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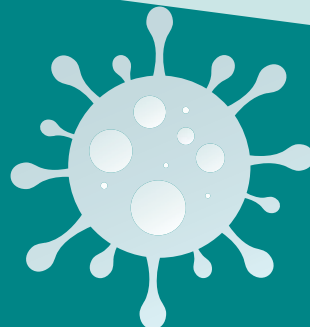


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Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales



The Welsh Health Equity Status Report initiative (WHESRi)



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The Welsh Health Equity Status Report initiative (WHESRI)

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Foreword

*We need to move from death to health; from disaster to reconstruction;
From despair to hope; from business as usual to transformation.*

Now is the time to secure the well-being of people, economies, societies and our planet.

António Guterres, United Nations Secretary-General

The COVID-19 pandemic has had devastating health, wellbeing and socio-economic consequences, has been felt unequally across our society and has disproportionately affected those who already had the greatest health and social needs. It has highlighted once again the profound interdependence between population, societal, economic and environmental well-being. However, amidst the COVID-19 crisis, a new window of opportunity has opened - an opportunity to transform our way of thinking, to change the way we are doing things and to create a more sustainable, healthier, more equal and prosperous Wales for our current and future generations. Public health has become a global focus, strengthening the case for investing in people's well-being - preventing disease early, protecting and promoting health, enhancing resilience and equity, supporting the most vulnerable and empowering our communities.

Building on Wales' forward-looking legislation and assets, we have a unique opportunity to bring different sectors and disciplines together to address the challenges we face and to build a sustainable future. Working with the World Health Organization (WHO), Wales is the first country to become a global influencer and live innovation site for health equity. As part of the Memorandum of Understanding between the WHO Regional Office for Europe and the Welsh Government, Public Health Wales has established the first Welsh Health Equity Status Report initiative (WHESRi). Delivered through our WHO Collaborating Centre on Investment for Health and Well-being, the WHESRi provides a Health Equity Solutions Platform for Wales which enables us to synthesise and share evidence and intelligence, develop practical tools and help close the health gap in Wales and beyond.

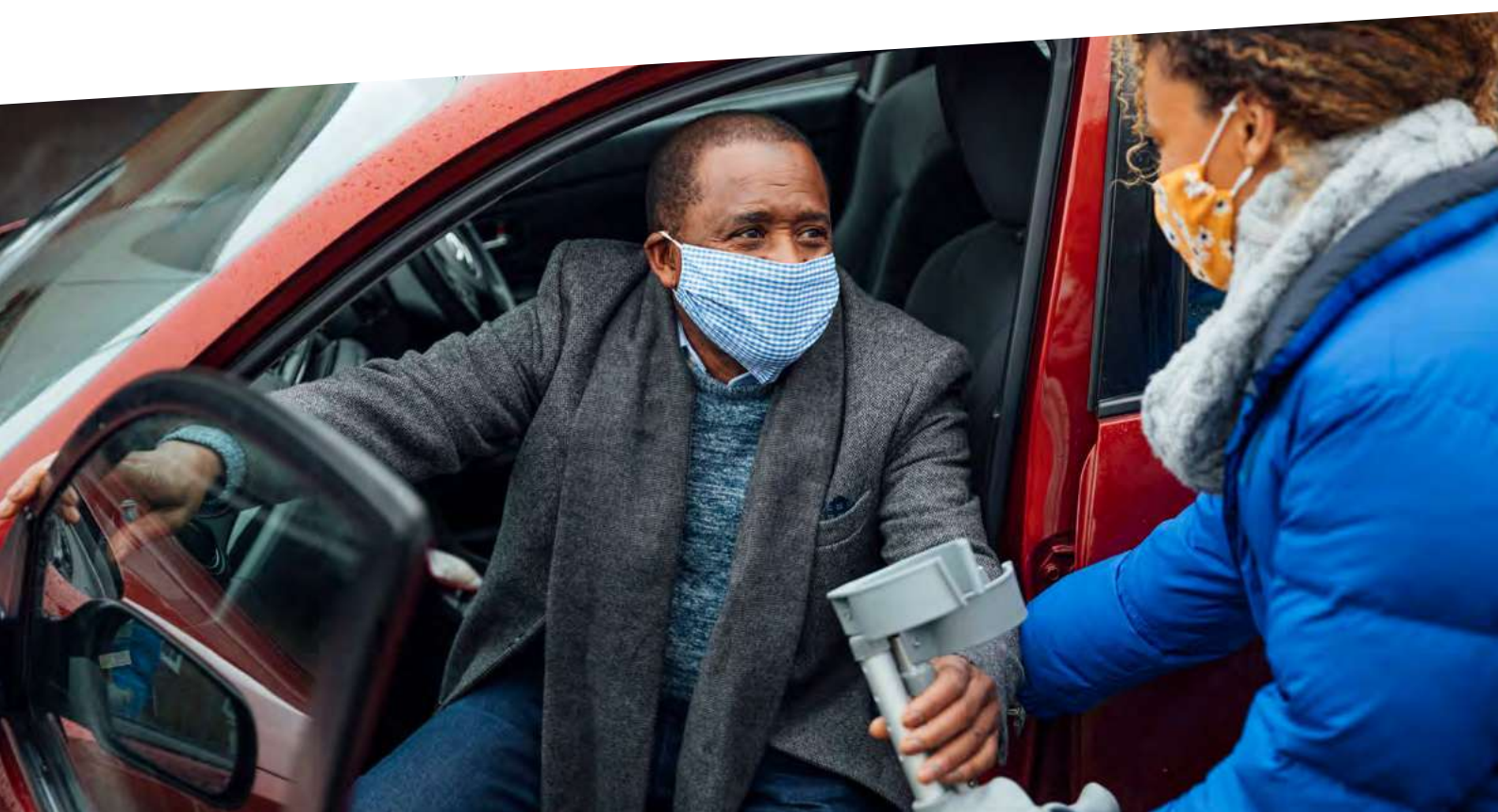
This report is the first from the WHESRi initiative and further information and intelligence will be available through WHESRi and a broad portfolio of other Population Health work programmes from Public Health Wales over the coming months. Together, we hope these will improve our collective understanding of the social, economic and environmental impacts of the COVID-19 pandemic and support a sustainable and fair response and recovery in Wales.



Dr Tracey Cooper
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About this report

Purpose

This report aims to help inform and support a sustainable response and recovery from Coronavirus (COVID-19) in Wales, placing health equity at its heart.

It reinforces our understanding of how interdependent individual and societal well-being, and the wider economy are, towards achieving prosperity for all.

The report also contributes to strengthening the leading role of Wales at the forefront of the health equity and sustainable development agenda in Europe and globally.

Strategic context and contribution

Wales is the first country to apply a milestone World Health Organization (WHO) European Health Equity Status Report initiative (HESRi) (1), positioning itself as a global influencer and a live innovation site. Through a Memorandum of Understanding (MOU) (2) between the WHO Regional Office for Europe and the Welsh Government, a **Welsh Health Equity Status Report initiative (WHESRi)** was established to facilitate and support evidence-informed sustainable solutions and investment towards closing the health gap in Wales and beyond.

WHESRi contributes to progressing the goals of the 'Well-being of Future Generations (Wales) Act' (3), the 'Prosperity for All' (4) national strategy, and 'A Healthier Wales' (5) long-term plan for health and social services. It builds upon Public Health Wales' 'Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales' (6), reinforcing the case for investment in prevention, well-being and equity towards achieving a healthier, more equal and prosperous Wales for the current and future generations.

WHESRi also supports Wales and other countries to progress the United Nations (UN) 2030 Agenda for Sustainable Development (7), and the WHO European Programme of Work 'United Action for Better Health' (8).

Scope and focus

This is the first report developed as part of the WHESRi, applying **an innovative WHO health equity framework** (Box 1) to map the wider social, economic and environmental impacts of COVID-19 in Wales.

It provides a **multidimensional picture of the COVID-19 implications on health equity and vulnerability** (Box 2) in Wales, including national and international evidence and intelligence, public perceptions and experience, administrative data, health economics modelling, as well as policy responses and mitigation measures.

Target audience

The report aims to inform a wide range of decision-makers, including but not limited to:

- Policy-makers in national and local government
- Senior leaders across all public services, such as the National Health Service (NHS), those with public health responsibilities, planners and managers
- Local communities, third sector and private organisations
- Other stakeholders whose role has an impact on health, well-being and equity

Box 1. Five essential conditions for healthy prosperous lives for all - WHO HESri framework showing the different types of policies across sectors to address the wider determinants of health (1)

- 

1. Health and health services
Policies that aim to ensure availability, accessibility, affordability and quality of preventative and health care services and interventions.
For example, health protection, health promotion and improvement, primary, secondary and scheduled care.
- 


2. Health and income security and social protection
Policies that aim to provide economic security and support to reduce the health and social consequences of poverty and low income throughout a person's life.
For example, financial support for parents, older people or unemployed.
- 


3. Health and living conditions
Policies that aim to ensure opportunities for, and access and exposure to living conditions and environments that have a positive influence on people's health and well-being.
For example, planning, good quality and secure housing, clean air, green spaces.
- 


4. Health and social and human capital
Policies that aim to develop and strengthen social relations and community assets, including education, skills, community resources and meaningful social interactions to promote learning, and protect and promote health and well-being throughout a person's life.
For example, improving training, apprenticeship, building community cohesion and resilience, trust, sense of belonging.
- 

5. Health and employment and working conditions
Policies that aim to improve the health impact of employment, working conditions and workplace equality.
For example, availability of work, a living wage, physical and mental demands, ensuring health and safety at work.

Box 2. Defining health equity/inequities and vulnerable groups, as used in this report (9,10)

- 

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.
- 


















Health equity (or equity in health) implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.
- 

Health inequities are avoidable inequalities in health between groups of people, which arise from inequalities within and between countries/societies.
- Vulnerable people/groups** are those at a greater risk of poor health and well-being due to disparities in their physical and/or mental characteristics, economic and social status, when compared with the average population. Vulnerability refers to the likelihood of contracting disease or illness. Vulnerable populations may be less able to anticipate, cope with, resist, or recover from the impact of a negative event, e.g. COVID-19.

Structure and methodological approach

The report draws a comprehensive **multidimensional picture of the COVID-19 impact and response in Wales, mapping** them along the WHO HESRi framework, including data and evidence examples across sectors, and specific case studies (Box 3).

It uses **multiple sources and methods to assess, analyse and synthesise** national and international evidence, public experience, administrative data, health intelligence, economics modelling, and policy responses and mitigation measures (Box 4).

Box 3. Report outline	
	<p>Key messages</p> <p>Summarising the most important conclusions from the report</p>
	<p>Health equity and COVID-19: the big picture</p> <p>Providing global context and international evidence examples on health equity and vulnerability, pre- and during the COVID-19 pandemic</p>
	<p>Wales, health equity and COVID-19</p> <p>Providing national context and evidence examples on health equity and vulnerability, pre- and during the COVID-19 pandemic</p>
    	<p>Five essential conditions</p> <p>Mapping wider and health equity impacts of COVID-19, including:</p> <ul style="list-style-type: none">  Key messages  Overview of evidence  The people: insights from the COVID-19 national public engagement survey  The data: insights from administrative data  The policies: summary of Welsh/UK policy response to the pandemic
	<p>Towards achieving healthy prosperous lives for all in Wales</p> <p>Highlighting opportunities for action towards sustainable recovery from COVID-19, including the contribution of Public Health Wales</p>
	<p>Annex I. Policy tables</p> <p>Outlining the Welsh/UK policy responses to COVID-19, mapped to the five essential conditions</p>
	<p>Annex II. Case studies</p> <p>Providing specific examples of impact and mitigation measures</p>
	<p>References</p>

Box 4. Methodological overview

An overview of the methodological approach is provided below with detailed methods described in a Technical Supplement to this report, which is published separately.

Systematic assessment and analysis of documents, including:

- UK and Welsh Government policies, strategies and interventions
- Published in response to the COVID-19 pandemic, from March to November 2020
- Relevant to health equity and/or the five essential conditions, and mapped across

The policy analysis is complemented with information and evidence from government and non-governmental agencies, think tanks and research.

Global, UK and Wales' evidence and data from the COVID-19 International Horizon Scanning and Learning reports (WHO CC, Public Health Wales) have been summarised, synthesised and mapped across the five essential conditions. It was also used to provide contextual information on health equity and COVID-19.

Findings from two health impact assessments (WHO CC, Public Health Wales) have been integrated, providing additional insight in the health equity impacts:

- A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales
- A COVID-19 pandemic world and beyond: The health impact of home and agile working in Wales

Public perceptions of COVID-19 and its measures have been analysed, using data from the COVID-19 National Public Engagement Survey (WHO CC, Public Health Wales):

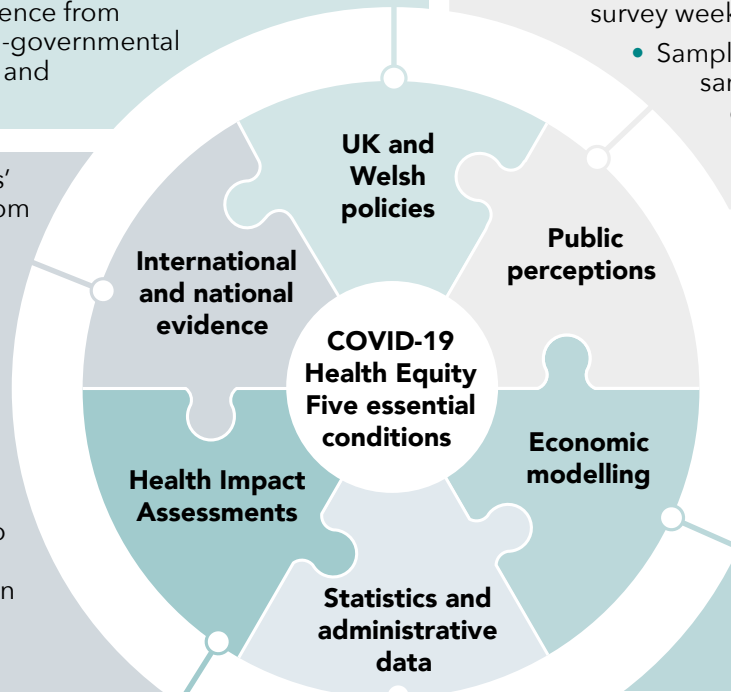
- Gathered over the first 16 weeks (3 April-2 July 2020)
- Including Welsh residents 18+ years old
- Exploring views/attitudes/experiences, aligning to the five essential conditions
- Showing differences according to sex, age group and level of deprivation
- Estimates generated from a generalized linear model including age, sex, Welsh Index of Multiple Deprivation quintile and survey week
- Sample adjusted to have the same age/sex/ deprivation distribution as the general population in Wales

Forecasts of the economic consequences of COVID-19 pandemic on longstanding illness (LSI) and chronic conditions have been modelled, using unemployment and prevalence data on LSI in Wales.

Statistics and administrative data, related to health equity and the five essential conditions, published February-December 2020, have been analysed.

For example:

- Hospital admissions, extracted from the Public Health Wales Observatory COVID-19 Recovery Profile
- Coronavirus Job Retention Scheme, extracted from HM Revenue & Customs, UK Government
- Reported crimes, extracted from DATA.POLICE.UK
- Others



This report provides a snapshot in time of the wider impacts of COVID-19 across the five essential conditions. It is not comprehensive and includes examples of national and international data, highlighting the case for placing health equity in the center of COVID-19 response and recovery in Wales.



Key messages

Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales

The challenge

The COVID-19 pandemic has triggered a **public health and socio-economic crisis, exacerbating underlying inequities, and exposing new vulnerabilities.**

It has revealed the **fragility of systems and capacities**, related to chronic under-resourcing of public health, disease prevention and health promotion.

The **impact on livelihoods**, especially for the most vulnerable, has been catastrophic, highlighting how **interdependent individual health and well-being, social cohesion, and the economy are.**

Key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include:

- Children and young people
- Minority ethnic groups, especially Black and Asian
- People living in (or at risk of) deprivation and poverty
- People in insecure/low income/informal/low-qualification employment, especially women
- Marginalised and socially excluded, such as homeless persons

The opportunity

Returning to the status quo before the pandemic is not enough.

There is an opportunity for a **transformative, synergetic recovery**, accelerating innovation, bridging the gaps in health, education, housing, income, employment prospects and social safety nets, advancing green solutions, and **ensuring the well-being of current and future generations.**

Preparing better for the next pandemic is not enough.

There is an opportunity to **prevent future epidemics and crises**, building sustainable, inclusive, evidence-informed systems, policies and services, which **enable healthier living environments and behaviours, and strengthen individual and community resilience** to infections and adversities.

The case for targeted investment in people's well-being, health equity and prevention is stronger than ever and requires **urgent coherent action across all sectors** towards closing the health gap.

Wales leading the way towards healthy prosperous lives for all

Wales has taken a leading role for health equity globally, implementing a **Socio-economic Duty** to mitigate inequity and support the most vulnerable; and establishing and progressing the **WHESRI**.

Taking WHESRI forward, **Public Health Wales** is developing a digital **multidisciplinary, cross-sector Health Equity Solutions Platform** to inform and support a sustainable and fair recovery in Wales, while facilitating innovation and concerted action towards healthy prosperous lives for all.

Key impacts of COVID-19 on health equity and the policy response in Wales



Health and health services

- ◆ Substantial impact on health services, with limited access to prevention, diagnosis, treatment, and rehabilitation, and significant reduction in hospital admissions, following a socio-economic gradient
- ◆ People trust the NHS in Wales and consider that it has responded well to the pandemic



Health and income security and social protection

- ◆ COVID-19 has widened the socio-economic gap, affecting the most deprived the hardest
- ◆ Young people, women, people from ethnic minority backgrounds, and those who are already marginalised, have been affected the most



Health and living conditions

- ◆ COVID-19 has exposed flaws in the housing system in Wales, with unequal access to green and blue spaces, and posing specific challenges to women and children, the homeless and traveller communities, care homes and prisons
- ◆ Significant increase in recorded crime and anti-social behaviour observed in 2020, including breaching COVID-19 regulations, with higher levels amongst the most deprived



Health and social and human capital

- ◆ Unprecedented educational disruption with immediate and long term harms to child safety and development, health and well-being, educational attainment, future prospects, and family income, reinforcing inequities
- ◆ Digital technology has enabled individuals to remain socially connected, with digital divide across different ages and levels of deprivation, and many people remaining digitally excluded



Health and employment and working conditions

- ◆ Major impact on employment and working conditions, highlighting existing and generating new inequities, particularly for key workers and ethnic minority groups
- ◆ Unemployment rates have increased and are forecasted to continue growing over the next two years



The policy response

- A large number of policies and mitigation measures have been implemented as an immediate response to COVID-19 across different sectors in Wales, many aiming to address inequities
- To prevent perpetuating the socio-economic crisis, inequities and related vulnerability post-COVID-19, equity needs to be placed in the heart of the short and longer term response and recovery, building on the unique assets and commitment towards a healthier, more equal and prosperous Wales



Health equity and COVID-19: the big picture

A world set up for a perfect storm

Prior to the COVID-19 pandemic, dramatic differences in health, linked to socio-economic inequities, already existed between and within countries (1). Changing societal, economic, environmental, demographic and technological patterns have created new vulnerabilities and threatened to undo the remarkable gains that public health and health care have achieved over the last century, gains in lifespan and healthspan (years spent in good health) have been slowing; and rich-poor health gaps have been growing (11).

Health systems have been pressured by a growing demand-capacity mismatch; focus on reactive care, rather than prevention; inadequate infrastructure; acute health workforce deficiency; and the potential benefits and threats of new technologies and artificial intelligence (AI) (11). Longevity, lifestyle, urbanisation and climate change have transformed disease burden with non-communicable diseases (NCDs) becoming a global epidemic.



41 million deaths
from **chronic & degenerative conditions** every year



700 million people with mental disorder worldwide



10 million more cases of dementia every year

Fundamental weaknesses in health security around the world have become apparent, showing that no country has been fully prepared to handle an epidemic or pandemic (15). The vulnerability to the societal and economic impacts of infectious disease crises has been increasing (16).

Climate change, considered to be 'the greatest threat to global health in the 21st century' (18), has been affecting millions of people worldwide unequally and threatening health care systems (19).

Single adults (mostly women) with dependent children in Europe (2018):



45% at risk of **poverty or social exclusion**

61% unable to face **unexpected financial expenses**

The COVID-19 syndemic – widening the health gap

The human, societal, and economic costs of COVID-19 are severe, following sudden disruption of social interactions, a widening digital divide, abrupt shifts in markets and consumer behaviour, loss of education and jobs, and challenges to democracy and international relations. They have threatened to scale back years of progress on reducing global poverty and inequality and further damage social cohesion and global cooperation, already weakening before the virus struck (11).

The effects of COVID-19, along with related containment measures (e.g. lockdowns), are damaging societies and economies, widened existing disparities, disproportionately harming certain sectors and societal groups (20), and holding countries back on their pathway to achieving the United Nations (UN) Sustainable Development Goals (SDGs) by 2030 (7).

COVID-19 is a '**syndemic**' pandemic (21), interacting with and exacerbates existing inequities in chronic diseases, as well as across the conditions in which people live, work, grow and age (22) - the wider determinants of health, explored in this report within the HESRi five essential conditions framework (6).

Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps (Figure 1). Inequities in chronic conditions, such as more cases and deaths from NCDs, arise because of exposure to unequal living and working conditions, such as poor/insecure housing, overcrowding, lack of outdoor/green space, adverse psychosocial circumstances, such as violence in the home or crime; lower-skilled, lower-paid, unsafe, or insecure job; unemployment; and reduced access to healthcare services (20). Underlying chronic conditions, as well as unequal living and working conditions, can increase the transmission, rate and severity of COVID-19 infections (Table 1). At the same time, COVID-19 and its containment measures (lockdowns) can directly and indirectly increase inequity across the living and working conditions; as well as inequity in health outcomes from chronic conditions (17). Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression (23).

Figure 1. COVID-19 syndemic direct and indirect impact on health inequities

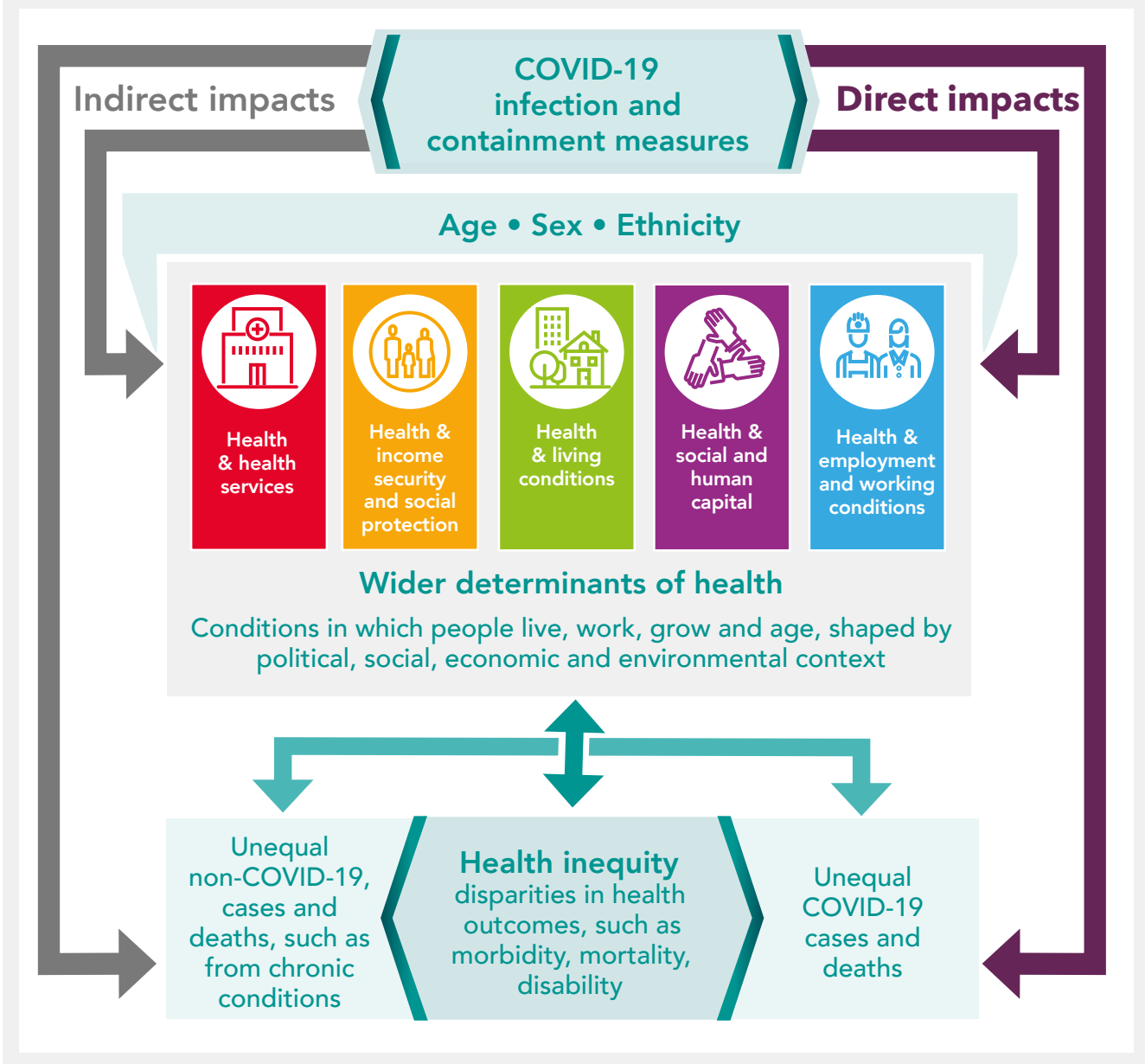


Table 1. COVID-19 related vulnerability: the most affected (21,17,27,28)

Direct health impact – contracting infection, severe illness, death	Indirect impact – through the five essential conditions (wider determinants of health)
People with pre-existing chronic conditions or disability Minority ethnic groups, especially Black and Asian People living in areas of higher socio-economic deprivation People living in, and at risk of, poverty and social exclusion Self-employed, those in insecure/informal/low income employment (often key jobs) Front-line health or social care workers Living or working in crowded conditions, such as meat processing plants Marginalised or transient groups, such as homeless people, refugees and migrant workers, prisoners Those who do not have basic water, sanitation or hygiene facilities	
Older age Men Living in a care home	Children and young people Women, especially mothers Unskilled workers

The longer-term, and potentially largest, consequences for health inequities could arise through political and economic pathways. Evidence suggests that sudden economic shocks and austerity measures lead to higher rates of disease, mental ill-health, suicide and death from alcohol and substance misuse (24,25), which are experienced unequally. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm (26).

Going forward, humanity is facing critical global threats (20), requiring urgent and decisive action. Ongoing already before the pandemic, most of these have been amplified by COVID-19 and its socio-economic impact (Table 2).

Table 2. Critical threats to the world, relevant to health equity, including in relation to COVID-19 impact (20)

Clear and present dangers (short-term risks 0-2 years)	Knock-on effects (mid-term 3-5 years)	Existential threats (long-term 5-10 years)
Infectious diseases, livelihood crises, youth disillusionment, digital inequality, economic stagnation, social cohesion erosion	Economic, technological and geopolitical risks	Social security and industry collapse, natural resource crises, climate action failure












Widening socio-economic and health inequities, resulting from:

- Age, gender, race and income inequalities
- Digital inequality, educational disparities
- Strained healthcare systems, lack of capacity and chronic public health underfinancing
- Economic contraction, rising unemployment and potentially uneven economic rebound
- Expanding digitalization*, e-commerce, online education and remote work
- Economic, technological and reputational pressures on businesses, threatening to create a large cohort of workers and companies that are left behind

***Digital technology has been also identified as an enabler, supporting people to connect and maintain their mental well-being (29)**

Global impacts of COVID-19

The following examples of the wider impacts of COVID-19, and related health inequity, across the world, Europe and the UK, provide a context for the implications in Wales.

	<h3>Health and health services</h3> <p>COVID-19 has disrupted heavily essential service delivery for NCDs, such as cancer screening and treatment; mental health services; and heart disease (30)</p>	 <p>Critical mental health services disrupted in 93% of countries worldwide (30)</p>  <p>72% for children and young people (31)</p>  <p>70% for older adults (31)</p>
	<h3>Health and income security and social protection</h3> <p>Individuals from low-income background are disproportionately affected by a double, health and financial, burden. Financial insecurity is leading to food insecurity, having a detrimental impact on children's development and well-being (32)</p>	<p>More than 370 million children missing out on school meals, affecting children from the most deprived households disproportionately, (33)</p>  <p>150 million more people (9.4% of the world's population) to be forced into extreme poverty by the global recession (34)</p>
	<h3>Health and living conditions</h3> <p>COVID-19 lockdowns have resulted in overcrowding; an increase in violence in the home, especially intimate partner violence (IPV); and child maltreatment and neglect (35,36)</p>	 <p>60% increase in emergency calls by women subjected to IPV in April 2020, compared to April 2019, by European Union member states (37)</p>
	<h3>Health and social and human capital</h3> <p>Children from deprived backgrounds have been hit harder by the pandemic due to lack of necessary resources to support their learning progress (38,39)</p>	<p>1.38 billion learners impacted by school closures during the first wave of the pandemic (40)</p>  <p>51% of youth from 112 countries believe their educational progress has been delayed (41)</p>  <p>60% of adults lacking basic digital knowledge/skills when workplaces and schools closed (42)</p>
	<h3>Health and employment and working conditions</h3> <p>COVID-19 has hit the most vulnerable the hardest, such as those in or close to poverty; in informal work; single mothers; essential workers (43). Women and young people face disproportionate risks in the job sector (44,45)</p>	<p>Working hours equivalent to 495 million jobs 14% of the world's entire workforce lost in the 2nd quarter of 2020 (46,47)</p>   <p>70% of working women globally report their careers will be slowed by the pandemic's disruption (48)</p> <p>Number of people claiming unemployment related benefits increased by 1.4 million between March and October 2020 in the UK (49)</p>

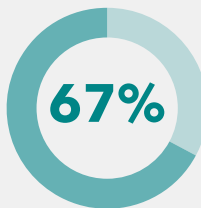


Wales, health equity and COVID-19

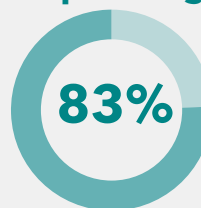
Prior to the COVID-19 pandemic, Wales has established a strong legislative and policy context towards achieving sustainable development and prosperity for all. The Well-being of Future Generations (Wales) Act 2015 (3) positions Wales in the forefront in Europe and globally, enabling transformative cross-sector work that benefits the people, the economy and the planet. This is also a key instrument for addressing socio-economic and health inequity. Prosperity for All (4), the national strategy, mainstreams this commitment to build a Wales that is prosperous and secure, healthy and active, ambitious and learning, united and connected. A More Equal Wales: The Socio-economic Duty (50), coming into force on the 31 March 2021, will provide a key mechanism to support the most vulnerable and improve inequality of outcome for people who suffer socio-economic disadvantage. The Public Health (Wales) Act 2017 (51) complements this agenda by ensuring public bodies carry-out Health Impact Assessments (HIAs) of policy and legislation through the lens of the wider determinants of health, including the socio-economic impacts.

Despite the commitment and investment towards building a healthier and more equal Wales, **health inequities have persisted**, demonstrating a strong relationship with the wider determinants of health. Employment, access to healthcare and education, have been affecting the lives of people disproportionately across socio-economic groups (52,53,54).

Working adults who reported good health:



67% of those living in the most deprived areas of Wales



83% of those living in the least deprived areas over 2017/18 - 2018/19

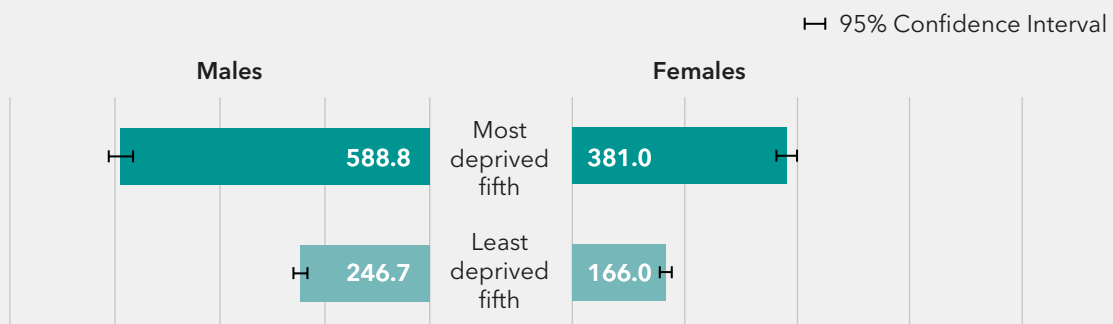
Source: Public Health Outcomes Framework, Public Health Wales

Black and ethnic minority groups are significantly more likely than White British employees to earn less (7.5%) wages per hour in 2018 (58). Premature death rates from key NCDs have been significantly higher amongst those who live in the most deprived areas of Wales (Figure 2), alongside shorter life expectancy and worse mental well-being (Figure 3) (55).



23% of all people & 28% of children living in relative income poverty over 2016/17 - 2018/19 (56,57)

Figure 2: Premature deaths from key non-communicable disease, by Welsh Index of Multiple Deprivation fifth, European age-standardised rate per 100,000, 2016 - 2018



Source: Public Health Outcomes Framework, Public Health Wales

The COVID-19 pandemic has been experienced **unequally** by different people and population groups, **widening the health gap and exacerbating existing health and socio-economic inequities and introducing new vulnerabilities in Wales** (59) (Table 3, Figures 3 and 4).

Table 3. Examples of inequitable impacts across the four harms from COVID-19 in Wales (60) and key population group affected (59)

Four COVID-19 Harms	Example of impact
<p>1. Direct harm from infection and complications</p> <p>Key groups affected:</p> <ul style="list-style-type: none"> • Older people • Men • Individuals with underlying conditions • Most deprived / on low income • Black and ethnic minority groups • Asylum seekers and refugees 	<p>Socio-economic gradient in hospitalisations and deaths:</p> <div data-bbox="576 495 767 645"> </div> <p>COVID-19 hospital admissions in the most deprived fifth 2X the least deprived fifth (61, 62)</p> <div data-bbox="587 685 711 824"> </div> <p>COVID-19 death rate in the most deprived areas in Wales 2X the least deprived areas (63)</p> <div data-bbox="576 882 767 1032"> </div> <p>Black and ethnic minority groups: 1/3 of cases admitted to critical care from ethnic minority communities (64), compared to only 14% of the total population</p> <div data-bbox="619 1055 1385 1227"> <p> ● Total critical care admissions ● Admissions from ethnic minority communities ● Total population ● People from ethnic minority communities </p> </div>
<p>2. Indirect harms caused by overwhelming of services, including the NHS</p> <p>Key groups affected:</p> <ul style="list-style-type: none"> • Key workers • Individuals accessing healthcare services 	<p>A profound shock to the NHS and social care systems (65):</p> <div data-bbox="571 1312 767 1503"> </div> <p>Major decrease in elective and emergency hospital admissions in Wales in 2020 by</p> <p style="font-size: 2em; color: teal; text-align: center;">↓</p> <p>55% for elective and 30% for emergency compared to 2019 (66,67)</p> <hr/> <p>COVID-19 impact on mental health of health and social care staff, </p> <p>involved both in COVID-19 and non-COVID-19 care:</p> <p>QALYs¹ lost due to anxiety/depression (mild to severe):</p> <p>Health care workers: 3,000-63,000 QALY </p> <p>Social care workers: 3,000-64,000 QALY (68)</p>

¹ QALY – Quality Adjusted Life Year, including both the quality and the quantity of life lived. One QALY equates to one year in perfect health

3. Indirect harms from non-COVID illness, due to limited seeking / availability of 'non-essential' health services

Key groups affected:

- Individuals with pre-existing/newly identified health conditions



Limited access to prevention, treatment and rehabilitation services, such as cancer screening and treatment; and mental health referrals despite spiralling demand (69,70, 71)

Changes in health-seeking behaviour, and the availability of and access to essential diagnostic services may result in additional deaths from breast, colorectal, lung, and oesophageal cancer in the medium (1 year) and longer term (5 years) (68).



COVID-19 may have caused

361 - 1231 additional lives lost

due to delayed cancer screening depending on the referrals backlog, months in lockdown and diagnostic capacity (72).

4. Indirect socio-economic and other societal harms, including economic impacts

Key groups affected:

- Most deprived / low income
- Women (mothers)
- Key workers
- Children and young people
- Individuals with existing chronic / mental health conditions
- Individuals with physical and learning disabilities



22% of households in Wales lost at least **20% of their weekly income** between February and April 2020 (73)

Black and ethnic minority groups over-represented in **occupations at a higher risk of exposure**, such as health and social care, taxi drivers and chefs (74)

Overcrowded housing, particularly for asylum seekers and refugees may have increased risk of exposure of COVID-19 (74)



Certain population groups have felt the effects of the lockdowns disproportionately (75), such as **individuals from ethnic minority backgrounds** had higher risk of losing income (76); and **women and young people** were more likely to have been employed in 'locked down' industries (77)



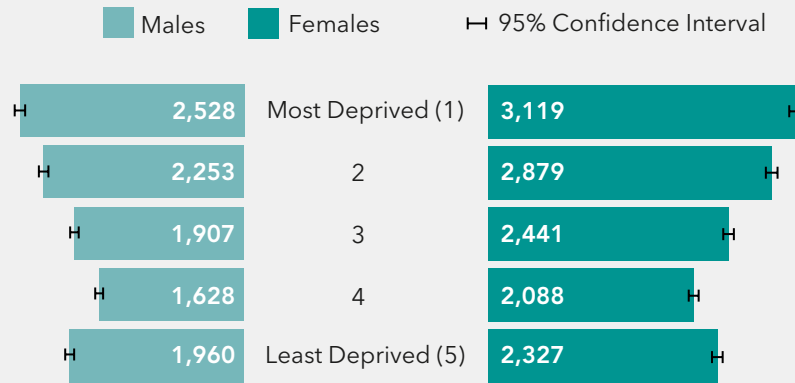
A major indirect impact on children and young people, including a 'digital exclusion' of those from more deprived backgrounds (75,78)

Increased risk for unsafe environment and trauma, such as violence and abuse at home, especially for women and children (79)



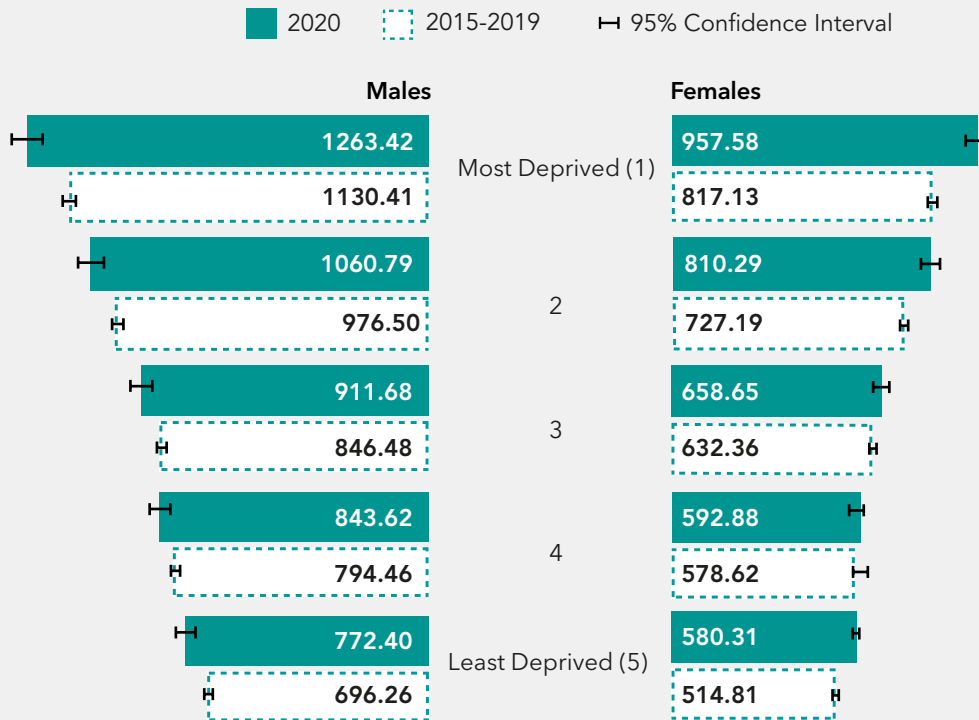
Increased anxiety and isolation experienced more by individuals living in the **most deprived areas** and those from an **ethnic minority background** (74,80)

Figure 3: Confirmed cases of COVID-19 by sex and deprivation fifth[†], European age-standardised rate per 100,000*, Wales



Source: Public Health Wales
 Data collected between 23 February and 23 November 2020.
 Rate calculated using Office for National Statistics 2019 mid-year population estimates (81)
 *Rate standardised to the 2013 European Standard Population (82)
[†]Welsh Index of Multiple Deprivation (83)

Figure 4: Deaths from all causes, age-standardised rate per 100,000, Wales, 2020 and 2015-2019 average, by Welsh Index of Multiple Deprivation fifth and sex



Source: COVID-19 Recovery Profile 2020, Public Health Wales Observatory, Public Health Wales (88).
 Data collected between week ending 06 March to 27 November 2020
 Rate calculated using Office for National Statistics 2019 mid-year population estimates (81)



Health and health services



Key messages

- ◆ **COVID-19 measures have had a significant impact on health services in Wales,** including:
 - Limited access to prevention, diagnosis, treatment, and rehabilitation for chronic conditions over 2020, such as cancer and mental health
 - Significant reduction in elective and emergency hospital admissions
- ◆ **People trust the NHS in Wales,** more than 75% of surveyed adults reported feeling safe to attend a routine medical appointment; and 90% felt that the NHS was responding well to the COVID-19 pandemic
- ◆ **Immediate mitigation measures** were taken by the Welsh Government to address the disruption of health services, build more capacity in the NHS, and offer new ways of working



Overview

The COVID-19 containment measures have had an extensive impact on health services in Wales, including:

- Significant reduction in hospital admissions in 2020 by 55% for elective; and by 30% for emergency, compared to 2019 (66,67).
- Limited access to prevention, treatment and rehabilitation services, such as cancer screening and treatment; and mental health referrals despite growing demand (69,70,71).
- UK clinicians voiced concerns about reduction in attendances for conditions, such as heart problems (84) and in people seeking help for possible cancer symptoms (85).
- COVID-19 long-term effects on mental well-being, immune system, respiratory, neurologic, and cardiovascular health (86) may increase hospital inpatient admissions, in addition to existing longstanding illness (LSI) and chronic conditions.

These impacts have been experienced unequally across different age, sex, and deprivation groups, for example, disproportionately affecting older people, the most deprived, and those with underlying chronic conditions (69).

Inequities in COVID-19 vaccination coverage in Wales are emerging, mirroring a trend across the UK. The largest inequity in uptake is seen between ethnic groups in adults aged 80+ years a gap of 14.1% between Black, Asian, Mixed and Other ethnic groups and White ethnic group; and between adults living in the most and least deprived areas of Wales (87).

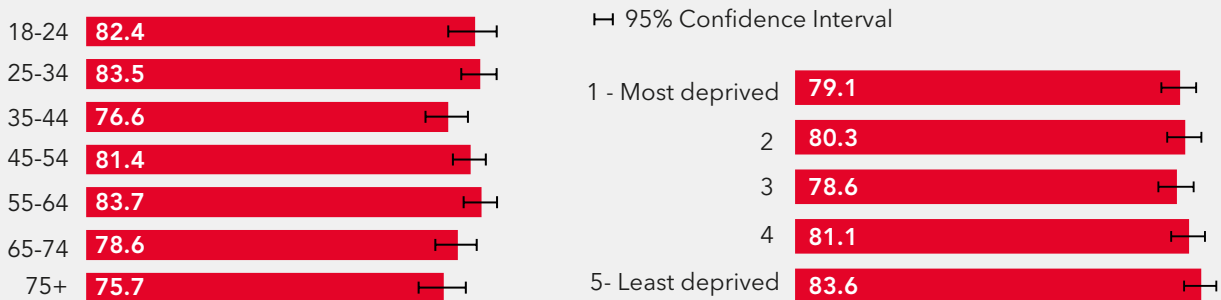


The people

More than three out of four people interviewed as part of the Welsh COVID-19 National Public Engagement Survey between 15 June and 25 July 2020, reported they would feel safe to attend a routine medical appointment. A larger proportion of those living in the least deprived parts of Wales reported feeling safe, compared to those from the most deprived parts of Wales (83.6% and 75.7%, respectively; not statistically significant) (Figure 5).

Additional analysis shows that 90% of the people interviewed felt that the NHS was responding well to the COVID-19 pandemic, when asked between 3 April and 16 May 2020, and this is consistent across all age groups and levels of deprivation.

Figure 5: Survey respondents who reported feeling safe if they were asked to attend a routine medical appointment, by age group and Welsh Index of Multiple Deprivation, percentage, Welsh residents 18+, 15 June to 25 July 2020 (survey weeks 11 - 16)



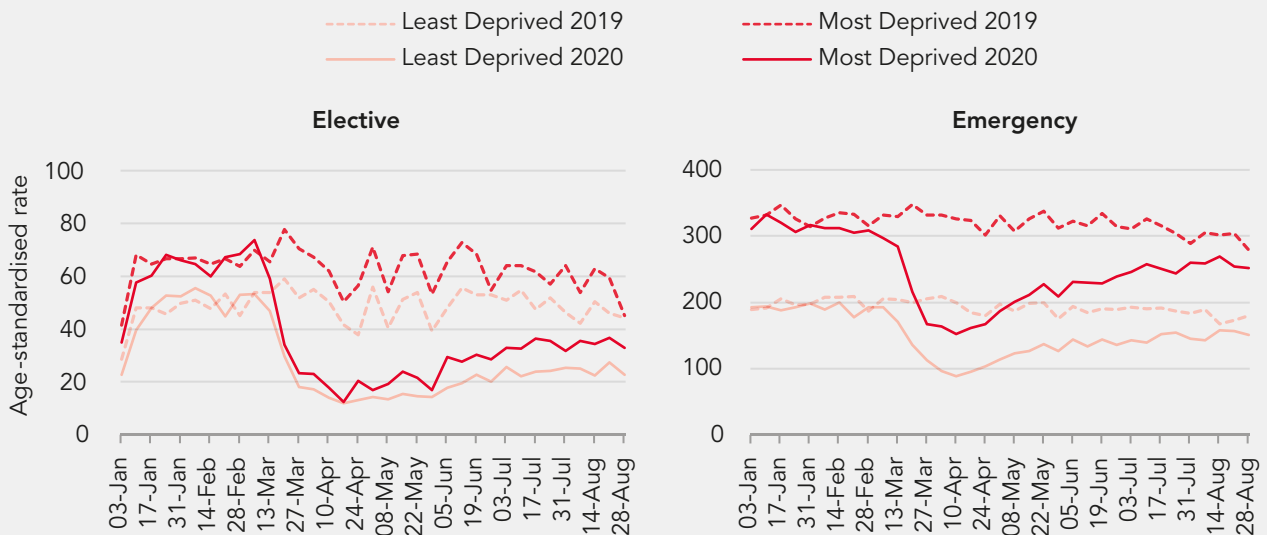
Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales



The data

There has been a notable decline in elective and emergency hospital admissions in 2020 (67, significantly lower than in 2019 (55% for elective and 30% for emergency). Both elective and emergency admissions have been consistently higher in the most deprived parts of Wales (Figure 6). The rate of both is increasing with age.

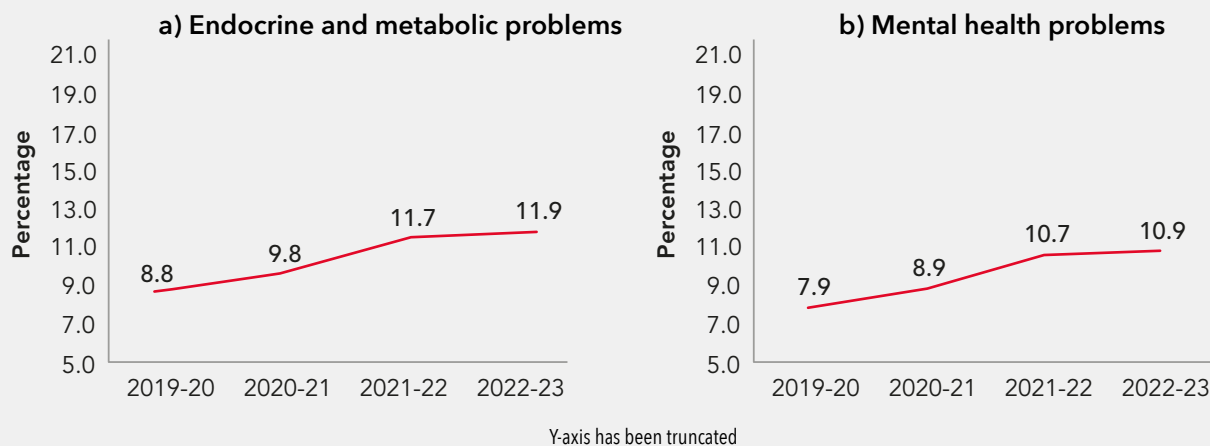
Figure 6: Hospital admissions by week and Welsh Index of Multiple Deprivation (3 Jan - 28 Aug 2020), rate per 100,000, Wales, compared to Jan-Aug 2019



Source: COVID-19 Recovery Profile 2020, Public Health Wales Observatory (88), Public Health Wales.

Modelling the economic impact of COVID-19, related to rise in unemployment, on LSI and chronic conditions in Wales (89), shows that without reparative interventions, following rising unemployment rates, the percentage of adults with LSI and chronic conditions is projected to increase gradually over 2020-2023 with higher increment for mental health and endocrine / metabolic problems (Figure 7). A higher increment in the percentage of adults with limiting LSI compared with adults with any LSI was predicted, suggesting implications for health and social care services.

Figure 7. Projected percentage of adults with a) endocrine and metabolic problems; and b) adults with mental health problems, 2020/21-2022/23



Source: Public Health Wales modelling series (89)



The policies

Welsh Government implemented immediate measures to address the disruption and backlog of health services and to build more capacity in the NHS, including:

- Providing guidance on protecting people identified as extremely vulnerable to COVID-19 (90).
- Asking professionals, who have left the NHS, to consider returning (91).
- Providing financial support to the adult social care sector (92).

Additionally, Local Health Boards identified and planned a range of new ways of working and approaches to continue providing health services across Wales (93).

Key response and mitigation policies include:

- Operating framework to help the NHS deliver essential health services during the outbreak (93), offering different approaches to re-introduce routine health care services, such as working remotely and virtual service delivery.
- Winter Protection Plan for health and social care 2020-2021 (94) setting out a range of actions and contingencies, expected to be put in place across the health system, and with partners, to manage the public health emergency and provide services.
- A delivery framework for health services focusing on equal concern and respect, following the principles set out in equality and human rights legislation (95).
- A review of the Together for Mental Health Delivery Plan to address some of the COVID-19 specific mental health challenges (96).
- Healthcare Professionals Wales service has received £1 million to employ more psychiatrists and medical advisers, run more counselling sessions, and conduct further post-traumatic stress disorder (PTSD) interventions (97).

Key UK and Welsh policies in this area are summarised in Annex I; and relevant case studies provide examples in Annex II.



Health and income security and social protection



Key messages

- ◆ **COVID-19 has hit the most deprived hardest**, widening the socio-economic gap in Wales
- ◆ **Young people** (18-24 years old) have been **affected the most** by uncertainty about their job and financial situation; and by financial hardship
- ◆ **Women, people from ethnic minority backgrounds, and those who are already marginalised** / socially excluded, have been **affected the most**
- ◆ **Key sectors**, such as health and education, have been **continuously bearing the burden of the pandemic**, while others have managed to protect and furlough employees
- ◆ The UK and Welsh Governments have implemented an **extensive support framework** to address the income loss of individuals and businesses, and to reduce the impact of COVID-19 and related response (lockdown) measures



Overview

Despite efforts by the Welsh and UK Governments to mitigate the economic impact of COVID-19 and related response measures, people in Wales have been severely affected, losing their income, with low-income households being hit the hardest, including key workers (75).

Disparities in income security and social protection include, for example:

- A greater proportion of patients in critical care with COVID-19 from the most deprived fifth of the population (59).
- Low-income households often include key workers that are paid less per hour, than the rest of the workforce, a pay gap that has been growing over time (98).
- Including people on furlough, in 2020 more than 100,000 people in Wales earned below the minimum wage, a fivefold increase in comparison to 2019 (99).
- The number of people claiming Universal Credit in Wales was 227,400 (December 2020), an estimated 78.5% increase, compared to March 2020 (100).
- Young people are more likely to be employed in industries that have closed during lockdown, with employees under the age of 25 almost three times as likely to have worked in 'locked down' sectors (101). Looking forward, young people who have had repeated long-term spells of unemployment are much more likely to be out of work later in life, to be in poor quality work, and to have lower earnings. There are also knock-on effects for physical and mental health (102).
- Women were more likely than men to work in a sector that has shut down (17% of women and 13% of men) (103). Workers in these sectors also tend to have lower pay.
- People who are already marginalised, or have low income, uncertain employment and precarious housing, may be more likely to lose their jobs or be susceptible to the effects of zero hours contracts or insecure work, resulting in poorer long term physical and mental health for all family members (75).

- One in three jobs in Wales is in the lowest paid, least productive and generic industries that have been heavily impacted by the pandemic, and are likely to be most at risk of automation going forward (104).
- People from ethnic minority backgrounds are over-represented in jobs that are considered at higher risk of COVID-19 such as health and social care, taxi drivers and chefs (74).
- Almost half of the lowest-earning tenth of Welsh workers are in shut down sectors, making them ten times more likely to have been affected by the pandemic in comparison to the highest-earning 10% (101).

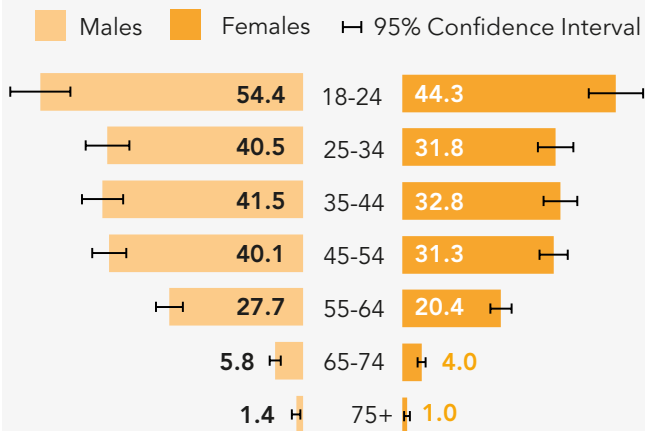


The people

Between 03 April and 25 July 2020 a statistically significantly higher proportion of survey respondents (18 - 24 years of age) reported being worried about losing their job or not being able to find one, than any other age group (Figure 8) - 54.4% (78,000) men and 44.3% (72,000) women (not statistically significant difference). Over the same period, the proportion of survey respondents who reported that someone in their household has been suspended from work on lower or no pay decreases as age increases (Figure 9).

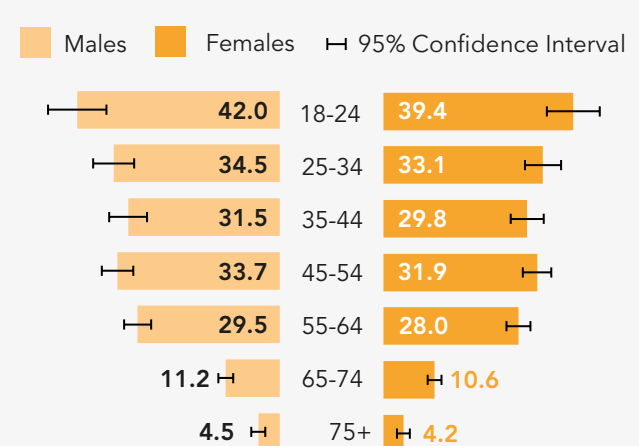
Data collected between 15 June to 25 July 2020 showed that a significantly higher proportion of survey respondents in the most deprived population fifth (33.7%, 159,000 people) reported being in a worse financial situation as a result of the restrictions, compared to the least deprived fifth (21.7%, 110,000 people) (Figure 10).

Figure 8: Survey respondents who reported being worried about losing their job or not being able to find one, over the past week, by sex and age group, percentage, Welsh residents 18+, 3 April to 25 July 2020 (survey weeks 1 - 16)



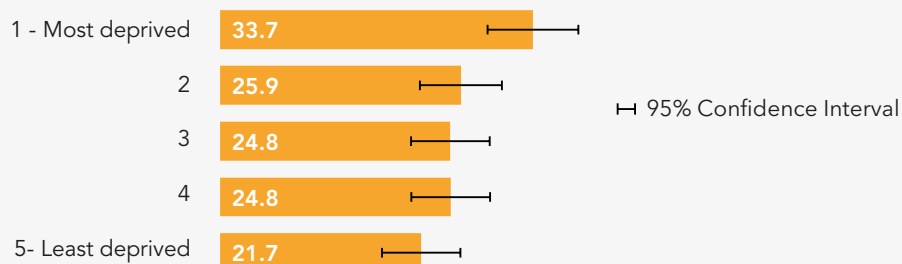
Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales

Figure 9: Survey respondents who reported that a member of their household has been suspended from work on lower or no pay (e.g. furloughed), by sex and age group, percentage, Welsh residents 18+, 3 April to 25 July 2020 (survey weeks 1 - 16)



Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales

Figure 10: Survey respondents who reported being in a worse financial situation as a result of the coronavirus restrictions, by Welsh Index of Multiple Deprivation fifth, percentage, Wales, Welsh residents 18+, 15 June to 25 July 2020 (survey weeks 11 - 16)



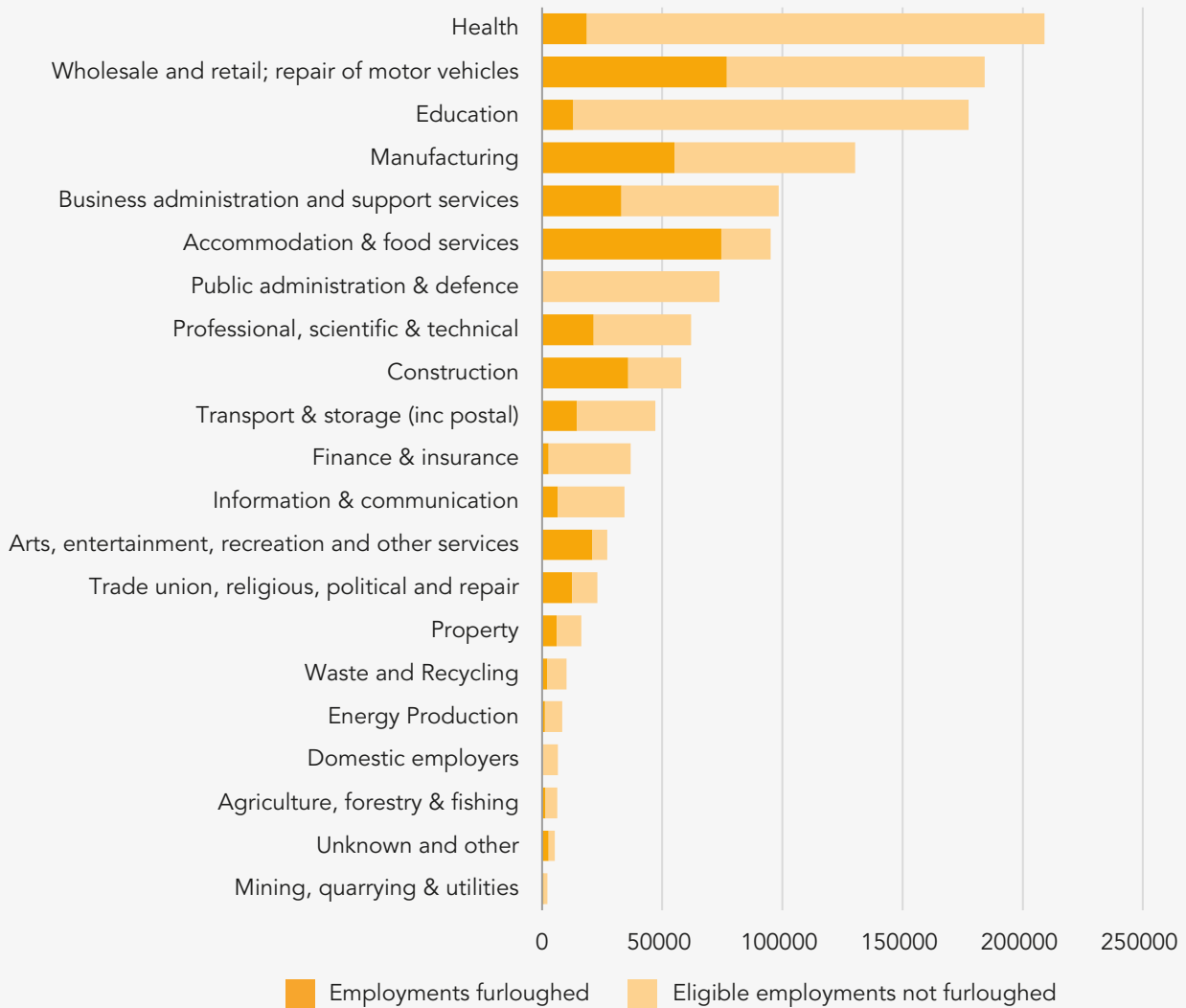
Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales



The data

Health, wholesale and retail, repair of motor vehicles, and education are the sectors with the highest number of eligible employments for furlough in Wales. Wholesale and retail; repair of motor vehicles, accommodation & food services, and the manufacturing industry have furloughed the largest number of staff (Figure 11) (105).

Figure 11: Coronavirus Job Retention Scheme (CJRS), claims received in Wales up to 31 July 2020 by sector



Source: HM Revenue & Customs, UK Government (105).
 CJRS official statistics are monthly experimental statistics. Later data is available at: <https://www.gov.uk/government/collections/hmrc-coronavirus-covid-19-statistics>.



The policies

The UK and Welsh Governments have implemented an extensive support framework to address the loss of income to individuals and businesses, related to COVID-19:

- The UK Government has introduced the majority of welfare benefits and job support programmes in Wales, including the Coronavirus Job Retention Scheme (CJRS) (106) and the Self-Employment Income Support Scheme (107).
- The Welsh Government has complemented the UK schemes by providing support to businesses through the Economic Resilience Fund, to individuals and organisations active in economic sectors important to Wales, including fisheries (108), the cultural sector (109) and the third sector (110).
- The Welsh Government has also extended or amended existing legislation to address the crisis, such as expanding access to the Discretionary Assistance Fund where those facing hardship as a result of the pandemic can make five rather than three claims in a 12 month period (111).

As a result, more than 500,000 Welsh jobs had been protected through the Job Retention and Self Employed schemes; and over 40,000 businesses in Wales have received more than £1.4 billion in loans (112).

Key UK and Welsh policies in this area are summarised in Annex I; and relevant case studies provide examples in Annex II.



Health and living conditions



Key messages

- ◆ COVID-19 has exposed **weaknesses in the housing system** in Wales, highlighting the close association between health, deprivation and living conditions
- ◆ **Access to green and blue spaces** have shaped people's experiences of social distancing and lockdown in an unequal way, with nearly one in five households in Wales not having access to private outdoor space; and a significantly lower proportion of those most deprived reported leaving their home, compared to the least deprived
- ◆ COVID-19 **containment measures have had harmful impacts on the living conditions** of individuals, families, vulnerable groups and particular settings, with **specific challenges to homeless persons, traveller communities, care homes and prisons**
- ◆ **Women and children have been placed at a disproportionately high risk of harm**, such as violence in the home, gender-based violence and child neglect
- ◆ The number of **reported crimes and anti-social behaviour have increased significantly during lockdown in 2020**, compared to 2019; with a **higher increase among the most deprived**, responsible for a third of all crimes, and significantly more reports of breaching COVID-19 regulations
- ◆ The UK and Welsh Governments have adopted **policies and implemented interventions with additional funding to address high-risk settings and living conditions**, such as support to eradicate homelessness and to maintain services for violence and abuse



Overview

Evidence shows that COVID-19 containment measures, such as social distancing, 'staying-at-home' and lockdowns, have had a harmful impact on the living conditions of individuals, families, specific vulnerable groups and settings. This includes:

- Isolation, overcrowding, or causing stress and anxiety (113).
- Putting women and children at a disproportionately increased risk of harm, and creating more barriers to reporting abuse and violence incidents (114); facilitating gender-based violence, particularly intimate-partner violence, violence in the home and child neglect (44,36).
- People experiencing homelessness or those living in temporary accommodation face particular challenges when adhering to social distancing and self-isolation (115)
- A high proportion of homeless people have chronic physical or mental illness, which puts them at a higher risk of COVID-19, while they also experience reduced access to healthcare services, particularly during the pandemic (116).
- Gypsy and traveller communities in Wales have experienced specific risks and vulnerabilities to COVID-19, due to poor living conditions, such as overcrowding, digital exclusion, and lack of running water facilities, making adherence to social distancing, isolation, and hygiene measures more difficult (117,118).

- Experiences of social distancing have been different for those living in secure decent housing compared with others living in insecure, poor quality crowded homes (119).
- Living environment, including access to green and blue spaces to take physical activity, have shaped people’s experiences of social distancing and lockdown in an unequal way. Wales has the lowest proportion of its population living in urban areas at 67.2% compared to the other UK nations (120).
- Prisoners over 60 years of age have been at a particular risk of mental health impact and limited ability to follow containment measures, for example social distancing (121,122).
- In care home settings, residents may experience increased feelings of isolation due to a lack of family visiting, and increased anxiety due to higher rates of virus transmission (75).
- Many people have suffered in homes that are not affordable or safe. Only 42% of private tenants said their home enabled them to self-isolate fully effectively (123).

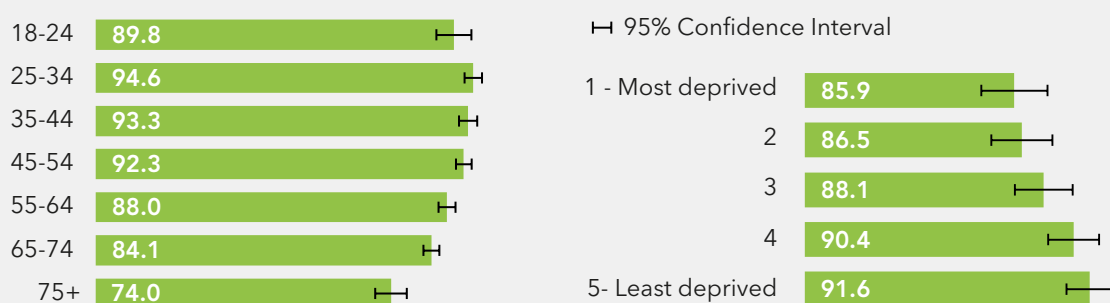


The people

Through the period 18 May to 25 July 2020, the majority of survey respondents (at least 3 out of 4 people) reported having left their home in the past 7 days (Figure 12). This varies considerably with age group, sex, and deprivation:

- Significantly higher proportion of people aged 25-54 years reported leaving their home, compared to those aged 55+;
- Significantly lower proportion of respondents reported leaving their home in the most deprived fifth (85.9%; 404,000 people), compared to the least deprived fifth (91.6%; 466,000 people);
- Higher proportion of men reported having left their home across all age groups and levels of deprivation, compared to women.

Figure 12: Survey respondents who reported leaving their home or garden in the past 7 days, by age group and Welsh Index of Multiple Deprivation fifth, percentage, Welsh residents 18+, 18 May to 25 July (survey weeks 7 - 16)

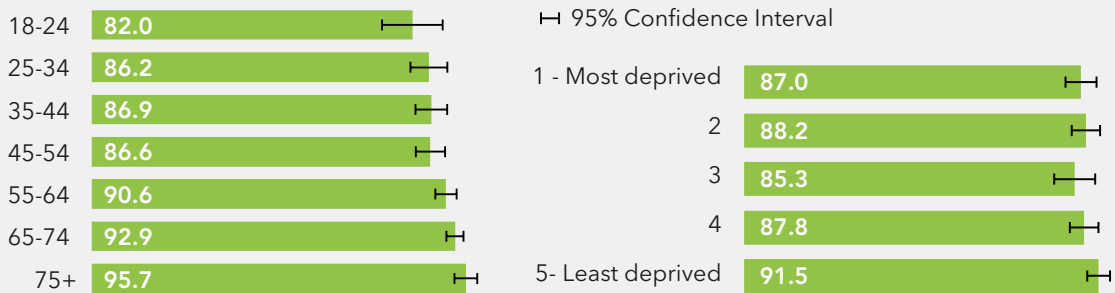


Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales

Data from the period 3 April to 9 May 2020 shows that more than eight out of ten survey respondents reported good relationships between household members (Figure 13):

- Significantly higher proportion of respondents age 65+ reported good household relations, than those aged 18-24.
- Reporting of good household relations was higher in the least deprived fifth, compared to the most deprived (not statistically significant).
- A higher proportion of men reported good relations than women across all age groups and levels of deprivation.

Figure 13: Survey respondents who reported good relationships between household members, by age group and Welsh Index of Multiple Deprivation fifth, percentage, Welsh residents 18+, 3 April to 9 May 2020 (survey weeks 1 - 5)



Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales



The data

Wales has the oldest housing stock in the UK, 70% owner occupied, 14% privately rented, 10% registered social landlord and 6% local authority (124,125,126). The private rental sector has increased considerably, having the oldest housing stock and a higher proportion of poor quality housing. Social housing is generally of better quality than private (both owner occupied and private rented). Nearly 20% (one in five) of all households in Wales, and almost 15% of households with a shielding (vulnerable) person, do not have access to private outdoor space, limiting opportunities for going out and social interaction during the pandemic (Figure 14).

Figure 14: Households with access to private outdoor space in Wales, June 2020 (126)



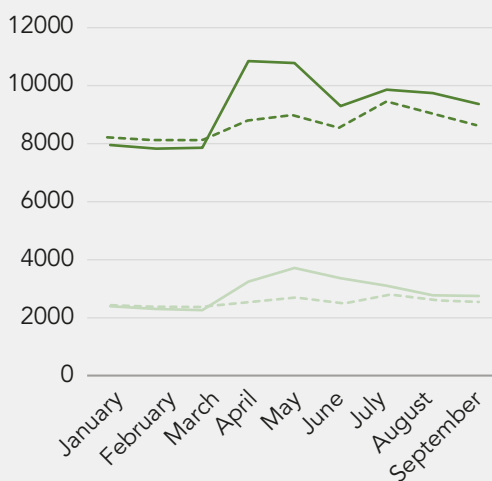
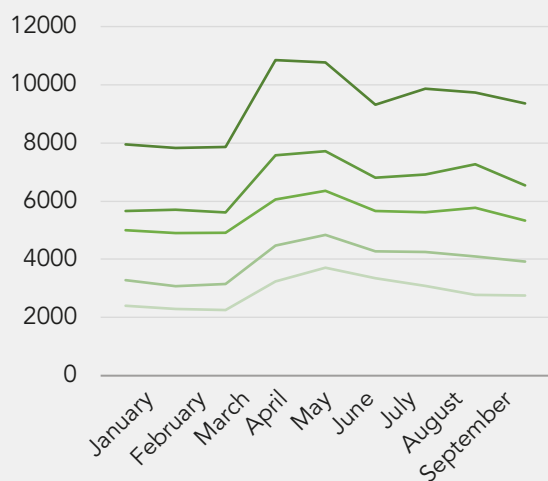
Source: Administrative Data Research Unit, Welsh Government

The number of total crimes reported increases with the level of deprivation, with a considerable difference between each deprivation level. The number of reported crimes in the most deprived fifth represents 33% of all crimes, and it is at least double that in the least deprived fifth (Figure 15.1) (127). There has been a significant increase in the number of crimes reported in Wales during April and May 2020 (the 'lockdown' period), compared to 2019, showing around 45% increase in the most deprived, and around 35% increase in the least deprived quintiles. Levels of anti-social behaviour have been considerably higher in 2020, compared to 2019, with a clear link between deprivation and breaches of COVID-19 regulations, with the most deprived responsible for significantly more reports than the least deprived (Figure 15.3) (127).

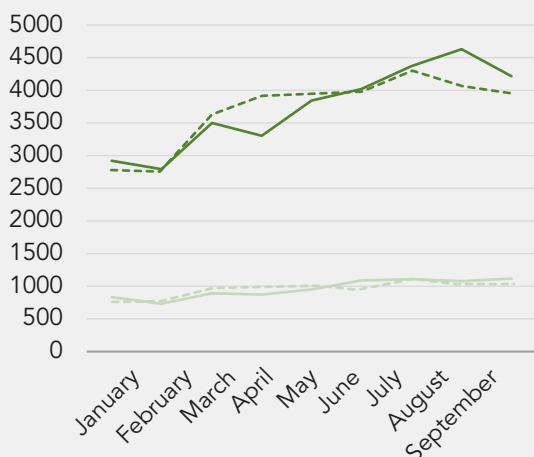
Figure 15: Number of crimes reported in Wales, by Welsh Index of Multiple Deprivation fifth, count, 2020 (Solid) compared to 2019 (Dashed)

— Most deprived — Next most deprived — Middle — Next least deprived — Least deprived

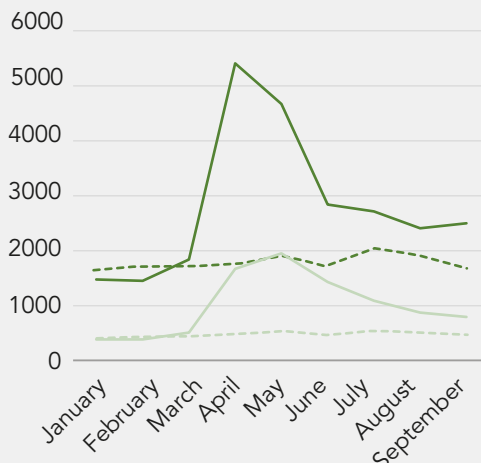
15.1 Total crimes



15.2 Violent crimes



15.3 Anti-social behaviour crimes



Source: DATA.POLICE.UK (127) & Welsh Index of Multiple Deprivation (WIMD) 2019 (83), Welsh Government



The policies

The Welsh Government has adopted a number of new policies in this area, such as the forward looking 'Building Better Places: the Planning System Delivering Resilient and Brighter Futures' (128). During the first wave of the pandemic, lockdown restrictions have been amended to allow people with particular health conditions or protected characteristics to leave home more than once a day to exercise (129).

Responding to homelessness:

- Welsh Government Guidance (130,131) provided direction to local authorities how to utilize additional funding (115) to achieve the goal of ending homelessness in Wales; and asked them to prepare a plan, working with partners.

Responding to violence and abuse in the home:

- The UK Government published guidance for those suffering from domestic abuse (132) and launched a campaign “you are not alone” (133).
- The Ministry of Justice allocated £25 million to help local charities across England and Wales, which support victims of domestic abuse and sexual violence; and £3 million to recruit more Independent Sexual Violence Advisers (134).
- The Welsh Government launched a “home shouldn’t be a place of fear” campaign (135).
- The Welsh Government provided an additional £1.5 million to services for violence against women, domestic abuse and sexual violence (VAWDASV) to help with the increased demand as a result of COVID-19 (136).
- The Welsh Government has kept specialist services in Wales open to help those facing increased risk of domestic violence and abuse during the pandemic; and provided £1.2 million to fund community accommodation for victims of domestic abuse (137).
- Welsh Women’s Aid launched a toolkit for bystanders to domestic violence and abuse during the pandemic (138).



Supporting settings, such as prisons:

- The UK Government has adopted guidance for families and friends of people in prison in England and Wales (139).
- Public Health England has published guidance on preventing and controlling outbreaks of COVID-19 in prisons and places of detention (140).
- The UK Government has adopted a guidance on visiting someone in prison during the pandemic at the end of lockdown (141).
- The Welsh Government has complemented the guidance with more extensive testing among asymptomatic prisoners and staff to prevent COVID-19 spread (142).

Key UK and Welsh policies in this area are summarised in Annex I; and relevant case studies provide examples in Annex II.



Health and social and human capital



Key messages

- ◆ COVID-19 has caused **unprecedented educational disruption with immediate and long term harms** to child safety and development, health and well-being, educational attainment, future prospects, family income and the overall economy
- ◆ COVID-19 **school closures could reinforce inequities**, as vulnerable children and families are hit the hardest
- ◆ **Digital technology and social media** have enabled individuals, families and communities to **remain connected, with digital divide** across different ages and levels of deprivation
- ◆ There are still **many people in Wales who remain digitally excluded**, including older age, those on low income, and children and young people from deprived households
- ◆ **Volunteering and supporting members of the local community** has become a strong asset during the pandemic, with variation across age and deprivation groups
- ◆ The Welsh Government has introduced a number of policies, including **financial support, to respond and mitigate the unfair impact of COVID-19 on education**



Overview

COVID-19 response measures have included mass school closures for prolonged periods, resulting in negative impacts on child development, health and well-being, educational attainment, future educational and employment prospects, family income and the overall economy (75). These harms are experienced unequally in Wales (143), for example:

- Impacts vary according to age group.
- Learning at home is likely to reinforce inequities between children, and increase the attainment gap between deprived and well off families (144).
- Children in transition and exam years are likely to be affected more.
- New learning problems and opportunities for early intervention could have been missed.
- Children with social, emotional, and mental health difficulties are more likely to be affected and have longer-term negative impacts due to lack of support.
- Vulnerable children at home are at increased risk of abuse, isolation, family and financial distress, poverty, and lack of space and opportunities for play and exercise.
- Nearly a quarter of children live in households where all adults are critical workers.
- Previously available formal and informal support for parents and carers has decreased.
- In further education, 75% of learners have online engagement, directly linked to learners' access to devices and connectivity, reflecting economic and geographical differences (145).

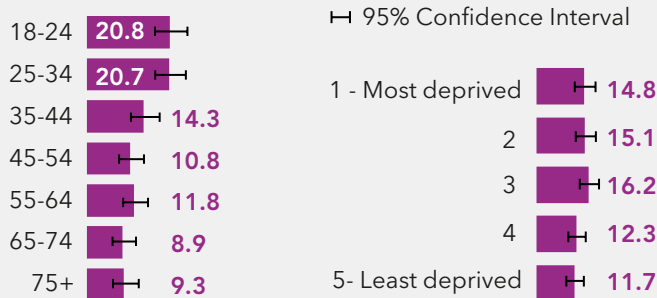
Lockdowns have been associated with direct negative psychosocial impacts, including lack of social contact, for example, for those 12 - 18 year olds (146); and experiencing loneliness for those aged 16 - 24 (147).



The people

During the period 3 April to 9 May 2020, more than a fifth (20%) of survey respondents age 18-34 years old (135,000 people) reported using social media or family and friends as a main source of information, significantly higher compared to over 45 years old; and with no significant pattern between levels of deprivation (Figure 16). A greater proportion of men across all ages and levels of deprivation reported using social media/family and friends as main source of information.

Figure 16. Survey respondents who report using social media or their family, friends and colleagues as their main information source, by age and Welsh Index of Multiple Deprivation fifth, percentage, Welsh residents 18+, 3 April to 9 May 2020 (survey weeks 1 - 5)

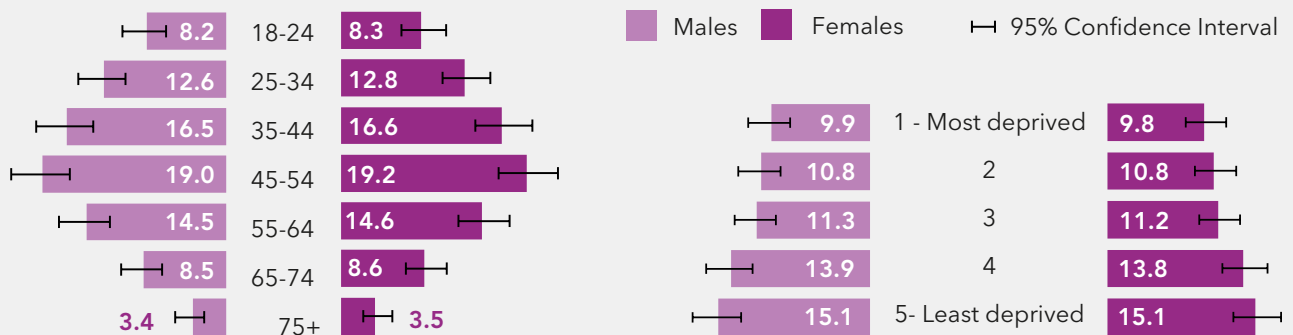


Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales

Between 3 April and 12 June 2020, the engagement survey showed that levels of volunteering varied considerably with age and deprivation in Wales:

- More people aged 35-64 reported volunteering, compared to those younger than 34 years and older than 65 years (for both sexes)
- Levels of volunteering increased as levels of deprivation decreased: significantly higher proportion of people in the least deprived fifth reported volunteering or supporting member of the local community (15%; 76,000 people), compared to the most deprived fifth (10%; 47,000 people) for both sexes (Figure 17)

Figure 17. Survey respondents who reported volunteering or supporting members of the local community, by sex, age group and Welsh Index of Multiple Deprivation, percentage, Welsh residents 18+, 3 April to 12 June 2020 (survey weeks 1 - 10)



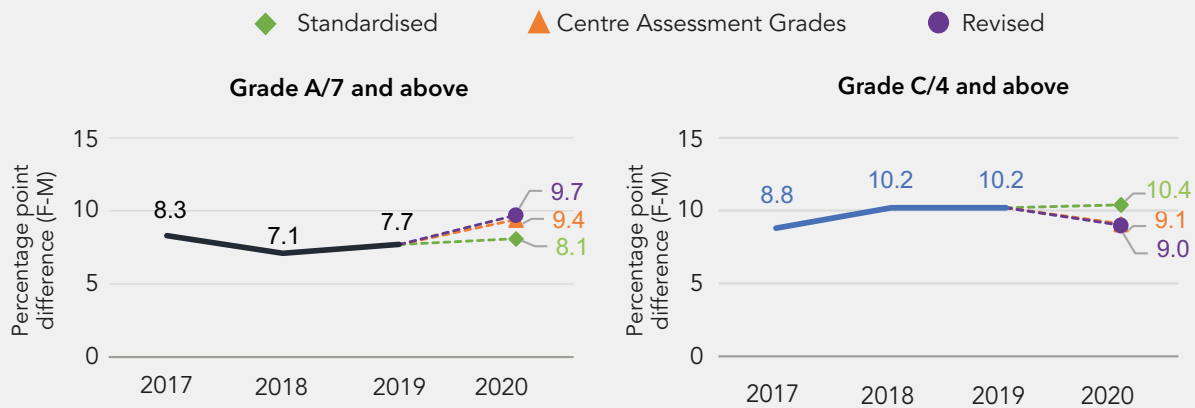
Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales



The data

The latest educational data shows a gender attainment gap, with females achieving higher results than males in most subjects, which could be potentially attributable to COVID-19 (148) (Figure 18). At grade A/7, revised figures for 2020 show a larger attainment gap in the majority of subjects, than in previous years, however, the opposite is observed at grade C/4 and above.

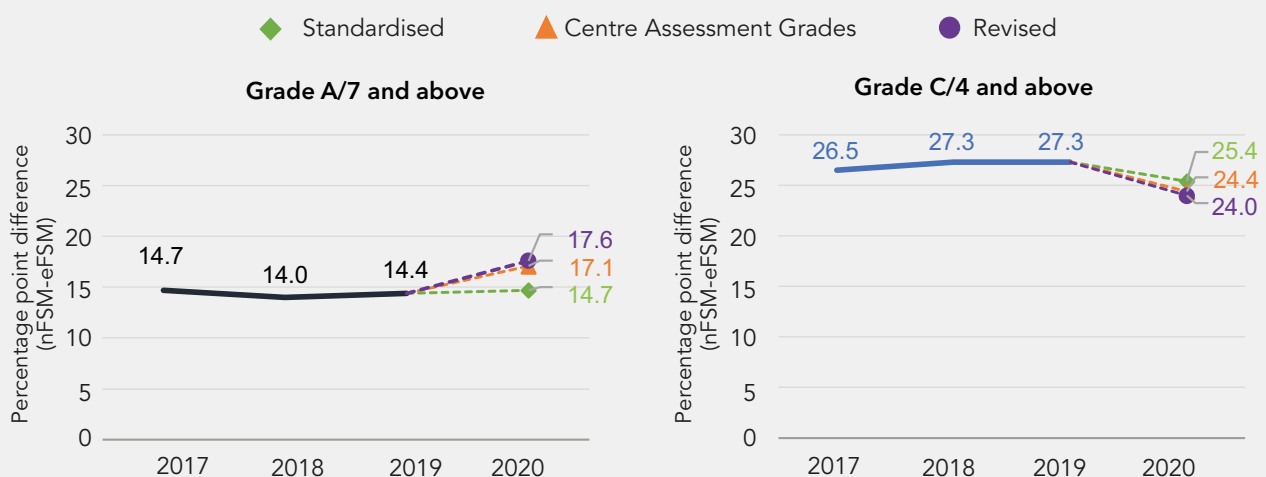
Figure 18. General Certificate of Secondary Education (GCSE) attainment gap (females - males, percentage point), 2017 - 2020 (148)



Source: Summer 2020 Equalities Impact Analysis: GCSE, AS and A level, Qualifications Wales

Data shows that those who are not eligible for free school meals achieve higher results in almost all subjects than those who are eligible. The gap between those who are and are not eligible for free school meals at grade A/7 is larger in the 2020 compared to previous years in most subjects. When looking at grade C/4 and above the attainment gap is smaller in 2020 than in previous years (148) (Figure 19).

Figure 19. General Certificate of Secondary Education (GCSE) attainment gap (not eligible for free school meals (nFSM) vs eligible for free school meals (eFSM), percentage point), 2017 - 2020 (148)



Source: Summer 2020 Equalities Impact Analysis: GCSE, AS and A level, Qualifications Wales

In Wales, 87% of households had home access to the internet in 2018-19; with more than one in ten people recorded as internet non-users. Nearly one in five (19%) reported having no basic digital skills, considerably higher than the rest of the UK. Most of those using the internet were aged 16 - 49 (98%), almost double than those 75 years and over (49%). This could have potential implications for elderly and others not feeling connected during the pandemic. 12% of 11-18 year olds (700,000 individuals) in the UK did not have internet access at home via a computer or tablet; further 600,000 had no internet access at all; and 68% of those in this age category who did have access to the internet at home said it would be difficult to complete schoolwork without it (149,150,151,152,153,154).

The numbers of adults reporting using the internet in Wales has increased since 2012-13, however around 11% remain 'digitally excluded' in 2018-19 with 92% of households in the least deprived areas having internet access compared with 83% of households in the most deprived areas (153). Employed individuals were more likely to have internet access at home than the unemployed or economically inactive; and those in privately rented or owner occupied accommodation were more likely to have internet access than those in social housing.



The policies

Key measures to respond to and mitigate the impact of COVID-19 on education have been implemented by Welsh Government, including:

- Placing equity at the centre of a new framework for the next phase of education and childcare, especially considering those with disadvantaged backgrounds and learners over the age of 16 (155).
- Revised guidance for schools in Wales, supporting children eligible for school meals to receive free school meals during school closure (156).
- A COVID-19 resilience plan for the post-16 sector, which aims to support learning providers to adapt to the pandemic, effectively manage disruption to learning, and support learner and staff well-being (145).
- No end of year exams for GCSEs, AS and A levels in 2021, replaced by teacher managed assessments (157).
- An additional £39 million in funding to schools to increase teaching support to Years 11, 12 and 13 and disadvantaged and vulnerable learners (158).
- An additional £3 million to provide laptops and mobile internet for 'digitally excluded' pupils (159).
- Provision of devices and connectivity for digitally excluded learners during the pandemic (159).
- Provision of 10,848 WiFi devices and 9,717 software licenses funded and deployed across Wales (160).
- Guidance for parents and carers to support children to continue learning while schools are shut due to COVID-19 (161).
- Developing easy to read guides to address the issue of health literacy and ensure a better understanding of key guidance documents such as on shielding (162).
- An additional £1.25 million to provide mental health support to children who may be experiencing increased stress or anxiety as a result of COVID-19 (163).
- Launching a young person's mental health toolkit for ages 11 to 25 (164).
- 'Stay Safe. Stay Learning' guidance for governing bodies and teachers, highlighting the needs of learners experiencing disadvantage (165).

Key UK and Welsh policies in this area are summarised in Annex I; and relevant case studies provide examples in Annex II.



Health and employment and working conditions



Key messages

- ◆ COVID-19 has had a **major impact on employment and working conditions in Wales, highlighting existing and generating new inequities**
- ◆ **A substantial proportion of the workforce** in Wales is employed in the **key sectors of health and social care, and education**
- ◆ **Health and social care workers are experiencing significantly higher mortality from COVID-19** than the general population; and most of them are unable to socially distance
- ◆ **Ethnic minority groups** are over-represented in **occupations that are at a higher-risk of contracting COVID-19**
- ◆ Economic modelling shows **unemployment rates in Wales** increasing currently and over the next two years, as a result of COVID-19
- ◆ The UK and the Welsh Governments have introduced **policies to promote safe working conditions, and support key workers and groups**, such as young people



Overview

Employment and working conditions have been severely affected by the COVID-19 response, specifically by introducing working from home, and social distancing/lockdown regulations (166). Individuals, families, specific groups and sectors experience these impacts differently, highlighting existing and creating new inequities (75), for example:

- Not every occupation enables home-working - most key workers cannot work from home, such as health and social care and those working in the transport sector.
- A digital divide in terms of unequal access to, or expertise with, digital technology prevents some individuals from working from home, along with those with caring responsibilities.
- Those in precarious or low paid jobs are more likely to be affected by social distancing and isolation measures (167), as are those who work part time or are self-employed (168).
- Black and Asian minority ethnic groups have been disproportionately affected due to greater barriers for reducing the exposure risk of COVID-19, including the nature of their living situation and/or professional occupation (169,58).

Working from home has had both positive and negative impacts (75), such as:

- Positive: reduced stress and costs from commuting, greater flexibility, better family and friendship relationships, and better work-life balance
- Negative: increased isolation and impact on mental well-being, physical problems, related to inadequate working station, less physical activity, variations in productivity, and changes to the relationship with the employer and colleagues

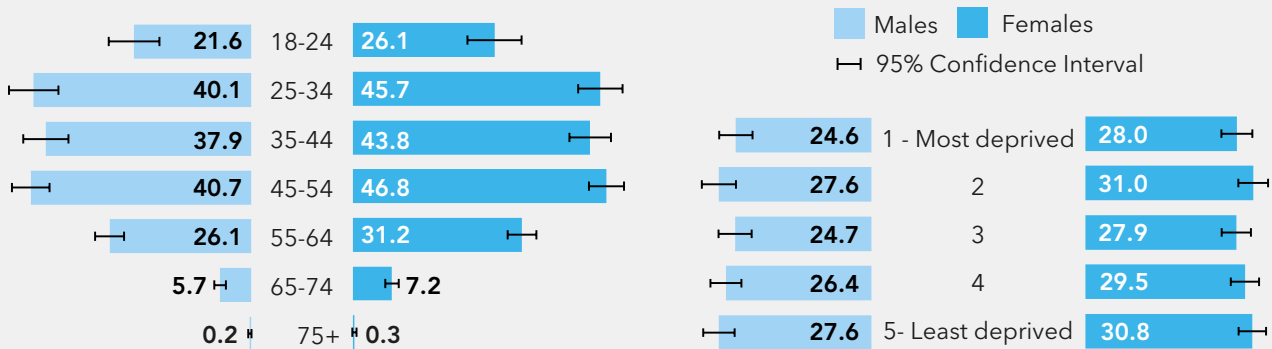
Unemployment is associated with increased risk of developing chronic health conditions (170,171,172) and LSI (173). A one percent fall in employment in working-age people may be associated with about two percent increase in chronic health conditions (170). Higher unemployment is also associated with poor health and well-being (174), which could lead to higher demand for health care services (175).



The people

Survey data collected from 3 April to 25 July 2020 shows that a greater (not statistically significant) proportion of females are employed in key worker roles compared to males (Figure 20). There is no clear social gradient when looking at the proportion of survey respondents in key worker roles across different levels of deprivation.

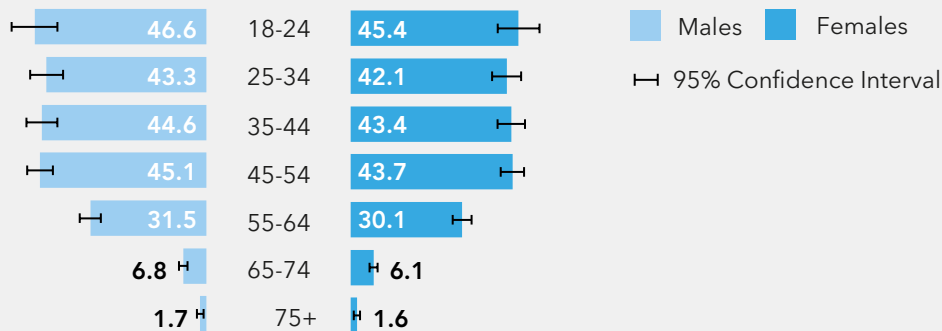
Figure 20. Survey respondents who report fulfilling any of the governments' key worker roles, by sex, age group and Welsh Index of Multiple Deprivation, percentage, Welsh residents 18+, 3 April to 25 July 2020 (survey weeks 1 - 16)



Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales

Survey data collected between 3 April and 25 July 2020 shows that more than 40% of survey respondents (580,000 people) aged between 18 and 54 report that they are worried about work, even if they feel their job is secure (Figure 21).

Figure 21. Survey respondents who reported that they worry about work, even if they feel their job is secure, over the past week, by sex and age group, percentage, Welsh residents 18+, 3 April to 25 July 2020 (survey weeks 1 - 16)



Source: Welsh COVID-19 National Public Engagement Survey, Public Health Wales



The data

Key workers and ability to socially distance

A substantial proportion of the workforce in Wales is employed in key sectors: 15% in health and social work activities; and 9% in education (176) (Figure 22).

Figure 22. Workplace employment by industry, percentage, Wales, 2018



Source: Annual Population Survey, Office for National Statistics (176)

Three quarters (75%) of the employed in residential care are unable to socially distance; followed by more than two thirds of the health care employees (66.9%) and other personal service activities (66%); and nearly half (48.6%) of employed in the social work without accommodation (176) (Figure 23).

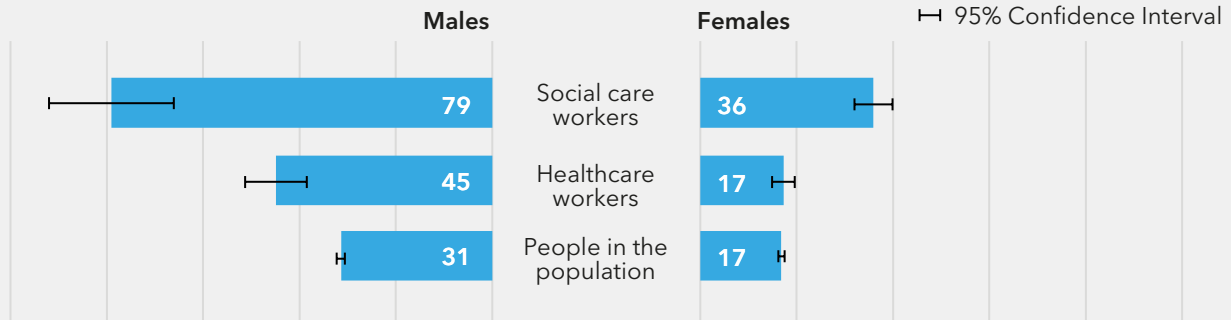
COVID-19 related deaths are highest in social care workers, specifically among men; followed by deaths in health care workers, also higher among men. Deaths in health and social care workers have been significantly higher than in the general population with social care workers significantly higher than in health care workers (177) (Figure 24).

Figure 23. Percentage of the workforce who cannot socially distance, by industry and role, UK



Source: Annual Population Survey, Office for National Statistics, January to December 2019 (176)

Figure 24. Deaths involving COVID-19 among health and social care workers, and people of the same age and sex in the population (20 to 64 years), age-standardised rate per 100,000, England and Wales, deaths registered between 9 March and 28 December 2020



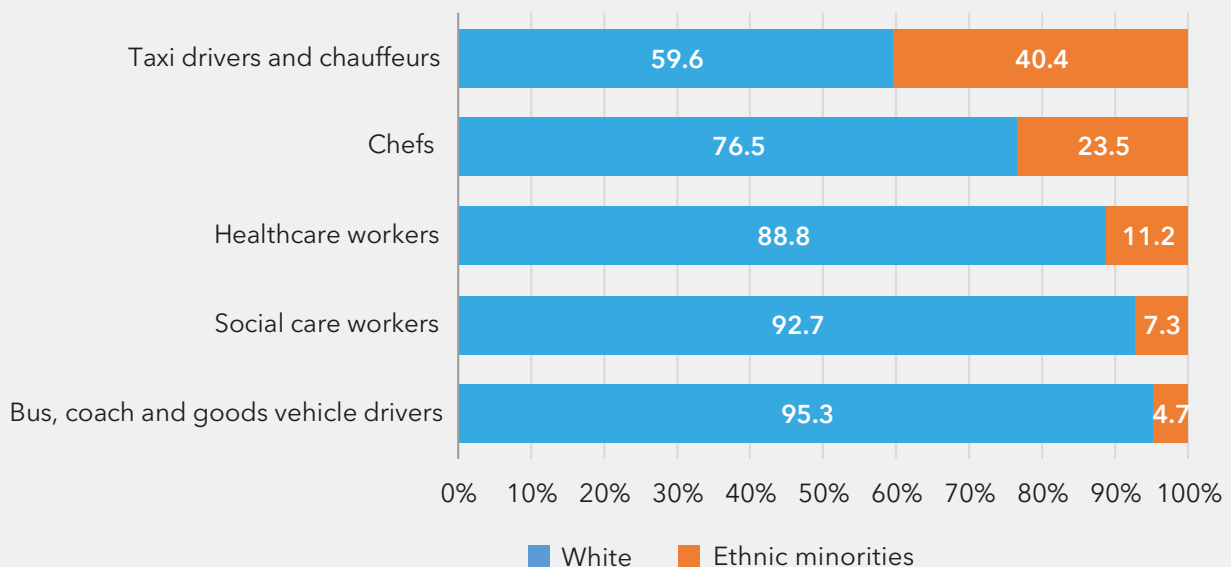
Source: Office for National Statistics. Deaths registered between 9 March and 28 December 2020; provisional data (177)

Ethnic minorities in occupations at high risk of COVID-19

Members of ethnic minority communities (around 6% of the Welsh population, 194,000 people) (178) have been disproportionately affected, contracting and dying from COVID-19, and are up to twice as likely to die from COVID-19 than their white counterparts. They have also experienced a higher socio-economic impact, for example due to their overrepresentation as ‘gig economy workers’², a category that has not been adequately covered by the UK and Welsh Government measures to mitigate financial hardship (179).

The type of occupation can influence the likelihood of contracting COVID-19. Among high risk jobs, minority ethnic groups are employed as the highest proportion (40.4%) of taxi drivers and chauffeurs, followed by chefs (23.5%), compared to 4.7% of bus, coach, and goods vehicle drivers (58) (Figure 25).

Figure 25. Employment in specific occupations at higher risk of COVID-19 by ethnicity, percentage, Wales

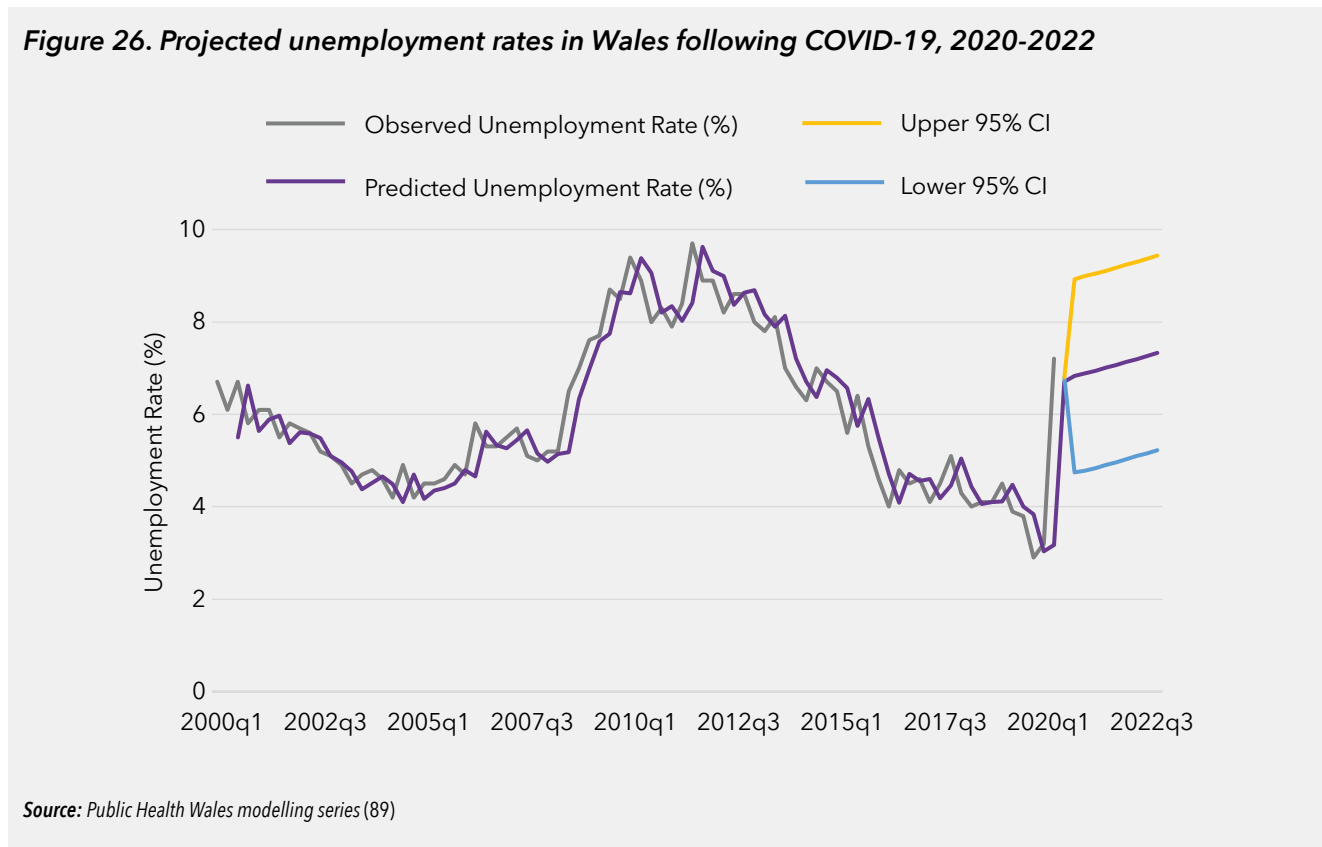


Source: Welsh Government analysis of the Annual Population Survey (58)

² The gig economy is based on flexible, temporary, short-term or freelance jobs

Modelling the economic impact of COVID-19, related to rise in unemployment

Without reparative interventions, unemployment rates were forecasted to increase sharply from 3.8% in 2019 to about 7% over 2020, following COVID-19, and then gradually increase over the next two years (89) (Figure 26).



The policies

Key Government mitigation measures, targeting younger people, especially those not in employment, education and training (NEET), include:

- A UK 'Kickstart' scheme for young people on Universal Credit (16 to 24 years of age), offering six-month work placements to gain experience and develop skills, to improve their chances of finding permanent work (112).
- An additional Welsh Government funded scheme, providing financial incentive for employers to hire young people (£1,000 - £3,000 for each new apprentice hired). The compensation is higher for apprentices under 25 years, hired for more than 30 hours a week.

The Welsh Government has introduced social distancing measures in workplaces, especially in premises open to the public, such as shops (180).

Key UK and Welsh policies in this area are summarised in Annex I; and relevant case studies provide examples in Annex II.



Way forward: towards achieving healthy prosperous lives for all in Wales

A window of opportunity for sustainable synergetic transformation

Despite the catastrophic consequences of COVID-19, the pandemic has opened a **window of opportunity to adopt and accelerate new approaches and solutions to achieve healthier and more resilient people, societies and economies**. It has demonstrated the profound interdependence between population and community well-being, societal cohesion, a prosperous economy, and the health of our planet (181,182).

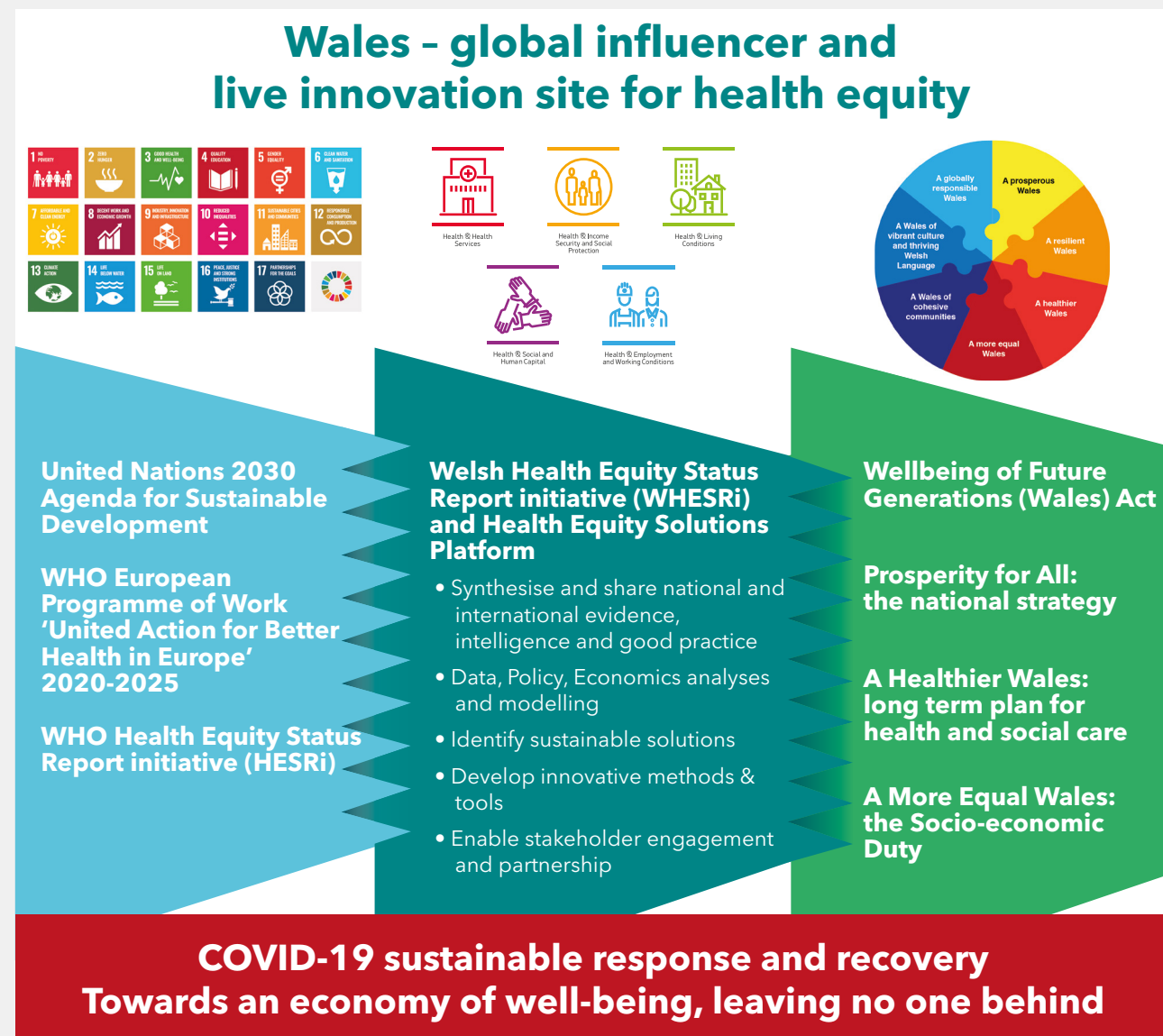
- **Unprecedented financial and other support measures** have already been implemented in the UK and Wales, as summarised across the five essential conditions and listed in Annex I. Government policies often aim to address inequities; nevertheless, most are temporary, not specifically targeted and do not incorporate the needs of specific (vulnerable) groups. In addition, many could fall through their safety net due to eligibility criteria or rigidity of access. This has created new vulnerabilities, which could be perpetuated in the long run. **Measures to promote economic security, safeguarding from the COVID-19 inequitable consequences, need continuity and consistency**. For example, creating new, sustainable opportunities for employment; ensuring safe working conditions and benefits for all essential workers; guaranteeing a healthy minimum wage; and others (17). They can build on the **positive impacts** of current COVID-19 mitigation policies, such as promoting active travel, reducing commuting time and costs, stimulating community assets and volunteering, and creating opportunities to support the local economy and investment (75,183).
- **Building a fairer future from COVID-19** requires policies and interventions that place equity in the centre, protecting people's livelihoods, harnessing social cohesion and community resilience, expanding universal social protection over the life course; and ensuring a fair economy pursuing green inclusive growth strategies (17,181,182). This includes a combination of immediate and long-term, targeted and universal measures (progressive universalism), addressing vulnerabilities now, while leaving no one behind in the future (17,24,55).
- **Securing the well-being of future generations** needs a focused commitment, applying an intergenerational lens in the response and recovery measures. Tracking inequities and impact of the COVID-19 crisis by age group can inform targeted policies and services for the most vulnerable young people, such as NEET, young women, and children experiencing, or at high risk of, adversity and trauma, i.e. Adverse Childhood Experiences (ACEs) (184). **Education and digital technology** can be two great enablers and equalizers, leveraging young people's mobilisation in mitigating the crisis, and strengthening individual and societal resilience against future shocks and disasters (55,184,185).
- **A sustainable fair post-COVID-19 economy** needs to reframe core policy goals and how it measures success, moving beyond a focus merely on economic growth, and using **holistic socio-ecological indicators** (such as Social Value), towards an economy of well-being and health for all (186,187,188). Embedding new ways of working and adopting a more equal and inclusive **circular economy** has multiple benefits to people, businesses and the environment, and can improve resilience to future pandemics (189).
- **Well-functioning sustainable health system** is vital to security, resilience and growth, enabling countries to respond to, and recover from, natural and human-made disruptions (11,20). COVID-19 has highlighted the **critical importance of public health**, as it has become a central concern of the public and Government. The case for **investing in prevention, early intervention and addressing health inequities is stronger than ever**, enhancing well-being and healthy behaviours; preventing drivers of non-communicable diseases, such as obesity, smoking and substance use; and supporting the most vulnerable in order to mitigate health and socio-economic crises (24,55).

Wales – leading the way towards healthy prosperous lives for all

Building on its long-standing commitment and enabling legislative and policy environment, **Wales has a unique opportunity to bring different sectors and disciplines together** to address the challenges and build a sustainable future, leaving no one behind (24,185). Grounded in scientific evidence and considering the wider impacts of COVID-19, Wales’ **framework for recovery** is building on the Welsh assets and promoting a strong national public health system (60). Complementing the Well-being of Future Generations (Wales) Act (3), the Welsh Government is introducing **a new health equity lever - a Socio-economic Duty** (50) to support the most vulnerable and those who suffer socio-economic disadvantage, towards a more equal Wales.

Through **establishing and progressing WHESRi**, Wales has taken a leading role globally and has become a live innovation site for health equity (Figure 27). Taking this forward, **Public Health Wales is developing a digital multidisciplinary, cross-sector Health Equity Solutions Platform** for synthesising and sharing national and international evidence, intelligence and learning, developing practical tools, engaging with key stakeholders, and informing innovative solutions for closing the health gap.

Figure 27. Wales leading the way towards achieving health equity



Memorandum of Understanding between Wales and the WHO Regional Office for Europe

Annex I. COVID-19 response and mitigation: key policies for Wales

Health Services Policies

Date adopted	Published by and Type	Title and Description
04/02/2020	Welsh Government Legislation	The National Health Service (Charges to Overseas Visitors) (Amendment) (Wales) Regulations 2020 Legislation provides that overseas visitors who receive NHS treatment in Wales for coronavirus will not be charged for their treatment.
20/03/2020	Welsh Government Guidance	Returning allied health professionals and healthcare scientists: guidance Guidance includes pay and pensions for allied health professionals and scientists returning to help with coronavirus.
26/03/2020	Welsh Government Legislation	Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) Directions 2020 Directions to ensure continued payment of GMS contractors for enhanced services suspended due to COVID-19.
01/04/2020	Welsh Government Legislation	Temporary approval of home use for both stages of early medical abortion Temporary approval to allow women to take both medications required for an early stage abortion from home.
21/04/2020	Welsh Government Guidance	Children's social services during the COVID-19 pandemic: guidance Guidance on how children's social care providers can change their services to support young people during COVID-19.
22/04/2020	Welsh Government Guidance	Vitamin D advice for everyone: coronavirus There is not enough evidence that vitamin D helps protect from coronavirus. We advise taking a supplement during winter to protect bone and muscle health.
06/05/2020	Welsh Government Guidance	NHS Wales COVID-19 Operating Framework: quarter 1 2020 to 2021 Operating framework to help the NHS deliver essential health services during COVID-19.
06/05/2020	Welsh Government Guidance	Essential health services during COVID-19 Provides advice on the health services deemed essential during the coronavirus pandemic. This advice should be read in conjunction with the NHS Wales Operating Framework: quarter 1 2020 to 2021.
17/06/2020	Welsh Government Guidance	Rehabilitation needs of people affected by the impact of COVID-19: guidance Guidance on the rehabilitation needs of people affected by the impact of the coronavirus pandemic.
29/06/2020	UK Government Decision	Medical devices given exceptional use authorisations during the COVID-19 pandemic List of manufacturers and their medical devices which have been granted an exemption by the MHRA. The list also includes manufacturers whose exemption expired or was cancelled.
04/08/2020	UK Government Guidance	Optional badges/lanyards to promote ongoing social distancing The badges can be used to show the carrier may have difficulties or concerns in maintaining social distancing.
07/08/2020	Welsh Government Guidance	Guidance for unpaid carers: coronavirus (COVID-19) Guidance for those who provide unpaid care for family and friends.
15/09/2020	Welsh Government Policy Strategy	Winter protection plan for health and social care 2020 to 2021 Sets out how Welsh Government, NHS Health and Care Services and others will meet health and social care demands over the winter months.
14/12/2020	Welsh Government Guidance	NHS Wales Annual Planning Framework 2021-22 Sets out directions for the year ahead, recognising the need to balance between the immediate operational pressures and stabilisation and recovery, to address the four harms
Continuous	NICE Guidance	Guidelines about COVID-19 NICE has developed rapid guidelines on the coronavirus with NHS England and NHS Improvement (NHSE&I) and a cross-speciality clinical group, supported by the specialist societies and royal colleges.

Income Security and Social Protection Policies

Date adopted	Published by and Type	Title and Description
13/03/2020	UK Government Policy	Statutory Sick Pay Statutory Sick Pay is available if people are self-isolating during the COVID-19 outbreak. On 16 April, SSP was extended to cover people who have been identified as extremely vulnerable and need to stay at home.
26/03/2020	UK Government Guidance	Coronavirus Job Retention Scheme The purpose of the scheme is to provide for payments to be made to employers on a claim made in respect of them incurring costs of employment in respect of furloughed employees arising from the health, social and economic emergency in the UK resulting from COVID-19.
26/03/2020	UK Government Guidance	Self-Employment Income Support Scheme Guidance for self-employed people, the scheme provides 60-80% of their usual income if they have been affected by the COVID-19 outbreak.
20/04/2020	UK Government Policy	Business support finder tool Support finder' tool to assist businesses and self-employed people across the UK to quickly and easily determine what financial support is available to them during the pandemic.
12/11/2020	Welsh Government Guidance	Self-isolation support scheme £500 payment to help with loss of earnings if someone has been told to self-isolate and cannot work from home.
Unknown	Welsh Government Guidance	Help for the vulnerable from local authorities and voluntary groups Guidance in case vulnerable people do not have anyone to help them obtaining their essentials during the pandemic
Unknown	Welsh Government Guidance	Discretionary Assistance Fund The Discretionary Assistance Fund provides 2 types of grant that do not need to be paid back: <ul style="list-style-type: none"> • Emergency Assistance Payment (EAP), grant to help pay for essential costs, such as food, gas, electricity or clothing after an emergency • Individual Assistance Payment (IAP), A grant to help you or someone you care for live independently in their home or a property that you or they are moving into (e.g. grant can be used to buy furniture, fridge or a cooker)
30/10/2020	Welsh Government Guidance	COVID-19 statutory sick pay enhancement scheme Support for care workers who are required to stay off work due to actual or suspected COVID-19 or because they have to self-isolate.

Living Conditions Policies

Date adopted	Published by and Type	Title and Description
13/03/2020	UK Government Guidance	Coronavirus (COVID-19) and prisons Guidance for families and friends of people in prison in England and Wales during the coronavirus pandemic.
25/03/2020	UK Government Legislation	Coronavirus Act 2020 A Bill to make provision in connection with coronavirus; and for connected purposes. Among other provisions, it protects social and private tenants by delaying when landlords can start proceedings to evict tenants.
26/03/2020	Welsh Government Guidance	Guidance for landlords and managing agents in the private rented sector: coronavirus (COVID-19) Information about COVID-19 and what landlords and managing agents in the private rented sector need to do.
01/04/2020	Welsh Government Guidance	Guidance for providers of accommodation for survivors of violence against women, domestic abuse and sexual violence: coronavirus (COVID-19) This guidance is to support the management of survivors of domestic abuse and their children who are residing in domestic abuse accommodation settings, including emergency safe accommodation and move on accommodation

15/05/2020	Welsh Government Guidance	Eviction during the coronavirus pandemic What to do if you are worried about being evicted and if you are being threatened with eviction.
15/05/2020	Welsh Government Guidance	Self-isolating in a hostel, night shelter or supported accommodation Guidance describing what to do if you need to self-isolate and are staying in an emergency hostel or night shelter or supported accommodation.
18/05/2020	Welsh Government Guidance	Problems paying your rent during the coronavirus pandemic Guidance on what do if people are struggling to pay rent to their landlord, council or housing association and provides assistance to pay it.
01/06/2020	Welsh Government Guidance	Guidance for those supporting Gypsy and Traveler communities: COVID-19 Contains information for local authorities to help support the Gypsy and Traveler communities living on sites or at the roadside.
03/06/2020	Welsh Government Guidance	Continuing to support homeless people during the coronavirus pandemic: local authority guidance Guidance to help plan how to support and house those who are homeless but have been given shelter during the coronavirus pandemic. The plan is supported with £50m in funding.
24/06/2020	Welsh Government Guidance	Moving home during the coronavirus pandemic: housing sector (alert level 4) Guidance on how landlords, estate agents and developers can get ready for viewings, view properties and reopen offices.
14/07/2020	UK Government Guidance	Visit someone in prison during the coronavirus (COVID-19) pandemic Information and guidance about visiting prisons in England and Wales.
16/07/2020	Welsh Government Guidance	Planning policy: COVID-19 recovery This document sets out the Welsh Government's planning policy priorities to assist in taking action in the recovery period after the Covid-19 pandemic crisis.
13/08/2020	Welsh Government Guidance	Violence against women, domestic abuse and sexual violence (VAWDASV) services coronavirus guidance What you need to do when running your service to keep staff and people you support safe during the coronavirus pandemic.
28/09/2020	Welsh Government Legislation	The Coronavirus Act 2020 (Residential Tenancies: Protection from Eviction) (Wales) Regulations 2020 Under the Coronavirus Act 2020, the Welsh Government used their powers to increase the notice required for most notices served in respect of protected and statutory tenancies, secure tenancies, introductory and demoted tenancies up to 6 months until 31 March 2021.
05/10/2020	UK Government Guidance	Domestic abuse: get help during the coronavirus (COVID-19) outbreak Guidance for people to get help if they or someone they know is a victim of domestic abuse.
07/10/2020	Welsh Government Guidance	Apply for a loan to help pay your rent arrears due to coronavirus Guidance to apply for a Tenancy Saver Loan from a credit union if you have not been able to pay your rent due to coronavirus.
06/11/2020	Welsh Government Guidance	Supported living guidance: coronavirus The guidance describes how people in supported living can see family and friends and stay safe with their support and care workers.
22/07/2020	UK Government Guidance	Coronavirus (COVID-19): support for victims of sexual violence and domestic abuse, Funding Allocations Allocations of funding to Police and Crime Commissioners, Rape Support Centers, Domestic Abuse and Sexual Violence support organisations.
Unknown - last update May 07, 2020	Welsh Government Resource	Homelessness: Resource for Local Authority Practitioners and Partners - Covid-19 outbreak Resource for local authority practitioners and partners which aims to be a central knowledge hub providing quick and easy access to guidance and advice, including examples of best practice where appropriate.

Social and Human Capital Policies

Date adopted	Published by and Type	Title and Description
24/01/2020 (updated Oct 2020)	Welsh Government Policy	Review of the Together for Mental Health Delivery Plan Many actions have been added in relation to the ongoing pandemic including a focus on the BAME population and a research project to identify the impact of COVID-19 on population of Wales, with a particular focus on the most vulnerable groups.
24/03/2020	Welsh Government Guidance	Coronavirus (COVID-19): support for the third sector Guidance focuses on helping voluntary organisations continue emergency support to communities, as well as addressing new needs like mental health and social well-being
24/03/2020	Welsh Government Guidance	Further education: coronavirus Guidance outlining the changes to learning, exams, and attending schools and colleges during the coronavirus pandemic.
14/04/2020	UK Government Guidance	Coronavirus (COVID-19): keeping children safe online Advice and guidance to help parents and carers to keep children safe online during the coronavirus (COVID-19) outbreak.
16/04/2020	Welsh Government Policy	Increased support for children's mental health following Covid-19 outbreak Increased support (£1.25m) for children's mental health following COVID-19 outbreak. The funding will be provided for school counselling services to deal with an anticipated increase in demand since the start of the pandemic.
20/04/2020	Welsh Government Guidance	Guidance on protecting people most likely to get very poorly from coronavirus (shielding): easy read guide Easy read guide to shielding people defined as extremely vulnerable.
23/04/2020	Welsh Government Guidance	Guidance to parents and carers to support families to stay safe, healthy and learning: COVID-19 Guidance to support people to help them and their children to learn and develop at home.
15/05/2020	Welsh Government Policy and Strategy	The decision framework for the next phase of education and childcare Discusses the changes implemented for schools, further education and childcare providers work during the coronavirus pandemic.
20/05/2020	Welsh Government Policy and Strategy	COVID-19 resilience plan for the post-16 sector Outlines a strategy to support learners, communities and employers during and beyond the COVID-19 outbreak.
23/06/2020	Welsh Government Legislation	Notice to disapply curriculum requirements Temporarily removes the requirement for schools and funded nurseries to provide the basic curriculum and associated assessment arrangements. This measure was implemented as not all children are able or willing to engage effectively with remote learning
27/06/2020	UK Government Notice	Support for university research and innovation during coronavirus (COVID-19) Provided two extensive support packages for UK universities: Low interest loans that cover 80% of their income losses caused by an expected decline in international students. £280 million funding to extend research grants, including supporting researchers' salaries and other research costs.
08/10/2020	Welsh Government Guidance	Keeping learners safe in education Information and supporting guidance to help schools and other providers to keep learners safe.
09/10/2020	UK Government Guidance	Kickstart Scheme The Kickstart Scheme provides funding to employers to create job placements for 16 to 24 year olds on Universal Credit.
23/10/2020	Welsh Government Guidance	Higher education: coronavirus Guidance for students and higher education / university staff to stay safe, including guidance on travelling home for Christmas.

06/11/2020	Welsh Government Guidance	Supported living guidance: coronavirus The guidance is to help people in supported living, their families, housing, care and support providers and their workers comply with health protection regulations.
Unknown	Welsh Government Guidance	Online training for furloughed workers: coronavirus Furloughed workers can freely access informal e-learning provision to support them to update their skills, maintain mental health and help them think about future career options.

Employment and Working Conditions Policies

Date adopted	Published by and Type	Title and Description
23/03/2020	UK Government Guidance	Coronavirus Business Interruption Loan Scheme The Coronavirus Business Interruption Loan Scheme (CBILS) provides financial support to smaller businesses affected by coronavirus (COVID-19).
24/03/2020	Welsh Government Guidance	Coronavirus (COVID-19): support for the third sector £24 million to support Wales' voluntary sector in response to the Coronavirus pandemic. Funding can for example be used to purchase ICT equipment to allow staff and volunteers to work remotely and continue to deliver services.
07/04/2020	Welsh Government Guidance	Taking all reasonable measures to minimise the risk of exposure to coronavirus in workplaces and premises open to the public Guidance falls under regulation 13 of the Health Protection (Coronavirus Restrictions) (No.2) (Wales) Regulations 2020.
14/04/2020	Welsh Government Guidance	Coronavirus: support for fishing businesses Financial help and support for fishing businesses and fishermen affected by coronavirus.
17/04/2020	Lantra (Commission by Welsh Government) Policy	Lantra Wales Skills Matching Service The scheme matches employers with jobseekers looking for agricultural, land and veterinary work during the COVID-19 outbreak.
17/04/2020	Welsh Government Policy	Economic Resilience Fund The three phases of the fund have different focus areas, but in general provide support to businesses and individuals to mitigate the impact of the COVID-19 outbreak.
27/04/2020	Welsh Government Policy	COVID-19 Death in Service Scheme for NHS and Social Care frontline workers Special scheme that provides financial support of £60,000 to eligible beneficiaries of frontline staff, particularly those working in the NHS and Social Care, should they die in service as a result of being affected by COVID-19.
27/04/2020	UK Government Guidance	Apply for a coronavirus Bounce Back Loan The Loan Scheme enables smaller businesses to access finance more quickly during the coronavirus outbreak.
01/05/2020	Welsh Government Policy	£500 payment for care staff The payment has been made available to some 64,600 care home workers and domiciliary care workers throughout Wales.
20/05/2020	Welsh Government Policy and Strategy	COVID-19 resilience plan for the post-16 sector Outlines a strategy to support learners, communities and employers, including learners on employability programmes who are unable to progress into sustained employment.
26/06/2020	Welsh Government Guidance	Prevention and management of coronavirus in food and meat plants Advice to help food and meat plants manage the COVID-19 risk to employees.
03/08/2020	Welsh Government Policy	Samaritans enhanced helpline for health and social care workers in Wales The service offers confidential support tailored for individuals working in health care settings, provided by trained volunteers.
14/09/2020	Welsh Government Policy	Wales Cultural Recovery Fund The fund is intended to provide essential support to organisations active in the cultural sector

Annex II. Case studies

Coronavirus Job Retention Scheme

Essential
conditions
synergies



The issue in brief:

The severity of the impact of infection prevention restrictions to slow the spread of COVID-19 has changed over time but have been sustained throughout the outbreak, with the long-term consequences yet to be determined.

Harms to:

- Members of the employment sector from Black, Asian, Minority Ethnic communities, women, young people (16-24), low-paid and disabled, have been most negatively economically impacted (49).
- Poorer households and renters are particularly vulnerable to a loss of regular income (190).

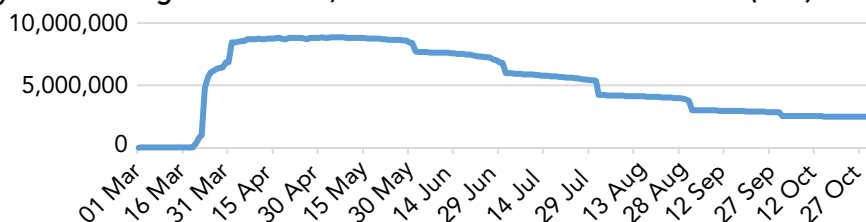
Mitigation:

- The Coronavirus Job Retention Scheme (CJRS), commonly been referred to as the furlough scheme, was introduced by the UK Government in March to support employers through the COVID-19 period (191).
- Forming part of a wider package to protect jobs and income, it has recently been extended until 31 March 2021 (192).
- The scheme provides employers with financial support of up to 80% of their salary, up to a maximum of £2,500 per month per employee. This has changed over the period of the scheme with an increasing percentage that employers are expected to contribute (105).

Local and International evidence:

- The number of employees furloughed in Wales has fluctuated from 247,300 on 1 July to 125,000 at 30 November (193).
- In November 2020 the total number of jobs furloughed in the UK was 9.6 million (105).
 - ✓ The peak of the number of CJRS was reached on 08 May with 8.9 million employments furloughed - see below (194).
 - ✓ Furloughing of staff in the UK wholesale and retail sector peaked on 24 April at 1.85 million employments. This number dropped to 739,400 furloughed at 30 November (105).
 - ✓ The manufacturing sector had a peak of 911,000 employments furloughed on 17 April. This reducing to 219,400 at 30 November (195).
- Unemployment in Wales rose at a significant rate from 3.2% in January-March 2020 to 4.6% in Sep-Nov 2020 (196).
- Based on data for 31 October of all the people on furlough, Wales had more than 40% furloughed flexibly. Under this scheme employees no longer need to avoid doing any work for the employer, but can work for some of the week and be furloughed for the rest, in proportions decided between employee and employer (194).
- 15% of workers furloughed are from a minority ethnic background (compared to 12% of all workers), 57% are women (compared to a workforce average of 48%), and nearly 50% are under 35 years old (197).
- In Spain, a minimum guaranteed income scheme, providing €462/month per adult living alone and €139 per additional person (adult/child) up to a maximum of €1,015/month per household was implemented. Funds were be allocated in line with other income, so those in a low-paid employment had their salary topped up to meet the threshold (198).
- In France a short-time work scheme was reformed with an increased funding, bringing the replacement rate to 100% at the minimum wage and 84% of higher gross wages, up to a maximum of 4.5 times the minimum wage (199).

Total employments furloughed in the UK, 1 March 2020 to 31 October 2020 (193)



Housing evictions during the COVID-19 outbreak

Essential
conditions
synergies



The issue in brief:

- Changes in employment status or income mean that a higher proportion of the population is at risk of being evicted due to lack of payment of rents or mortgages (200).
- There is a potential increased risk of exposure to the virus if people become homeless (201).
- The mortality rate from COVID-19 in the most deprived areas in Wales was nearly twice as high as that in the least deprived areas for the period 01 March – 31 July 2020 (63).

Harms to:

- People with long-term health conditions.
- People living in areas that exhibit poor economic indicators, such as low-levels of employment.
- Black and Asian Minority Ethnic groups.
- Unemployed or low-income groups.

Mitigation:

- In Wales, the Tenancy Saver Loan scheme was introduced (October 2020 - March 2021), with £8 million funding open to private rental sector tenants in rent arrears and those who may also struggle to pay future months' rent as a result of COVID-19. It is paid directly to landlords or agents (202).
- Funding from the Single Advice Fund (203) was used to create an Early Alert Scheme for rent arrears and other household debt in the private rental sector (204).
- To reduce house moves and transmission, the notice period for the majority of tenancies increased to six months, except for specific grounds relating to anti-social behaviour and domestic violence. This guidance will remain in place until March 2021 (201).
- Housing evictions have been suspended periodically from social and private rented accommodation (204).

Local and International evidence:

- The effect of eviction on health has revealed poorer health outcomes among people affected by payment arrears or foreclosure or eviction. The health effects are known to depend highly on inequity dimensions such as gender, age, ethnicity and territory (205).
- In April 2020 a quarter of British tenants reported they were not confident they could pay rent over the next three months (206).
- In England the total number of private renters in arrears reached 442,000 adults (5%) in July 2020, double the number for the same period in 2019 (207).
- During July-September 2020 no landlord repossessions by county court bailiffs were recorded, compared to the same quarter last year. There was an 86% reduction in landlord possession claims, 99% reduction in court orders and 94% reduction in warrants were seen in England and Wales (208).
- In Sweden, a pre-COVID-19 study found that increased levels of unemployment, social assistance, low-levels of education, single-parent households, and crime are significantly associated with increased levels of evictions over time (209).
- Data models from Philadelphia, USA, predict evictions can have a measurable impact on the spread of COVID-19, by increasing risk of infection not only for those who face eviction, but also for those who live nearby (210).

Food provision to vulnerable groups during COVID-19

Essential
conditions
synergies



The issue in brief:

- Measures such as the closure of UK schools, shielding and job-losses meant food-banks have seen an immediate and sustained surge in need (211).
- Many individuals asked to shield were socially isolated, without family or friends nearby, with limited access to the internet and/or the means to pay for food (212).
- Children unable to attend school who were entitled to free school meals were no longer receiving this meal, which for some, would be the only full meal they had during the day (213).

Harms to:

- Children and young people.
- People on a low income.
- People with long-term health conditions.
- The elderly/less mobile.

Mitigation:

- The Discretionary Assistance Fund provided two types of grant to cover essential costs such as bills or food costs. Between 18 March 2020 and 7 January 2021, there were 136,168 COVID-19 related Emergency Assistance Payments, with a total paid value of £8.96 million (214).
- A national Food Parcel Delivery scheme ran from April – August 2020, offering food to those on the shielding list who had no other access to food. In total, £15m was made available from the emergency COVID-19 fund to support this effort (155).
- Overall, £7m additional funding was made available to local authorities to support families who rely on free school meals, but who were unable to receive them due to the school closures (155).
- Since the start of the pandemic, the Welsh Government has allocated over £52million additional funding in order to ensure that eligible pupils are still able to receive provision in lieu of their usual free school meal whilst they are not able to attend school as a result of Covid-19 (215).
- Priority food home delivery slots were secured with eight major supermarkets, allowing those with the means and finances to order food, without having to leave their home. Local businesses also supported this effort where possible (212).
- Local authorities are able to choose the method of FSM provision which they feel best meets the needs of their communities including providing direct payments, vouchers or food parcels. In some cases, these systems are operating in parallel in order to ensure the needs of all families are met (212). In January 2021, 106,324 pupils were eligible for free school meals with 105,029 actually in receipt of free school meal provision (215).
- Supermarkets designated priority hours for vulnerable groups and key workers, allowing them to shop in store with less crowding (216).

Local and International evidence:

- In the UK, 10% of children experience severe food insecurity with research suggesting that levels have risen during the COVID-19 pandemic (217).
- Approximately 85,000 children and young people were eligible for free school meals in Wales, although only around three quarters of those eligible for this support take up the offer (218).
- In April 2020, there was an 89% increase in the number of emergency food parcels given out in the UK compared with the same month in 2019. This included a 107% increase in the number of parcels given to children, compared to the same period last year (211).
- The top three reasons for someone being referred to a UK food bank during April to September 2020 were low income (47%), benefit delays (9%), and sickness/ill-health (6%) (219).
- All European Food Banks are showing similar challenges such as the growing demand for food, the loss of volunteers, and a drop in financial resources (220).
- Over 85% of European Food Banks continue to experience a growing food demand, resulting from an increase in the total number of people in need, especially of food due to social and economic consequences of the Covid-19 (220).
- In May 2020, the Chilean Government announced a program to distribute 2.5 million food baskets to those in need (221).
- In Turkey the Government has reduced the VAT on food and other goods until June 2021 (221).

Meat and food processing plants

Essential
conditions
synergies



The issue in brief:

Meat and food processing plants have specific characteristics, which can increase transmission of COVID-19, such as:

- Prolonged duration and close proximity of co-workers' contact, e.g. 10-12 hours shifts.
- Fast-paced environment, related to heavy breathing and difficulty keeping masks properly positioned.
- The cold temperatures and aggressive ventilation systems present.
- Shared spaces, such as break rooms, locker rooms, and entrances/exits to the facility; and living together in overcrowded housing.
- The common practice of sharing transport, such as ride-share vans, shuttle vehicles, carpools and using public transportation.

Harms to:

A vulnerable workforce; often migrant, non-native speakers.

Mitigation:

- Consultation with COVID-19 task group made up of senior managers and trade union representatives (222).
- Publication of the Prevention and management of coronavirus in food and meat plants (223).

Local and International evidence:

- The wider Welsh agricultural and food supply chain is estimated to employ 223,100 people across Wales (224).
- COVID-19 outbreaks in England and Wales have been associated with meat processing in Anglesey, Merthyr Tydfil, Wrexham, and Kirklees (225).
- In Germany, public health authorities have been grappling with a huge covid-19 outbreak in Gütersloh, North Rhine-Westphalia. More than 1500 of 7000 workers tested positive for covid-19, and 640 000 residents of two affected counties were returned to lockdown conditions (225).
- At one of Portugal's biggest poultry slaughterhouses, at least 129 of the 300 workers contracted COVID-19. The company was closed for a week; additional measures included screening all employees, providing new bathing areas, and strengthening disinfection (225).

Telemedicine

Essential
conditions
synergies



The issue in brief:

- Telemedicine refers to the use of technology, including video link, to allow remote clinical consultation for patients without the need for direct physical contact with local health services (226).
- Generally, the impact of tele-health during the COVID-19 pandemic in preventing morbidity and avoiding of presence the public from high-risk areas such as hospital premises was significant (227). A key example of in Wales was to allow women to access abortion services for an early stage abortion at home instead of attending a hospital or clinic (228). This example shows the important role of telemedicine in addressing equity as rates of teenage pregnancy are highest among deprived communities (229).

Harms to:

- Elderly people who are often unfamiliar with the technology.
- Deprived communities who are less likely to have access to and means to fund internet access.

Mitigation:

- Welsh Government has provided 1100 devices to care homes for virtual NHS appointments and help families keep in touch (230).
- Inclusive society is central to the delivery of major policy areas for Welsh Government, including the Well-being of Future Generations, Strategy for Older People and strategies on loneliness, dementia and mental health (231).

Local and International evidence:

- Feedback from patients in Wales who have received virtual care has been very supportive of the system, with 97% of patients rating this new way of working as excellent, really good or good. Clinicians using the service agree, with 85% giving an excellent, really good or good rating (230).
- The usage of telehealth has enabled many healthcare professionals and patients that have been self-isolating to continue providing or receiving care (227).
- Psychological interventions tend to be equally effective whether they are delivered face-to-face or through phone or video (232).
- Telehealth and digital services should not replace face-to-face treatment for patients in need, particularly those requiring intensive mental health treatment and support, when in-person contact is safe (233).
- The switch to telemedicine in Australia has been associated with reduced pathology and radiology requests, reduced referrals for suspected cancer, and early evidence of reduced cancer incidence (234).
- Telemedicine and triaging are the mitigation strategies most often used by countries to overcome disruptions of health services (31).
- In 2018 there were still 5.3 million adults in the UK, or 10.0% of the adult UK population defined as “internet non-users” (150).
- Around 13% of households in Wales have no access to the internet, and 51% of people over 75 do not use the internet. There is evidence to suggest that those on low incomes are less likely to have an internet connection at home (235).
- It has been estimated that of all older adults in the United States, 13 million (38%) were not ready for video visits, predominantly owing to inexperience with technology (236).

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