

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.²⁵ 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)²⁶ 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 retail²⁷ - 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](#)

²⁵ Resolution Foundation (2019) [Low Pay Britain](#), May 2019

²⁶ 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

²⁷ 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).²⁸ 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)²⁹ published by ONS³⁰ 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

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

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

³⁰ 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'³¹. The Business Impact of COVID-19 Survey (BICS)³² 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 down³³. 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 otherwise³⁴. 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)³⁵. 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)³⁶. 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.

³¹ Government Equalities Office (2018) National LGBT Survey: Research Report

³² ONS (2020) Business Impact of COVID-19 Survey, 7 May 2020

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

³⁴ ONS (2020) Living costs and food survey

³⁵ ONS (2020) Living costs and food survey

³⁶ 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 2020.³⁷ 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).

³⁷ 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 olds³⁸. 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 disorders³⁹. 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](#)

³⁸ Sport England Active Lives Survey report 2019

³⁹ 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 people⁴⁰. 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.⁴¹ 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.⁴² 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.⁴³ 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.⁴⁴

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.

⁴⁰ LGBT Foundation briefing on the impacts of COVID 19 for LGBT people:
<https://lgbt.foundation/coronavirus/impact>

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

⁴² 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

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

⁴⁴ 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.⁴⁵ 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.

⁴⁵ 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 5th 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 1st 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-19⁴⁶. 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

⁴⁶ 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 people⁴⁷. 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

⁴⁷ 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