severe mental illnesses may be more affected by the social distancing measures due to increased barriers to access face-to-face support and reduced access to food and medication. Furthermore, withdrawal from psychotropic medication such as antidepressants can have severe clinical side effects. DHSC has now opened up the NHS Volunteer Responder programme to allow individuals with severe mental illnesses to self-refer for help accessing food and medication and check in and chat phone calls to prevent loneliness.

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.

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

Disability groups such as autistic people and those with learning disabilities, may also gain particular benefits from increased access to outside space. The amendment regulations allowing people to go out with other people will also encourage that others – e.g. those with a mental health condition – can benefit from more time outside.

Some disabled people who are more at risk of anxiety and social isolation could be expected to benefit substantially from the ability to meet with 6 people outdoors. Although this could also increase the exposure of Covid-19 to disabled people and increase anxiety. The proposal to include any carers within the limit of 6 people means those people who require carers would be able to meet fewer people for purely social reasons than those without carers and may result in some larger families not being able to go out together (e.g. a family of 6 which requires an outside carer). However, by excluding carers from the limit of 6, this would complicate the narrative behind the policy, particularly in reference to parents of non-disabled children. In addition, it would allow for larger gatherings (e.g. if people that require multiple carers were to meet with other people that require carers the number could go well beyond 6) and may make it harder to enforce the policy.

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.

Benefits of increased social contact will not be felt by disabled people who are being asked to shield themselves. These people will not be advised 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 will outweigh the negative effects of reduced social contact.

### **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.

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<sup>40</sup>. Those disadvantages linked to isolation and being restricted to the home are likely to be significantly relieved by the easements introduced.

There are concerns around young trans people who are isolated in homes with families who are not supportive of their trans status or gender identity too, with implications for physical and mental health. The National LGBT Survey 2017 found that 48% of transgender respondents had experienced a negative incident due to being LGBT or being thought to be LGBT involving someone that they lived with in the 12 months leading up to the survey.<sup>41</sup> The government is in close contact with the LGBT 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 LGBT people who experience specific difficulties in the home environment relating to their gender identity.

There is some limited evidence indicating that incidence of mental health problems is high for transgender people.<sup>42</sup> There is also some limited evidence to suggest that trans youth may have a higher prevalence rate of autism spectrum disorder (ASD) than the general population.<sup>43</sup> The current disruption to usual routines may be of particular challenge to these groups.

Those undergoing gender reassignment may be unable to access hormones from the GP, have gender affirming surgery cancelled or may face increased waiting times to see trained counsellors or professionals, which would impact their mental health. Provisional results from [survey by the LGBT Foundation](#) found that as of 23 April, 24% of respondents reported that there was medication that they are unable to access or that they were worried that they might not be able to access (although this may not only affect those undergoing gender reassignment). 16% of respondents said they had been unable to access healthcare for non-COVID-19 related issues.<sup>44</sup>

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

---

<sup>40</sup> LGBT Foundation briefing on the impacts of COVID 19 for LGBT people:

<https://lgbt.foundation/coronavirus/impact>

<sup>41</sup> Government Equalities Office (2018) The National LGBT Survey Research Report, July 2018.

<sup>42</sup> Hudson-Sharp, N and Metcalf, H (2016) Inequalities among lesbian, gay, bisexual and transgender groups in the UK: an evidence review. National Institute of Economic and Social Research

<sup>43</sup> Glidden et al (2016) Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature

<sup>44</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.

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

Provisional results from an ongoing survey by the [LGBT Foundation](#) found that as of 23 April, 10% of LGBT respondents reported that they do not feel safe where they are currently staying and 18% were concerned that their situation would lead to substance or alcohol misuse, or that it would trigger a relapse.<sup>45</sup> The Albert Kennedy Trust, working with young people at risk of homelessness, has reported a 30% increase in referrals from young people living in hostile or abusive environments or finding themselves homeless since the pandemic began, with a significant increase in self-referrals from 16-17 year olds. These already vulnerable young people 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.

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

### **Pregnancy and maternity**

We have identified impacts under 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 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](#). There are therefore health benefits to this group of pregnant women, which counterbalance the negative impacts.

[Postnatal Depression](#) is a depressive illness which affects more than 1 in every 10 women within a year of giving birth. Social support from friends and family members as well as home visits from health professionals can be significant protective factors against postnatal depression, and these have not been as readily available during the lockdown. This may be in part relieved by the increased ability to see others outdoors, although for women who are shielding these benefits will not be felt, and they may have increased likelihood of developing postnatal depression.

---

<sup>45</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.

Maternity services are facing significant staff shortages due to COVID-19 with many midwifery staff either ill, shielded or self-isolating. This is likely to impact on the availability and quality of services including choice of place of birth and continuity of carer models during the pandemic. NHS England and Improvement are supporting maternity services to coordinate staff to ensure safe care is provided, including consolidating staff and services in a smaller number of locations. This means temporarily suspending some home birth services and birthing centres and consolidating intrapartum care in obstetric units.

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

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

- the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives (RCM) and the Royal College of Anaesthetists (RCA) are working closely with NHSE, the four UK health departments, system regulators, academics, etc. to produce guidance and information for women which is kept under constant review to ensure the advice to women and clinicians is proportionate and reflective of the various stages of the course of the pandemic and emerging evidence
- following passage of the Coronavirus Act, the Nursing and Midwifery Council (NMC) set up the COVID-19 emergency temporary register on 27 March and invited nursing and midwifery professionals who left the register up to three years ago to join. In addition, varied emergency education standards have been introduced to enable the last six months in the final year of undergraduate midwifery degrees to be spent in supervised clinical placements. Students in England who have student loans will be offered a salary at pay band 4 for this period as an incentive
- as of 5<sup>th</sup> May, 874 midwives have expressed an interest in returning to work. This figure is made up of 743 registered midwives and 131 dual registered midwives. 180 midwives have deployed to front line service
- as of 1<sup>st</sup> May, we have 1290 student midwives (Y3, last 6 months) and an additional 1076 student midwives (Y2 and Y3 first 6 months), opting to be deployed in service
- maternity services are using remote means to provide additional antenatal and postnatal consultations. Remote consulting enables greater compliance with social distancing measures recommended for pregnant women and maternity staff; and
- other practical support, such as the procurement of 16,000 blood pressure monitors for distribution free of charge to ensure all can offer blood pressure self-monitoring for the 10% of pregnancies with chronic hypertension, gestational hypertension or pre-eclampsia.

Pregnant women and new mothers, who are at a heightened risk of mental health complications such as postnatal depression, should benefit from increased access to friends and family. However, there is evidence to suggest a higher risk for those in their third trimester of pregnancy, or with underlying conditions, and therefore increased contact could increase their exposure to the virus.



Pregnant women are being asked to take particular care to minimise contact with others outside their household, so will not be advised 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 will outweigh the negative effects of reduced social contact

## 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<sup>46</sup>. PHE have announced they will conduct a [review](#) analysing how different factors, including ethnicity, impact on Covid19 outcomes.

The lockdown measures may have resulted in a higher proportion of individuals from ethnic minority communities having restricted access to mental health, learning disability, and autism services. In both [the Black broad ethnic group and the Black Caribbean](#) specific ethnic group, over 4,800 adults per 100,000 of the population used mental health, learning disabilities and autism services, this is the highest out of all ethnic groups for which ethnicity was reliably recorded. These services remain broadly unavailable under the 1 June amendments.

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.

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

Geography is just one of a number of key factors that determine how vulnerable people are to COVID-19. In the UK, people in urban areas are more likely to spread the virus

---

<sup>46</sup> Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020 which can be found here: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>

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

A higher percentage of trips are made by public transport (in particular by bus) by people in ethnic minority groups. This would suggest that ethnic minority groups are more at risk, and that the effective enforcement of these measures would be to the benefit of this group.

We are working with the police to understand whether restrictions on movement has increased the risk or incidence of online abuse for minority groups. We are working with the police, civil society partners and social media platforms to encourage victim reporting of online hate crime during the pandemic. We do not hold data on whether the overall scale of online abuse has increased since social distancing measures were put in place.

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; and
- extremists taking advantage of anonymity on message-boards are using racist language, conspiracy theories and incitement to target Chinese people, Jews and people of non-white origin.

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

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

Initial data suggests that overall hate crime has decreased due to social distancing measures compared to the equivalent period last year. Initial indicators by the police shows variable hate crime trends since the first cases of COVID -19 were seen in the UK, representing an initial significant drop since social distancing measures began, followed by an increase in mid-April, and with most recent figures to the start of May showing reported hate crime trends stabilising and are likely to be comparable to reporting seen during the same period last year.

Despite the lack of high incident venues around such as pubs/ clubs, the police National Community Tensions Team (NCTT) assess the current stabilisation 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. It is assessed as likely this level of reporting will be maintained in the short term, although there is a realistic possibility it will increase the longer measures remain in place and once lockdown restrictions are eased. As a general trend, since social distancing measures were introduced, indicators of the national picture by the police suggests that overall hate crime reporting is likely to be comparable to reporting seen during the same period last year. This data is not sufficiently reliable to provide a definitive picture.

However, the general social discourse around COVID 19 may have contributed to an elevated number of hate crimes against specific groups with protected characteristics, most notably people of Chinese heritage and East/South East Asian communities. It is not clear whether social distancing policy itself is specifically contributing to the prevalence of such hate crimes. Extremists taking advantage of anonymity on message boards are also using racist language, conspiracy theories and incitement to target Chinese people, Jews, Muslims and people of non-white origin.

Police recorded hate crime towards people of Chinese, Japanese and South East Asian heritage rose to a level approximately double that of the weekly average in 2019 by the middle of February. This increased number of reports was sustained in subsequent weeks but spiked noticeably in the week prior to the lockdown coming into effect. Since social distancing measures were put in place, 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.

Police have begun to see a more recent increase in hate crime in mid-April compared to when social distancing measures were first implemented. They speculate this may be partly attributable to growing public frustration with the measures and attempts by the public to enforce such measures, with such incidents then escalating into abuse. However, the exact causes of such a rise cannot be determined with confidence.

Tensions against and hate crime targeting the Gypsy, Roma & Traveller communities remain throughout the pandemic. This could be attributed to the fact that local authorities have provided temporary stopping places during the pandemic, which has increased tensions amongst the settled communities and online abuse.

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

The increased ability to spend time outdoors may disproportionately benefit people from ethnic minority backgrounds who are more likely to live in urban areas – for example around 2% of White British households experience overcrowding, compared with 30% of Bangladeshi households ([the highest percentage](#)). Allowing social gatherings in private gardens may not provide as much benefit to BAME groups as they are more likely to live in

urban areas and poor quality housing which means they're 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.

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 people<sup>47</sup>. Certain groups may therefore benefit relatively more from the reopening of sports courts, although participation varies by sport.

Enabling greater social contact by allowing groups of up to 6 people 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.

Some ethnic minorities are more likely to live in larger households (ie with more children, and/or multi-generational - a feature of several Bangladeshi households for example). It will also mean that if there is a household of six people or more, they will not be able to benefit 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) but may mean that the six person limit is reached just within the household and there may be limited options to split up the household in order to go outdoors with other non-household members.

## Religion and belief

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

Restrictions on gatherings and the closure of places of worship will have an adverse impact on many people of faith, particularly those with religious festivals during the period. These restrictions apply across all faiths. Following the publication of the UK government's roadmap to rebuild Britain, a series of ministerial-led Taskforces have been set up to develop plans for how and when closed sectors can reopen safely. This includes The Places of Worship Taskforce 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 and places of worship across the country to ensure a breadth of views are reflected in the Taskforce considerations. The Minister for Faith has also held a series of roundtables and one on one meetings with faith and community leaders in recent weeks and will continue to do so in the weeks ahead to support planning to enable the phased and safe reopening of POW.

There has been some challenge that the closure of places of worship is an unjustifiable infringement against Article 9 of the European Convention on Human Rights, which provides a right to freedom of thought, conscience and religion. This includes the right to

---

<sup>47</sup> Sport England Active Lives Survey report 2019

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. To ensure close monitoring of the continued need for the closure of places of worship and assisting religious communities to prepare for any easing of restrictions, the government created on 15 May a 'Places of Worship Taskforce'. The Taskforce will assist the government in developing a plan for phased and safe reopening of places of worship, when the evidence supports such a step. The taskforce is currently considering the practical application of further easements to the social distancing regulations with a view to introduction, if possible, later in June.

All major faiths are represented. In addition to the Taskforce, we continue to regularly engage with Faith stakeholders and Faith leaders to ensure that everyone can continue to properly manifest their religious beliefs in the current exceptional circumstances.

**Weddings:** Restrictions on gatherings will continue to mean that weddings and civil partnerships cannot take place. Marriages and civil partnerships under the special procedure- so-called deathbed ceremonies- for those who are seriously ill and not expected to recover, are taking place in some cases. In these circumstances the Registrar General will 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 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.

It would not be fair or logical 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). 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 and indoor services are not permitted, so continued restrictions on marriages and civil partnerships is 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.

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.

**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.

**Funerals:** 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.

**Other Rituals:** Aside from weddings, 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 in many cases for these to be conducted within a place of worship. However, there are also a number of rituals that take place exclusively within places of worship, for example the Eucharist within Christianity, and Bar/Bat mitzvahs in Judaism. 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. We will be consulting on these issues with faith leaders and representatives from all major faiths via the government's Places of Worship Taskforce which is developing a plan to enable the phased and safe reopening of places of worship. At this stage, the government will permit graveside rituals, such as Jewish gravestone-setting, which are important for such groups, so long as they fall within restricted gathering numbers (i.e. 6 people or one households) and practise social distancing.

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

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.

Religious and cultural traditions are important and that is why we value a diverse and resilient supply chain. We have not been made aware of a shortage of kosher or halal products or any specific problems with the resilience of the kosher or halal food supply chain. But we will continue to monitor the situation.

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 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.

## **Sex**

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

The health impact on men, compared with not having the social distancing measures in place, is positive because of the higher fatality rate among men. Men represent 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.

We would expect families living in cramped conditions with limited outdoor space will benefit from greater access to outside space. Single parents, who are more likely to be women, may benefit from more outdoor access with their children.

The ability to access some forms of childcare may be of particular benefit to single parents, although this is likely to be skewed towards those with higher incomes.

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 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.

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

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

The [NPCC](#) have reported a drop of 37% in recorded rapes, a crime type which disproportionately affects women, during the lockdown period (up to 15 April). Allowing people greater freedom is likely to lead to a rise in this figure as victims will have greater opportunities to report crimes and potential perpetrators will have more opportunities to commit acts of sexual violence. However, it is important to remember that rape and sexual

violence remain underreported crimes and therefore the initial drop in police figures may not correspond directly to an actual drop in cases.

Domestic abuse victims may be better able to seek help with the expansion of social contact, but we do not at this stage know how much benefit this will have.

Marginally more men participate in sport than women (65% of men vs 61% of women)<sup>48</sup>, and so may benefit relatively more from the reopening of sports courts, although participation varies by sport. However it may also particularly benefit people who have found it harder to be active during the pandemic, which includes women, according to Sport England research.

## Sexual orientation

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

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

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

Provisional results from an ongoing survey by the [LGBT Foundation](#) found that as of 23 April, 30% of LGBT respondents reported that they are living alone during this period, including 46% of respondents aged 50+<sup>49</sup>. 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.

---

<sup>48</sup> Sport England Active Lives Survey report 2019

<sup>49</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.



There is [evidence](#) that LGB people's general and mental health is worse than that of heterosexual people. Individuals from groups who already experience poorer outcomes in healthcare may be disproportionately affected by the wider healthcare implications of the current situation. Analysis has found that adults who identified as LGB were twice as likely as heterosexual adults to experience symptoms of common mental disorder (e.g. symptoms of anxiety or depression).<sup>50</sup> An online survey commissioned by Stonewall in 2017 found that 52% of LGBT respondents in Britain reported experiencing depression in the previous year.<sup>51</sup> The LGBT Foundation, a national charity which delivers advice, support, and information services to LGBT communities, has stated that calls to their LGBT+ helpline have doubled from the same period in 2019.<sup>52</sup> 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.

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

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

The National Advisor for LGBT Health has been working to identify and support the health needs of LGBT people during the COVID-19 outbreak and providing support to LGBT VCSE organisations. DHSC is aware of the potential risks of this beyond COVID-19 and it forms part of the ongoing work from the LGBT Action Plan. Communications campaigns are targeting the whole population, including LGB people.

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

---

<sup>50</sup> Institute for Social and Economic Research (2017) Understanding Society Insights 2017, University of Essex.

<sup>51</sup> Stonewall (2018) LGBT in Britain Health Report

<sup>52</sup> Pink News, (2020) LGBT+ helpline sees calls double as queer people fear being left with abusive families during coronavirus lockdown March 2020

## Socio-economic status

People on low incomes may benefit from enabling outdoor sports courts to open because they have been finding it harder to be active, according to Sport England research.

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.

## Enforcement

On Thursday 26 March, the government introduced new Public Health Regulations, strengthening police and Local Authority enforcement powers, to reduce the spread of the virus, protect the NHS and save lives. These regulations gave the police the powers they needed to ensure the public complied with the Prime Minister's instruction to remain at home and avoid all non-essential travel. On 10 May, the Prime Minister then set out the conditional roadmap to recovery and noted that some changes to lockdown measures could take place. The Public Health Regulations were amended to reflect these changes and came into effect on 13 May. Under Step One people have been allowed to partake in outdoor recreation that might not be considered exercise e.g. sunbathing and can now do this with one member of another household on a one-to-one basis, provided that social distancing is maintained.

The revised regulations also introduced increased Fixed Penalty Notices (FPNs) for those not complying with the law. FPNs will now be £100 (or £50 if paid early) and the maximum amount that can be charged for repeat offences has increased to £3,200.

Step Two of the Roadmap will require a new approach to enforcement as we move away from the 'Stay at home' requirement, to regulations that are more focused on the things that you cannot do, especially outside of the home. This will create different challenges for the police, but overall should improve the enforceability of the regime. The analysis below is drawn from the current regime, but remains relevant under Step Two.

### Increasing fixed penalty notices

Raising fine amounts increases the potential to have a negative impact on those groups who are less able to pay and therefore more likely to be prosecuted. The data shows that young men are the most likely to receive fines and therefore increases in fine amounts could impact this group.

Anecdotally, we are aware of FPNs being issued to homeless people (for gathering in breach of Regulation 7) and concerns locally that - since the recipient cannot afford to pay even the first FPN the increase in fine is not a deterrent. However, the police have been advised to use their discretion in such cases and will apply the 4-step escalation process of engage, explain, encourage and then enforce. Similarly, the new higher amounts are so great they may prove a disincentive to pay the FPN (with people instead choosing to take their chance in Court). The increase in fines may also prove confusing for police.

However, increasing the fine amount by a small sum mitigates this concern. We deem it necessary and proportionate to enable the police to continue enforcing the social distancing measures, in order to manage the public health risks.

## **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.

## **Disability**

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

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

## Gender reassignment

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

## Pregnancy and maternity

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

## Race

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

Due to the significant force-to-force variation in enforcement it is difficult to say whether the national racial disparities in the data are accurate however it is likely that some racial disparities do exist. For example, in the 2011 census Black people constituted 3.5% of the population, but account for 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 13% of FPNs and 7% of the population.

We cannot conclude based on these disparities alone that they are due to unlawful discrimination. This may, for instance, reflect the 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 have agreed in principle to share this data with the government and are in the process of making this happen.

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

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

## **Religion or belief**

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

## **Sex**

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

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

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

## **Sexual orientation**

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

## **Lower socio-economic groups**

The increase in FPN amount 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.

## Closing Schools

As part of the country's response to coronavirus the SoS for Education asked all childcare providers, schools and other educational settings to restrict access to the majority of pupils from Friday 20 March 2020 - asking that until further notice they should only allow children of critical workers or vulnerable children and young people to attend. This covered childcare providers, primary and secondary schools and further education colleges (including state-funded and independent schools).

On 13 May, the government announced that a decision will be made on 29 May about a phased return to school, college and childcare for children and young people in key transition years, alongside those already attending. From 1 June, under Step 2 of the roadmap to lift restrictions. Primary schools in England will be able to welcome back nursery, reception, Year 1 and Year 6 children, in smaller class sizes. Nurseries and other early years providers, including childminders, will be able to begin welcoming back children of all ages. Secondary schools and colleges will be able to provide some face-to-face support for Year 10, Year 12, and 16-19 college students who are due to take key exams and assessments next year. Specialist settings should prioritise children and young people approaching transitions or those particularly needing in-person education to support their life chances and development, rather than specific year groups.

To protect children and young people who are clinically extremely vulnerable or may be shielding, parents and carers will not be fined for non-attendance at this time. Clinically extremely vulnerable teachers and staff should not attend work, and clinically vulnerable individuals should be supported to work from home where possible, and if not, offered the safest available on-site roles.

### Age

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

### *Children*

It should be noted that the PSED, so far as relating to age, does not apply to the exercise of a function relating to the provision of education, benefits, facilities or services to pupils in schools (along with some other exceptions relating to children's accommodation) but it does apply to wider impacts of age relating to schools, and it will also apply in relation to Further Education settings and early years settings which are not situated in schools. For completeness, we have covered it for pupils in schools also.

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.



Recent 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 confidence<sup>53</sup> 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 to 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 to 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.

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 who cannot return for medical reasons, or who fall outside of the priority year groups. Strategies to minimise and recover from this issue have been implemented and will continue for those not in school 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 young 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,

---

<sup>53</sup> The language used here reflects that in the advice given to us, for the purposes of consistency.



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.<sup>54</sup>

- To support disadvantaged households who rely on 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 to 19 year olds, colleges, schools or other providers can support those without access to devices or connections through their flexible bursary funding. Where additional funding is needed to provide this support, providers can apply to have their bursary funds topped up to ensure those who need it have access.<sup>55</sup>

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 (Reception and Year 1) are therefore more likely to be educationally positively impacted by a return to school.

Whilst it is less likely that these 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.

Children in Reception and Year 1 are at the very beginning of their school career and are mastering the 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

---

<sup>54</sup> Get technology support for children and schools during coronavirus (COVID-19): <https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-COVID-19>

<sup>55</sup> Get technology support for children and schools during coronavirus (COVID-19): <https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-COVID-19>

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 are asking 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).<sup>56</sup>

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 while their sibling is in school, or greater access to home learning technologies if they no longer have to share.

In state-funded schools (mainstream and special), the percentage of pupils in each year group that are [vulnerable](#) 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%.<sup>57</sup>

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, 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](#), 73,000 of the children in attendance on Thursday 14 May 2020 were classed by schools as vulnerable, and we estimate this represents less than 20% of all children and young people classified as children in need or who have an EHCP.<sup>58</sup>

---

<sup>56</sup> Destinations of KS4 and 16 to 18 (KS5) students: 2018 (Department for Education, October 2019): <https://www.gov.uk/government/statistics/destinations-of-ks4-and-16-to-18-ks5-students-2018>

<sup>57</sup> DfE analysis of school census and Individualised Learner Record (ILR) (unpublished)

<sup>58</sup> DfE analysis of school census and children in need census (unpublished)

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.

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.

The policy rationale for our proposed 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 negative impact on life chances. We are providing for flexibility 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.<sup>59</sup> 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

---

<sup>59</sup> The relationship between SEN and the protected characteristics of disability is explored further in the [Disability](#) section of this document

organising 'school years' than in mainstream school settings. The policy goal in mainstream schools 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 risk assessment conducted between education and NHS Trust staff. This will ensure pupils are prioritised appropriately, based on their individual health and educational needs.

### ***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](#)). This mitigates some of the risk to older people who may be shielding or extremely clinically vulnerable.

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.

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 for the youngest children may reduce or eliminate contact with children for these individuals, which may lower their risk of infection.

### ***Workforce in childcare, schools and other educational settings***

[Public Health England](#) states that 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, 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. However, the Alternative Provision 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 secondary.<sup>60</sup>

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, shielding or clinically vulnerable. 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. 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.

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. Possible approaches to managing a shortfall in staff for primary schools have been outlined in a planning guide<sup>61</sup> and 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](#). However, only individuals over 70 are vulnerable due to their age, and so this will only

---

<sup>60</sup> DfE analysis of school workforce census (unpublished)

<sup>61</sup> <https://www.gov.uk/government/publications/preparing-for-the-wider-opening-of-schools-from-1-june/planning-guide-for-primary-schools>



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.

## 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 1 or 3.

## 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 Education, Health and Care Plan (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.<sup>62</sup>

There is a risk arising for children with EHCPs in priority years of Reception, Year 1 and Year 6 (and older children in Years 10 and 12), in mainstream or Alternative Provision settings. For this group, which we estimate consists of [around 30,000 pupils](#), 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 have on attendance for vulnerable children suggests that 73,000 of the children in attendance on Thursday 14 May 2020 were classed by schools as vulnerable, and we estimate this represents less than 20% of all children and young people classified as children in need or who have an EHCP.<sup>63</sup> 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

---

<sup>62</sup> Further information on vulnerable children and young people can be found [here](#)

<sup>63</sup> DfE analysis of school census and children in need census (unpublished)

authorities are likely to downgrade their assessments of risk, to be confident that this new risk will not play out, potentially at scale.

We have issued and are updating 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 about which pupils should return. 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 from the priority year groups 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.

Some disabled pupils will find it harder or impossible to maintain social distancing at school if they return, and transport may be required that cannot be provided in a way that allows for social distancing. This will either put these pupils at greater risk, or act as a disincentive for them attending school when their peers return, thus negatively impacting their education compared with their peers. We have 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.

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. 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.<sup>64</sup>

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.<sup>65</sup>

2019 data shows that pupils with special educational needs are more likely to be eligible for free school meals, 28% compared to 13% of pupils without special educational needs. Pupils with an EHCP are more likely to be eligible for free school meals than pupils on SEN support (33% compared to 27%). 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%)<sup>66</sup>. Pupils who are eligible for free school meals and who are or will not be 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.

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. Those who can return to school will benefit from the school environment, but for others this won't be resolved. Therefore, to help mitigate this issue:<sup>67</sup>

- 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<sup>68</sup>
- 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 to 19-year-olds, colleges, schools or other providers can support those without access to devices or connections through their flexible bursary funding.

---

<sup>64</sup> DfE analysis of Individualised Learner Record (ILR)

<sup>65</sup> DfE analysis of Individualised Learner Record (ILR)

<sup>66</sup> DfE analysis of Individualised Learner Record (ILR)

<sup>67</sup> Get technology support for children and schools during coronavirus (COVID-19): <https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-covid-19>

<sup>68</sup> Get technology support for children and schools during coronavirus (COVID-19): <https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-COVID-19>

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.<sup>69</sup>

The prevalence of [SEN](#) is higher in children from certain ethnic minority groups (GRT, Black Caribbean).<sup>70</sup>

Children in the relevant year groups with mental health problems are likely to benefit from the return to school because it may increase their likelihood of being referred to mental health services as well as their engagement in activities beneficial for mental wellbeing such as physical exercise and social contact. Although this should be balanced by the fact that some children might experience anxiety around the risks linked to returning to school whilst the transmission of infections is still prevalent in the population.

### ***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 even if their year group returns, 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 of reduced health risks.

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.

### *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 reports 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 reports having a disability e.g. [21% of social care teachers](#).

---

<sup>69</sup> Get technology support for children and schools during coronavirus (COVID-19): <https://www.gov.uk/guidance/get-help-with-technology-for-remote-education-during-coronavirus-COVID-19>

<sup>70</sup> Please refer to the [Race \(including ethnicity\)](#) section for an assessment of the impact for this protected characteristic

Those staff may be negatively impacted by any increased opening of schools and the potential risk of virus transmission. 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 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.

We would encourage 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***

There is very little data about transgender children in primary settings, and so it is unclear what impact return to school will have on Reception, Year 1 and Year 6 in particular. If there are any negative impacts of lockdown on young transgender children, it is possible that the return to time with peers and self-expression through play, could be beneficial for this limited group of children.

LGBT children and young people may experience specific difficulties in the home environment relating to their gender identity, without the 'escape' of going to educational settings. The National LGBT Survey 2017, which does not include those aged under 16-years, found that 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%).

In addition, any support, advice and guidance given by school welfare officers to any LGBT pupils and young people will not be easily accessible during the schools' limited opening. 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 likely to therefore benefit less than others from the wider opening of schools and other educational settings through face-to-face contact for Year 10 and Year 12.

Additionally, pregnant women without certain other medical conditions are classed as clinically vulnerable, and therefore those in relevant year groups may be concerned about the health risk to themselves and may choose not to 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 if 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 in returning year groups at this time.

For pregnant women or mothers of newborns, who may have older children in early years, reception and Year 1, there may be stress from juggling the education and care of young children during the day with needing to deal with their newborn or any pregnancy related issues. The wider opening of childcare and schools may help alleviate this stress, 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 elsewhere 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.

Guidance states that 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. 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 as year groups return, [for example](#) by asking staff to support remote education, carry out lesson planning or other roles which can be done from home.

If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

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

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 1 or 3.

There is emerging evidence that BAME individuals can be more severely affected than their peers by the virus, though this is not yet fully understood. On 4 May, Public Health England launched a review into the factors affecting health outcomes from COVID-19, to include ethnicity, gender and obesity. This will be [published](#) by the end of May and will help to inform our approach. In the meantime, we would encourage schools to be especially sensitive to the needs and worries of BAME pupils, parents and carers, and staff as part of the phased return to school settings, considering if any additional measures or reasonable adjustments may need to be put in place to mitigate concerns.

## Children

On balance, pupils from a BAME background are likely to be positively impacted by plans for wider opening from an educational perspective for 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 is a greater proportion of BAME pupils (27% compared to 24% overall). However, 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 5.<sup>71</sup>

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.

Certain minority ethnic groups are more likely to be included in the vulnerable children and young people cohort who are still able to attend school:<sup>72</sup> 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 ethnicities it increases slightly from Reception to Year 11.<sup>73</sup> 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,

---

<sup>71</sup> DfE analysis of school census and Individualised Learner Record (ILR)

<sup>72</sup> Further information on vulnerable children and young people can be found [here](#)

<sup>73</sup> DfE analysis of school census and Individualised Learner Record (ILR)



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.

However not all children who could still attend school are doing so. Regional action teams are working to increase school attendance by vulnerable children. DfE [data](#) show that 73,000 of the children in attendance on Thursday 14 May 2020 were classed by schools as vulnerable, and we estimate this represents less than 20% of all children and young people classified as children in need or who have an EHCP<sup>74</sup>. However, 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. Ethnicities with relatively fewer vulnerable children are more likely to be affected by wider school opening in terms of being able to return to school. Vulnerable pupils may also see benefits of the wider opening to certain year groups and may be more likely to attend school 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 social distancing 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 to key year groups will benefit this group of young people by re-establishing the protective factor of education for those in scope.

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.

---

<sup>74</sup> Estimate based on internal analysis of children in need census (unpublished)

Exploration of the home learning environment for different ethnic groups using internal findings from the LSYPE<sup>75</sup> also suggest that pupils from particular ethnic backgrounds may be more impacted by this school closure policy. These survey findings suggest that:

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

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, children in the relevant year groups may also benefit disproportionately from the wider opening of schools.

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

---

<sup>75</sup> 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)

discrimination and misconceptions relating to coronavirus. We understand this may have been a trend already, before schools and settings moved to limited opening.

For those returning to school from 1st June onwards, 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.

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 for priority year groups, children in those relevant cohorts 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.

### **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 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 in the priority year groups bring the virus home. Parents and carers of BAME children may be less likely to send their children to childcare, school and educational settings even when eligible 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 would encourage schools to be especially sensitive to the needs and worries of BAME 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 BAME 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.

## **Religion and 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 for priority year groups 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.<sup>76</sup>

Jewish and Torah studies for Jewish pupils and Islamic and Koran studies for Muslim pupils often take place in schools, both in normal 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.

### ***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 religions 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 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.

---

<sup>76</sup> DfE analysis of Get Information About Schools (GIAS) data (unpublished)



## Children

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.<sup>77</sup> 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.

Boys are more likely to fall into the vulnerable cohort<sup>78</sup> 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.<sup>79</sup> 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](#), 73,000 of the children in attendance on Thursday 14 May 2020 were classed by schools as vulnerable, and we estimate this represents less than 20% of all children and young people classified as children in need or who have an EHCP.<sup>80</sup> However, 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 therefore more likely to be affected by wider school opening in terms of being able to return to school. Vulnerable boys may also see benefits of the wider opening, as attendance is normalised, and they are more likely to attend school.

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 like social distancing 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

---

<sup>77</sup> DfE analysis of school census and Individualised Learner Record (ILR) (unpublished)

<sup>78</sup> Further information on vulnerable children and young people can be found [here](#)

<sup>79</sup> Internal estimate based on analysis of school census (unpublished)

<sup>80</sup> DfE analysis of school census and children in need census (unpublished)



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 in the relevant year groups by re-establishing the protective influence of education.

### **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 are 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.<sup>81</sup> 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 if they have children in the relevant year groups. This is in part mitigated by critical workers being able to still send their children to school, but [current data suggests](#) only a small proportion (estimated 5%) of critical workers' children are currently attending school.

It's also worth noting that nearly half (46%) of mothers of under-11s report anxiety above a 7 on a scale of 0 - 10, compared with 36% of fathers. This compares with [32% of women and 24% of men](#) who are not parents of young children. This could have long term implications for their mental health, and suggests that future provision of mental health services needs to reflect this. The current focus on mental health and well-being from government departments and the wider public sector is working to mitigate any adverse effects and will need to continue to support those both within children returning to school, and for those with children who continue to stay at home.

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

---

<sup>81</sup> Childcare and Early Years Survey of Parents in England, 2019: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/853358/C\\_EYSP\\_2019\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/853358/C_EYSP_2019_Report.pdf)

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 if they are eligible 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 predominantly 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 is also present 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.<sup>82</sup>

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.

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 to priority year groups is likely to benefit women more than men, however this is conditional on recovery of the economy from coronavirus.

The schools and early years workforce, particularly in primary schools, is predominantly female. As of November 2018 women represented 75% of all state funded classroom teachers in England, 86%<sup>83</sup> of teachers in nursery and primary schools, 92%<sup>84</sup> of teaching assistants, 83% of support staff and 76% of auxiliary staff.<sup>85</sup> Therefore a return for childcare settings, reception, year 1 and year 6 will fall disproportionately on women. Many

---

<sup>82</sup> DfE analysis of school workforce census (unpublished)

<sup>83</sup> School Workforce in England Census, SWFC 2018 Table 4. Note: Full Time Equivalent

<sup>84</sup> School Workforce in England Census, SWFC 2018 Table 3b

<sup>85</sup> Auxiliary staff include those employed in catering and school maintenance

of the female members of staff also have caring responsibilities for older relatives or clinically vulnerable children who may be vulnerable or shielding, and therefore will be concerned about returning to school.

## **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, 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, there is no data for children under 16 years of age.

In addition, any support, advice and guidance given by school welfare officers to any lesbian, gay, or bi-sexual pupils and young people will not be easily accessible during the schools limited opening. Only those returning to school would benefit from revised or alternative support not already provided for pupils at home. There are other resources including NSPCC that children and young people can access (from home) to help mitigate some of this issue until they have access to support again.

There is very little data about sexual orientation of children of primary age, and so it is unclear what impact a return to school will have on LGB children in Reception and Years 1 and 6. 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 for those who are eligible to return.

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.

### ***Families***

We know that there have been [increased calls to domestic abuse helplines](#) generally, including by LGB adults that use these services, and so 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 if they're eligible 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. This will not benefit children who must remain at home if they are not otherwise supported by a social worker of the school.

### ***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.

## Self-isolation

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

Broadly, this will have similar impacts as those described under the restrictions on movement section above. However, self-isolation goes further in that it prevents people from benefiting from activities that are allowed, for example, exercising and visiting the shops for essential items as well as gathering in larger groups. In addition to the broad impacts on each of the characteristics outlined above, it is noteworthy that self-isolation will have particular impacts on:

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

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

## Shielding

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

Of NHS reported COVID-19 hospital deaths, 91% of these were of 60+ year olds, as of 3 May.<sup>86</sup> This is in line with the latest [ONS weekly release](#), where 88% of deaths involving COVID-19 were of those aged 65 years and over in the week ending 17 April in England and Wales. People aged 70 and over are considered clinically vulnerable and have been advised to shield themselves, resulting in these people experiencing a heightened level of social distancing. The government has taken further steps to mitigate the impacts on those shielding, for example, by encouraging them to register for support packages.

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

Inevitably some shielders will not be able to work from home and it is not feasible for some types of work to be undertaken at home; this could lead to some shielders being furloughed, having reduced hours and/or pay, redundancies etc. Young people, women, disabled people, and ethnic minorities include people who are likely to be vulnerable to income loss and people with lower financial resilience who are likely to be particularly affected. This has been mitigated by the government advising that shielders can be furloughed (as well as those who need to stay home with them); shielders are additionally eligible for SSP (provided they meet the other SSP criteria).

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

Recent research suggests quarantine may have negative psychological effects including post-traumatic stress symptoms, confusion, and anger. Stressors include longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma. The [shielding cohort](#) therefore is at increased risk

---

<sup>86</sup> NHS England and NHS Improvement (2020) COVID-19 all announced deaths 4 May 2020

of mental illness compared to the general population as quarantine measures start to relax.

## Opening sports facilities for elite athletes

The package for elite sport athletes will be important for this group of people, but will have limited benefits across the population of groups with protected characteristics.

Broadcasting professional sport will have a much broader impact across the population. YouGov polling of sports channels indicates that men are more likely to rate sports channels positively (60 to 63%) than women (37 to 38%) and that people age 24 to 40 years give a more positive rating than the over 55s.

There is some limited evidence that sport watching can increase levels of domestic abuse. One [study](#) found that domestic violence reports to police increase by 38% following football matches in which England lost. However, data is limited and it is difficult to predict the interplay with the social distancing policy. The government continues to monitor evidence on domestic abuse and is supporting domestic abuse charities and services as explored further below.

Sports are a small part of available tv and online media and sport has been more exceptional in its absence than in its return. Those not enjoying sport on tv are likely to find other media options readily available.

## Other changes

### **Ensuring hotels and accommodation are open to people required to self-isolate on arrival into England**

A change in the regulations is required to enable hotels and other accommodation to open for this purpose. We have not identified any specific equality impacts for this change, besides the general health benefits of reduced risk of transmission.

### **Changing the review period from 21 to 28 days**

Decreasing the frequency of the review period risks exacerbating the negative impacts of people particularly impacted by the remaining restrictions, who may as a result wait longer to see these lifted. This includes children not yet able to return to school and their parents, particularly those from lower socio-economic backgrounds; people in the shielding category; people working in sectors that remain closed; and people of faith. However the change can be justified by the need to better collect data as to the infection rates. The



Government remains committed to relaxing measures as soon as possible (and before the 4 week period) if it is safe to do so.

## Conclusions

The social distancing policy and the measures within the Coronavirus Restrictions regulations continue to have a profound impact on the population at large, and disproportionately on groups with protected characteristics, despite the change to the 'stay at home' provision. Young people, women, low earners, disabled people and ethnic minority groups are most likely to have been impacted economically by the closure of retail and hospitality sectors. Gender disparities persist without widespread options for school and childcare. There is concern about lasting economic impacts and scarring, especially for young people. There is also evidence of a widening attainment gap between rich and poor children, which may have lasting impacts. Mental health and well-being remains a concern, especially for individuals living alone or vulnerable within their household circumstances - e.g. domestic abuse victims and LGBT young people living with unaccepting families.

Measures to improve access to the outdoors and social interaction will have had benefits for many and may have helped young people in particular, and vulnerable individuals to better escape the household environment, although there is limited data available here at this time. The improved access to outdoor space will have had particular benefits for those living in small urban dwellings without access to private outdoor space, which are disproportionately those from ethnic minorities. The new measures to allow people to gather in larger groups outside is expected to further these benefits, although it will also open up fairness concerns around access to private outdoor space.

Moves to open up retail will have some positive impacts for people with protected characteristics and there is evidence that women, disabled people, ethnic minority groups and young people in particular, work in the retail sector.

As people increasingly leave their homes and return to something resembling normal life, the differences between the population at large and the generally vulnerable and shielded communities (disproportionately older people and those with underlying health conditions, including disabled people) will become more pronounced, which may further impact the mental well-being of these people. The Government is keeping social contact policy in review, especially with respect to people of single-occupancy households - and intends to allow more contact between households as soon as it is safe to do so.

Moves to open up retail and opportunities for social interaction may exacerbate the impacts felt by religious groups, as places of worship remain closed. The government's further consideration of private prayer, weddings and other religious rituals are important mitigations in this respect.

Overall, this assessment has identified many indirect equality impacts of the policy. Nonetheless the health imperative continues to justify the government's approach and there is good evidence that the government is adapting its policy and taking measures to mitigate the impacts on groups with protected characteristics where possible and appropriate.

## Monitoring and evaluation

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

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

The government has, until now, been obliged to review the necessity of the measures underpinned in law at least every 21 days, taking into account their effectiveness and impacts of these policies on people with protected characteristics. This review period will now be extended to 28 days.

# Annex: Additional Background Evidence

## Age

### Ability to work

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

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

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

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

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

## Wellbeing

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

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

## Disability

### Access to work

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

List of easements put in place by Access to Work to enable disabled people to work more flexibly:

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

- where an employer provides standard equipment, but additional specialist software is required, Access to Work will look to provide funding as appropriate; and
- where support worker support is coming to an end, we are extending customers' awards by 6 months to ensure the disabled person can continue to receive the in-work support they need during the pandemic.

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

## Wellbeing

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

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

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

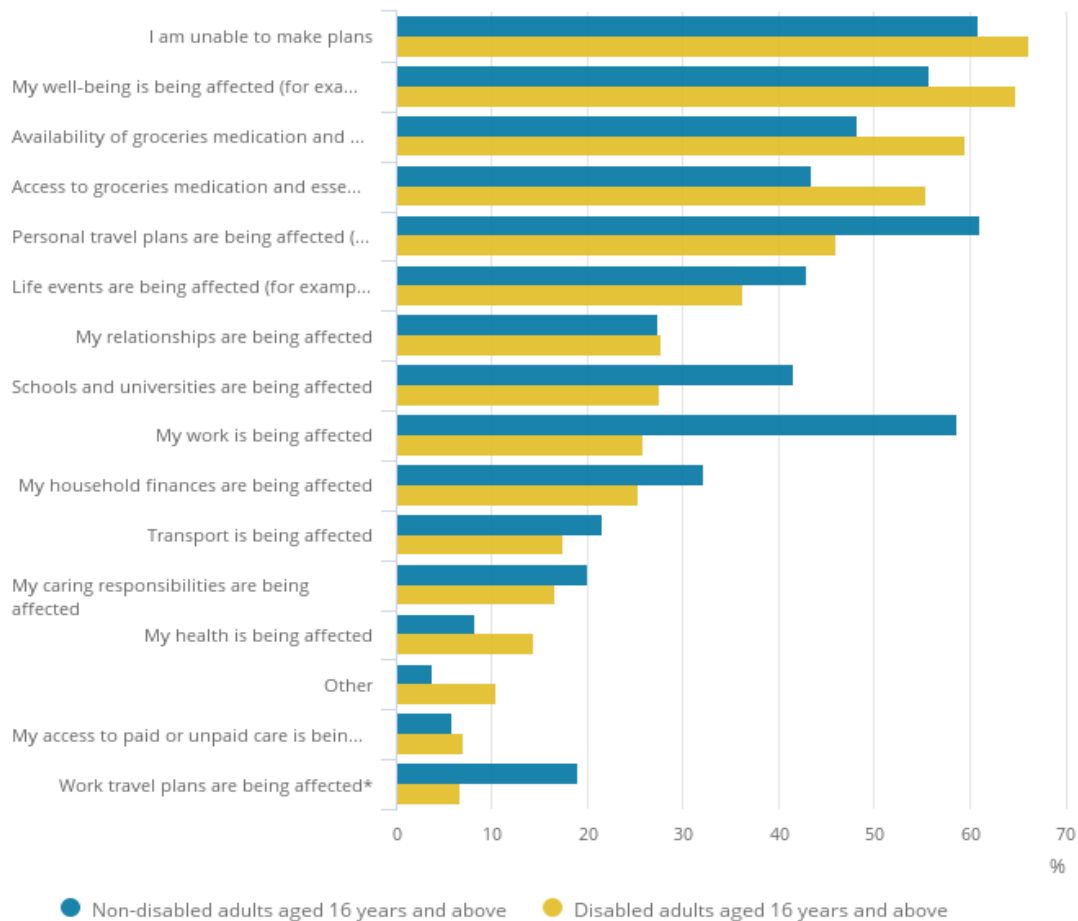
Nearly two-thirds (64.8%) of disabled adults said COVID-19-related concerns were affecting their wellbeing. The main reasons cited by disabled adults for their well-being concerns during the COVID-19 pandemic were feeling worried about the future and being stressed, anxious or bored.

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

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

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

Great Britain, 3 April 2020 to 13 April 2020

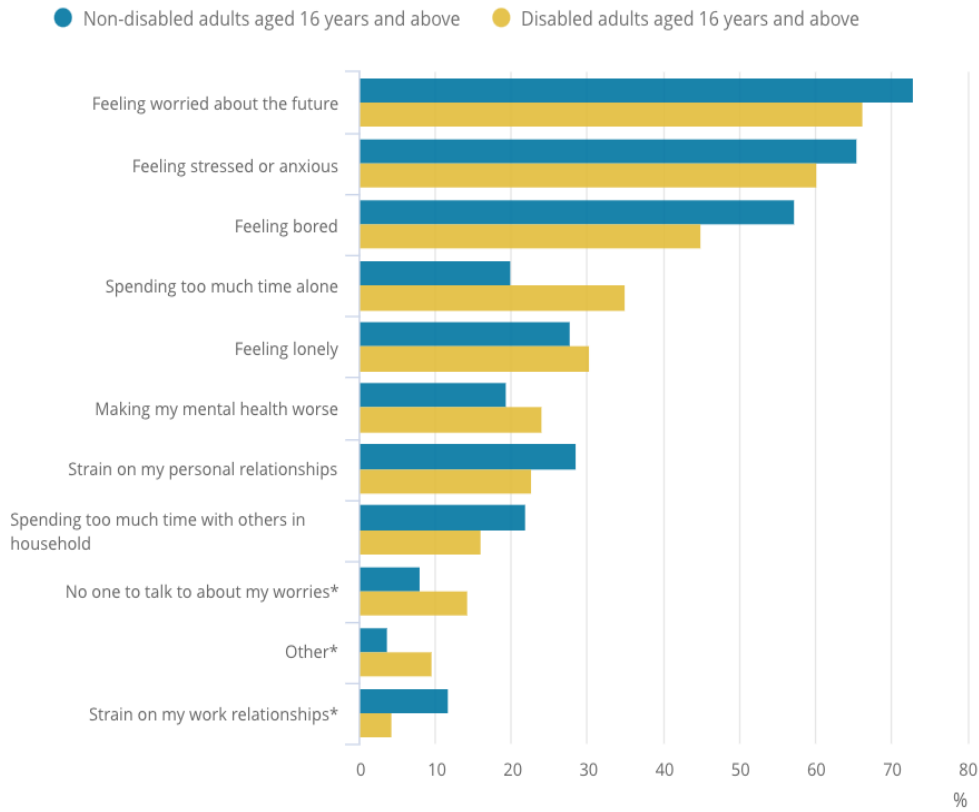


Source: Office for National Statistics – Opinions and Lifestyle Survey



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

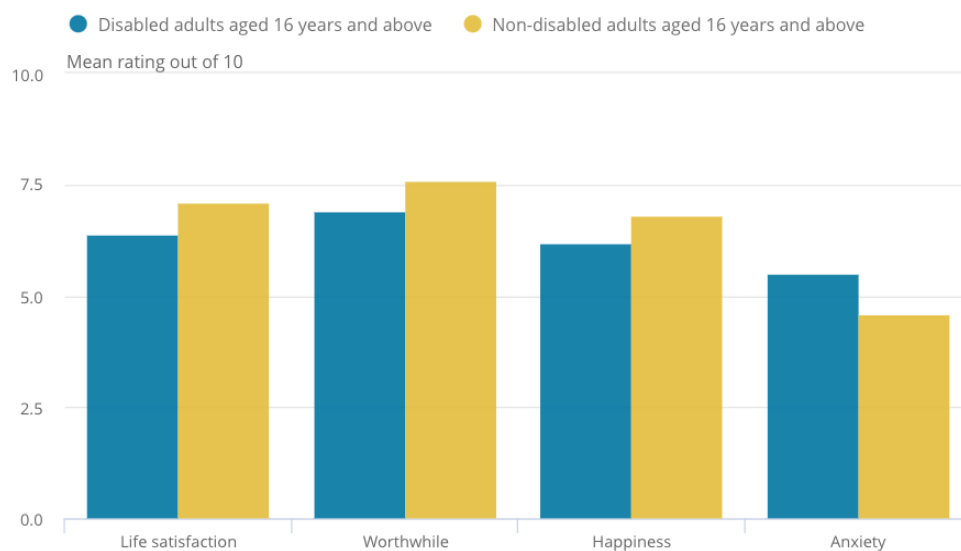
Great Britain, 3 April 2020 to 13 April 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

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

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



Source: Office for National Statistics – Opinions and Lifestyle Survey

## Employment

Table 1: Key statistics on socio-economic position of disabled people

	Disabled people	Non-disabled people
<b>Employment rate (percent)<sup>1</sup></b>	54.1	82.2
<b>Percent in work:</b>		
<b>Working part time<sup>2</sup></b>	34.2	23.2
<b>Self-employed<sup>3</sup></b>	15.0	23.2
<b>By industrial sector<sup>2</sup></b>		
<b>Agriculture, forestry and fishing</b>	0.7	0.9
<b>Mining, energy and water supply</b>	1.5	1.8

<b>Manufacturing</b>	7.7	9.3
<b>Construction</b>	6.0	7.4
<b>Wholesale and retail trade; repair of motor vehicles</b>	14.4	12.4
<b>Transportation and storage</b>	4.9	4.9
<b>Accommodation and food service activities</b>	5.7	5.5
<b>Information and communication</b>	3.4	4.2
<b>Financial and insurance activities</b>	2.7	4.2
<b>Real estate activities</b>	1.1	1.1
<b>Professional, scientific and technical</b>	5.7	7.8
<b>Administrative and support service</b>	5.5	4.6
<b>Public administration and defence</b>	7.0	6.6
<b>Education</b>	10.6	10.2
<b>Human health and social work activities</b>	16.2	12.8
<b>Arts, entertainment and recreation</b>	2.8	2.6
<b>Other service activities</b>	2.9	2.8
<b>Other activities and unknown</b>	1.1	1.1
<b>All industries</b>	100	100
<b>By occupation<sup>2</sup></b>		
<b>Managers, Directors and Senior Officials</b>	8.8	10.9

<b>Professional occupations</b>	17.0	21.7
<b>Associate Professional and Technical occupations</b>	13.4	15.1
<b>Administrative and secretarial occupations</b>	10.9	9.8
<b>Skilled trades occupations</b>	9.2	10.2
<b>Caring, Leisure and Other Service occupations</b>	11.8	8.7
<b>Sales and Customer Service occupations</b>	9.7	7.2
<b>Process, Plant and Machine operatives</b>	6.4	6.2
<b>Elementary occupations</b>	12.4	10.0
<b>All occupations</b>	100	100

#### Sources

<sup>1</sup> Labour Force Survey, quarter 4 2019

<sup>2</sup> Annual Population Survey 2018-2019, [Employment of disabled people](#)

<sup>3</sup> Annual Population Survey 2018-2019, [Disability and employment](#)

## Sex

### Health

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

The lockdown measures are having a significant impact on maternal care. There is an existing shortage of maternity workers which C-19 is exacerbating and the restrictions are impacting women's access to quality safe maternity service care. Women are at greater risk a) in the antenatal period b) during and immediately after birth c) in the postnatal period d) when problems/issues arise e.g. stillbirths. For example antenatal appointments have been reduced in line with RCOG guidance and have been conducted virtually. Women and their babies may be at greater risk of health complications as issues may be missed during virtual appointments. Many trusts are also limiting birth partners and are no longer allowing partners to be present for the birth or on the postnatal ward. Factors such

as this increase the potential risk for higher rates of traumatic births and mental health challenges such as higher rates of post-natal depression in mothers and fathers.

### **Domestic abuse**

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

### **Healthcare exposure**

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

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

### **Parenting and single parent families**

One-third of single parents and just over one-fifth of coupled parents work in shutdown sectors. A larger proportion of coupled parents are able to work from home, whereas single parents are concentrated in the two most severely affected groups. Some of those who are able to work from home and those who work outside the home but not in key sectors might be able to deal with care and home schooling while also keeping their jobs. But with social restrictions limiting informal childcare help from friends and parents, some may have to reduce hours or give up work altogether to care for their children. This means some parents who would be able to work had they not had to take care of their children will be facing similar economic risks to those in shutdown sectors. This is especially true for [single parents](#), who will have to deal with balancing work and childcare on their own, and 86% of single parents are women. Lone parent families are also most financially vulnerable to an economic shock.<sup>87</sup>

### **Unpaid childcare and care work**

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

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

[The ONS report](#) that 62% of 'sandwich carers' - those who care for both sick, disabled or older relatives and dependent children - are women. Caring for sick people may put

---

<sup>87</sup> Living costs and food survey, ONS

women more at risk and the schools closure may mean that women will take on more childcare, forcing them to leave work, or disrupting their ability to work from home.

## Changes to work

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

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

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

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

Women are disproportionately represented in lower income occupations such as caring, leisure and other services (80%), sales and customer service (63%) and administrative and secretarial roles (76%), while men comprise more elementary and trades related occupations (74% male) and dominate process, plant and machine operatives (87% male).<sup>88</sup> Despite this, [women are less represented in higher paid positions than men](#) such as manager, director and senior official roles, professional occupations and associate professional and technical occupations.

We know that many women are struggling with existing debt. Of the 8.8 million people struggling with [debt](#) in the UK, 64% are women. There is a risk that the current situation could compound existing debt problems. Some women who already struggle with low credit scores may be experiencing increased financial risk and concerns around exacerbating their situation.

## Wellbeing and mental health

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

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

---

<sup>88</sup> ASHE ONS 2019



## Race

### Data relating to the closure of businesses

#### ***Self employed***

20.4% of workers in the combined Pakistani and Bangladeshi ethnic group were self-employed, the highest percentage out of all ethnic groups.

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

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

Between 2008/09 and 2017/18, people from Pakistani and Bangladeshi backgrounds were the most likely out of all ethnic groups to be in low income.

Among the broad ethnic groups, Asian people were most likely to live in the most deprived neighbourhoods, followed by Black people – 15.7% and 15.2% of these groups lived in the most deprived 10% of neighbourhoods.

Among the specific ethnic groups, Pakistani and Bangladeshi people were most likely to live in the most deprived neighbourhoods – 31.1% of Pakistani people and 19.3% of Bangladeshi people lived in the most deprived 10% of neighbourhoods.

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

As with mortality rates for all causes of death, [COVID-19's effects are worse the more deprived an area is](#). However, in the most deprived areas, COVID-19 has had a proportionally higher impact.

[Looking at deaths involving the coronavirus](#), the rate for the least deprived area was 25.3 deaths per 100,000 population and the rate in the most deprived area was 55.1 deaths per 100,000 population; this is 118% higher than the least deprived area. This compares with a difference in rates of 88% for all deaths.

[In 2019](#), people from ethnic minority groups (except the Indian, Chinese, White Irish and White other groups) were more likely than White British people to live in the most deprived 10% of neighbourhoods in England.

Pakistani people were over 3 times more likely, and Bangladeshi people over twice as likely, as White British people to live in the most deprived [10% of neighbourhoods in England](#).

[In the 3-year period from 2015/16 to 2017/18, the ethnic groups with the largest percentage of households in the two lowest quintiles](#) were Pakistani (76%), Bangladeshi (74%) and Black (62%) by comparison, 37% of White British households fell into the 2 lowest income quintiles.

In the 3-year period from 2015/16 to 2017/18, [children in Bangladeshi and Pakistani households](#) were the most likely to live in low income and material deprivation out of all ethnic groups.

During 2019, [the highest percentages of Free School Meal \(FSM\) eligibility were seen in White minority groups](#) - 56% of Traveller of Irish Heritage pupils, and 39% of Gypsy/Roma pupils were eligible for FSM. 26% of Bangladeshi and 20% of Pakistani pupils were eligible for FSM

[In 2018](#) the combined Pakistani and Bangladeshi ethnic group had a higher percentage of workers in the distribution, hotels and restaurants sector than any other ethnic group (30.7%)

[In 2018](#), 18% of Black workers were employed in 'caring, leisure and other services' jobs, the highest percentage out of all ethnic groups in this type of occupation

In 2018, Black workers had the highest percentage of any ethnic group working in public administration, education and health (at 43.6%)

Within the ethnic minority groups (other than White minorities), Black and other Asian ethnic groups had the highest percentage of workers aged 60 and over, 6.6%

In 2018, London (the region that has the highest proportion of its population classified as an ethnic minority group) also had the largest pay gap between White and ethnic minority employees, of 21.7%.

In 2018, the employment gap between ethnic minorities and the general population was larger in all Northern and Midlands regions than in all Southern regions. In the North East, it was 2.5 times higher than in the South East; in Scotland, it was 2.4 times higher than in London, and in the North West and Yorkshire, it was 1.5 times higher than in the South West.

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

**Table: Percentage of workers in each ethnic group employed by different sectors (%)**

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

Source: [Annual Population Survey 2018](#)

### **Working from home**

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

2.4% of Black workers mainly work from home.

### **Single parent households**

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

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

### **Mental Health**

The APMS also found that psychotic disorder and bipolar disorder were more than twice as common amongst Black compared to White ethnic groups. This could be due to real higher prevalence of serious, and in a number of cases, *undiagnosed* mental illness amongst BAME groups.

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

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

### **Domestic abuse**

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

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

- women in the Mixed ethnic group were more than twice as likely to experience domestic abuse than White women (20.0% compared with 7.2%)
- Asian women have a low rate of reported domestic abuse - women from the Mixed ethnic group (20.0%) were more likely than Asian (5.7%) or White women (7.2%) to report being victims of domestic abuse
- the current 'stay at home' restrictions give rise to particular concerns on domestic violence. Between April 2018 and March 2019, 5.7% of people aged 16 to 74 in England and Wales reported having been a victim of domestic abuse in the last 12

months. People of Mixed ethnicity (12.9%) were more likely to have experienced domestic abuse than White (5.6%) or Asian people (3.8%). In the Mixed and White ethnic groups, women were more likely than men to have experienced domestic abuse in the past year

### **Living conditions**

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

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

TABLE: Percentage of households that were overcrowded, by ethnicity

<b>Ethnicity</b>	<b>Percent</b>
<b>Asian</b>	
Bangladeshi	30
Chinese	7
Indian	7
Pakistani	16
Asian other	10
<b>Black</b>	
Black African	15
Black Caribbean	8
Black other	13
<b>Mixed</b>	
Mixed White/Asian	3

Mixed White/Black African	8
Mixed White/Black Caribbean	6
Mixed other	3
<b>White</b>	
White British	2
White Irish	4
White Gypsy/Traveller	
White other	7
<b>Other</b>	
Arab	15
Any other	7

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

[Centre for Cities research](#) shows that those now working from home in south east England as a result of covid-19, have less living space per person to do this, when compared to those living in non-urban areas. As the table above highlights, ethnic minority groups are more likely to live in overcrowded households, and this will partly be as a result of lower incomes and larger families. As such, working from home will disproportionately impact ethnic minority groups.

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

<b>Ethnicity</b>	<b>Percent</b>
<b>White British</b>	18
<b>White Irish</b>	15
<b>White Gypsy or Irish Traveller</b>	
<b>White Other</b>	20
<b>Mixed White and Black Caribbean</b>	12
<b>Mixed White and Black African</b>	27



<b>Mixed White and Asian</b>	
<b>Mixed Other</b>	20
<b>Indian</b>	15
<b>Pakistani</b>	21
<b>Bangladeshi</b>	25
<b>Chinese</b>	4
<b>Asian Other</b>	20
<b>Black African</b>	20
<b>Black Caribbean</b>	17
<b>Black Other</b>	
<b>Arab</b>	12
<b>Other</b>	21

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

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

### **Geography**

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

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

- people from Pakistani (99.1%), Bangladeshi (98.7%), and Black African (98.2%) backgrounds were most likely to live in an urban location
- almost 30% of the Pakistani population lives in urban areas in Birmingham (13.0%, Bradford (9.5%), Manchester (3.9%) and Kirklees (3.7%)
- more than 40% of the Bangladeshi population lives in urban areas in Tower Hamlets (18.4%), Newham (8.4%), Birmingham (7.4%), Oldham (3.7%) and Redbridge (3.6%)

- almost 30% of the Black African population lives in urban areas Southwark (4.9%), Newham (3.9%), Lambeth (3.6%), Greenwich (3.6%), Lewisham (3.3%), Birmingham (3.1%), Croydon (3.0%), Barking and Dagenham (3.0%)
- Gypsy or Irish Travellers (24.7%), and people identifying as White British (21.8%) or White Irish (10.0%) are most likely to live in a rural location; outside the White ethnic groups, people from the Mixed White and Asian group are most likely to live in a rural location, at 9.5%

### **Public transport use**

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

- For the average of the years 2014-2018, Black people made around 19% of all their trips by local bus. The figure was 13% for people in the Other group, 10% for the Mixed group and 9% for Asian people. This compares to around 5% for White people.
- There are many factors explaining the higher public transport use by people in ethnic minority groups. However, some of it is explained by the higher proportions of ethnic minority people living in urban areas with better developed public transport systems.

## **Socio Economic Info**

### **Ability to work**

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

- Management = 60%
- Business and finance operation = just over 60%
- Computer and mathematical = just under 70%
- Architecture and engineering = 55%
- Community and social service = 45%
- Legal = 50%
- Healthcare practitioners = 10%
- Healthcare support = 10%
- Protective services = just over 0%
- Food preparation and service = 0%
- Building and grounds cleaning = just over 0%
- Personal care services = 0%
- Sales and related occupations = 10%

- Office and administrative support = 50%
- Farming, fishing and forestry = just over 0%
- Construction and extraction = 5%
- Transportation = 0%
- Military specific operations = 25%

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

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

## Wellbeing

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

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

## Mental Health

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

## Info on business impact

Question: What is the current trading status of your enterprise?

Percentage of all responding businesses, broken down by industry, UK, 6 April to 19 April 2020

<b>Industry</b>	<b>Continuing to trade (percent)</b>	<b>Has permanently ceased trading (percent)</b>	<b>Has temporarily closed or temporarily paused trading (percent)</b>
<b>Manufacturing</b>	79.0		20.6
<b>Water Supply, Sewerage, Waste Management And Remediation Activities</b>	90.0		10.0
<b>Construction</b>	73.2		26.1
<b>Wholesale And Retail Trade; Repair Of Motor Vehicles And Motorcycles</b>	75.2		24.3
<b>Accommodation And Food Service Activities</b>	18.2	1.2	80.6
<b>Transportation And Storage</b>	91.5		8.5
<b>Information And Communication</b>	95.0		4.5
<b>Professional, Scientific And Technical Activities</b>	96.7		3.0
<b>Administrative And Support Service Activities</b>	91.5		8.1
<b>Education</b>	86.8		12.6
<b>Human Health And Social Work Activities</b>	93.8	1.4	4.9
<b>Arts, Entertainment And Recreation</b>	20.5		79.5
<b>All Industries</b>	76.7		22.8

Source: [Business Impact of COVID-19 Survey \(BICS\)](#) 07 May 2020 update

Question: In the last two weeks, roughly what proportion of your business's workforce was doing each of the following?

Proportion of businesses continuing to trade, broken down by industry, UK, 6 April to 19 April 2020

<b>Industry</b>	<b>Working at their normal place of work (percent)</b>	<b>Working remotely instead of their place of work (percent)</b>	<b>Other (percent)</b>
<b>Manufacturing</b>	54.5	26.5	19.0
<b>Water Supply, Sewerage, Waste Management And Remediation Activities</b>	51.8	26.0	22.2
<b>Construction</b>	32.5	34.6	32.9
<b>Wholesale And Retail Trade; Repair Of Motor Vehicles And Motorcycles</b>	38.7	35.7	25.6
<b>Accommodation And Food Service Activities</b>	42.1	14.4	43.5
<b>Transportation And Storage</b>	58.8	22.1	19.1
<b>Information And Communication</b>	8.0	86.6	5.4
<b>Professional, Scientific And Technical Activities</b>	12.3	77.6	10.1
<b>Administrative And Support Service Activities</b>	35.5	39.6	24.9
<b>Education</b>	11.8	77.0	11.2
<b>Human Health And Social Work Activities</b>	61.1	29.2	9.7
<b>Arts, Entertainment And Recreation</b>	10.2	57.4	32.4

<b>All Industries</b>	34.1	46.8	19.1
-----------------------	------	------	------

Source: [Business Impact of COVID-19 Survey \(BICS\)](#) 07 May 2020 update

Question: In the last two weeks, roughly what proportion of your enterprise's workforce was furloughed, off sick due to coronavirus or made redundant?

Proportion of businesses continuing to trade, broken down by industry, UK, 6 April to 19 April 2020

<b>Industry</b>	<b>On furlough leave (under the terms of the UK Government's Coronavirus Job Retention Scheme) (percent)</b>	<b>Off sick or in self-isolation due to the coronavirus with statutory or company pay (percent)</b>	<b>Made redundant (percent)</b>	<b>Working as normal (percent)</b>	<b>Other (percent)</b>
<b>Manufacturing</b>	23.4	4.3		69.1	3.1
<b>Water Supply, Sewerage, Waste Management And Remediation Activities</b>	25.3	3.5		65.9	5.1
<b>Construction</b>	45.7	2.4		49.5	2.0
<b>Wholesale And Retail Trade; Repair Of Motor Vehicles And Motorcycles</b>	34.2	2.5		60.1	2.9



<b>Accommodation And Food Service Activities</b>	49.8	3.4		42.7	3.7
<b>Transportation And Storage</b>	31.1	3.8		62.6	2.3
<b>Information And Communication</b>	11.3	1.0		84.4	3.2
<b>Professional, Scientific And Technical Activities</b>	18.7	1.6		76.6	2.9
<b>Administrative And Support Service Activities</b>	33.9	2.6		58.4	4.6
<b>Education</b>	13.1	3.0		77.0	6.7
<b>Human Health And Social Work Activities</b>	8.2	8.2		80.8	2.7
<b>Arts, Entertainment And Recreation</b>	46.5	1.4		49.1	2.7
<b>All Industries</b>	26.4	2.9		67.0	3.4



© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

This publication is also available on our website at [www.gov.uk/government/publications](https://www.gov.uk/government/publications)

Any enquiries regarding this publication should be sent to us at [CSD\\_Directorate@dhsc.gov.uk](mailto:CSD_Directorate@dhsc.gov.uk)