

Statistical bulletin

Coronavirus and shielding of clinically extremely vulnerable people in England: 24 June to 30 June 2020

Analysis of clinically extremely vulnerable people (the shielding population) in England during the coronavirus (COVID-19) pandemic, including their behaviours and mental and physical well-being.

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1 . Main points

- Between 24 June and 30 June 2020, 58% of clinically extremely vulnerable (CEV) people reported completely following shielding guidance; this is a statistically significant decrease compared with data collected between 9 and 18 June, showing 63% of people were completely following shielding guidance.
- Data collected between 14 May and 30 June show CEV people aged 50 years or more are over-represented in the CEV population (78%) compared with the general population of England (37%).
- Less than half of CEV people aged between 20 and 29 report completely following shielding guidance.
- There is an increasing trend of CEV people completely following shielding guidance by increasing age group; the older the age group, the higher the percentage of people completely following guidance.
- CEV people aged between 50 and 59 years are among the most likely to report lower life satisfaction, a worsening in their physical health or mental health and being furloughed.

Statistician's comment

“Overall we have seen that the percentage of the shielding population who have been following government guidance has fallen as government restrictions eased for the general population at the end of June.

“Those shielding between the ages of 50 and 59 years seem to be disproportionately affected during the pandemic, reporting a lower life satisfaction, a worsening in physical and mental health than older and younger age groups and are among the most likely to be furloughed. This is a pattern usually seen amongst 20 to 29 year olds when looking at the overall population.”

Tim Gibbs, Public Services Analysis Team, Office for National Statistics

Follow the Public Services Analysis team on Twitter: [@HughStick](https://twitter.com/HughStick)

2 . Indicators of clinically extremely vulnerable people following shielding guidance

In England, 2.2 million people were identified as being vulnerable to severe impact from the coronavirus (COVID-19). These people were advised to shield from others to protect themselves from the virus. The guidance for clinically extremely vulnerable (CEV) people has changed over time with the latest change on 6 July 2020. More information on identifying this group of people, shielding guidance and collecting the data can be found in the [Glossary](#) and [Measuring the data](#).

The latest data, collected from 24 June to 30 June 2020, show that 58% reported completely following shielding guidance (an estimated 1,309,000 people). This is a [statistically significant](#) decrease compared with data collected from 9 June to 18 June, where 63% reported completely following shielding guidance.

The percentage who reported not leaving the house since receiving shielding advice or only leaving the house for exercise in the last seven days, at 60%, is consistent with the percentage that reported completely following shielding guidance (58%). There has also been a significant decrease in the percentage of CEV people receiving no visitors (except for support with personal care), from 83% to 77%.

Table 1: Indicators of clinically extremely vulnerable people following shielding advice
England, 24 June to 30 June 2020

	14 May to 19 May	28 May to 3 June	9 June to 18 June	24 June to 30 June
Percentage that report completely following shielding advice	63	62	63	58
Percentage that report either not leaving the house at all or leaving the house only for exercise	65	67	64	60
Percentage receiving no visitors, except for support with personal care	86	87	83	77

Source: Office for National Statistics - Shielding Behavioural Survey

Notes

1. The guidance for CEV people changed on 1 June and advised that CEV people could leave the house once a day into open space, as long as they could keep two metres from others not shielding alongside them. This change occurred mid-collection of 28 May to 3 June data. For more information, see Measuring the data. [Back to table](#)

More about coronavirus

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- All ONS analysis, summarised in our [coronavirus roundup](#).
- View [all coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

3 . Age distribution of clinically extremely vulnerable people

When comparing the age distribution of clinically extremely vulnerable (CEV) people with the general population of England, we can see that the younger age groups are under-represented in the shielding population.

Conversely, the older age groups are over-represented, which is likely to reflect the increase in complex health conditions as an individual ages resulting in them being identified as CEV.

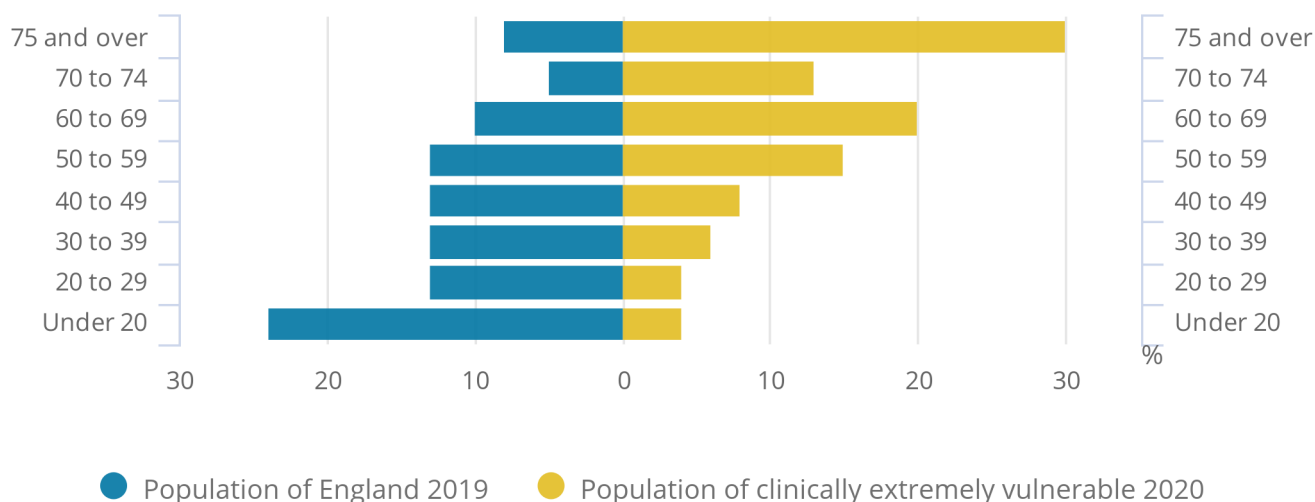
When considering age distribution by gender, the age distribution of CEV people is consistent whether the respondent identifies as male or female.

Figure 1: Those who are aged 50 years of age and over are over-represented in the clinically extremely vulnerable population whereas those aged 49 years or less are under-represented

Percentage of clinically extremely vulnerable people by age compared with the English population by age, England, 14 May to 30 June 2020

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Percentage of clinically extremely vulnerable people by age compared with the English population by age, England, 14 May to 30 June 2020



Source: Office for National Statistics – Shielding Behavioural Survey and Population Estimates

Notes:

1. Population estimates have been aggregated from the latest Population Estimates for England (mid-2019).

4 . Clinically extremely vulnerable people who are completely following shielding guidance, by living arrangements and age

The age group with the lowest percentage of clinically extremely vulnerable (CEV) people following shielding guidance was those aged between 20 to 29 years. Less than half of those aged 20 to 29 years who live with others report completely following shielding guidance (48%).

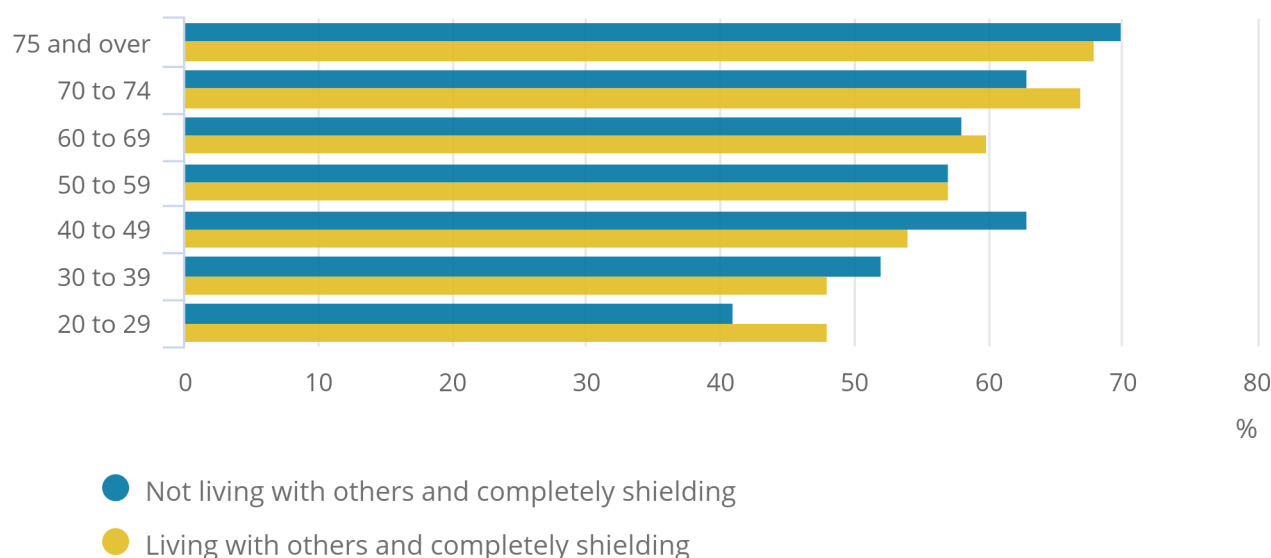
CEV people who live with others are more likely to completely follow shielding guidance the older they are; CEV people aged 75 years and over are most likely to be following shielding guidance. CEV people aged between 30 and 49 and 75 years and over are more likely to be completely following shielding guidance if they live alone, compared with those living with others. In some cases, CEV people may have altered their living arrangements so they can shield (this is not the same as forming a support bubble; for more information see [Measuring the data](#)).

Figure 2: Those who are aged 30 to 39 years or 40 to 49 years who live alone are more likely to report completely following shielding guidance than those who live with others

Percentage of clinically extremely vulnerable people by whether they live with others or alone who report completely following shielding guidance, England, 14 May to 30 June 2020

Figure 2: Those who are aged 30 to 39 years or 40 to 49 years who live alone are more likely to report completely following shielding guidance than those who live with others

Percentage of clinically extremely vulnerable people by whether they live with others or alone who report completely following shielding guidance, England, 14 May to 30 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Notes:

1. CEV people under 20 years are not included in this chart, as they are unlikely to choose for themselves whether they are following shielding guidance or not.
2. Estimates of those aged 20 to 29 years who live alone are based on sample counts of fewer than 30 people. Estimates should be treated with caution.

5 . Health and well-being of clinically extremely vulnerable people, by age

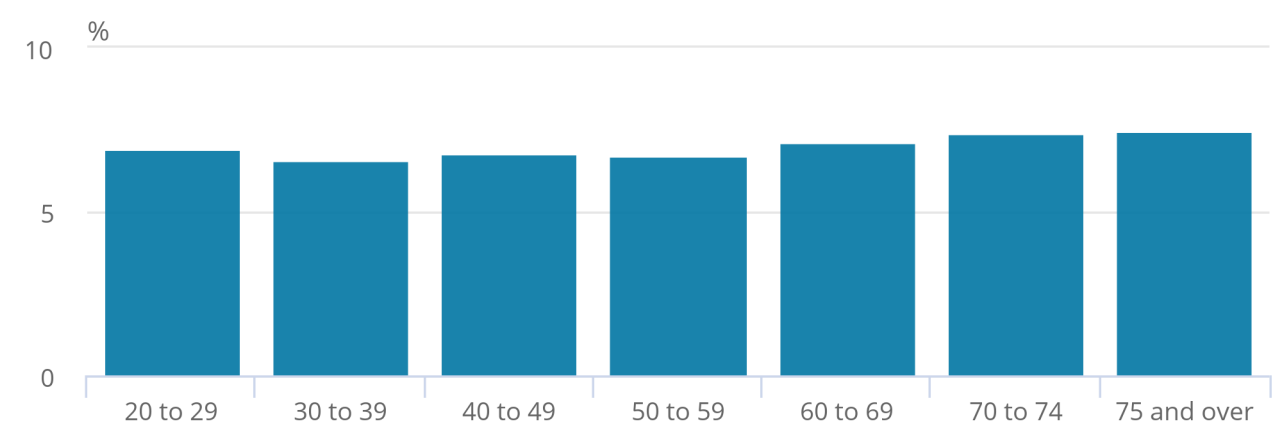
When considering the life satisfaction of clinically extremely vulnerable (CEV) people, the data show that those aged 30 to 39 and 50 to 59 years reported being less satisfied with their lives, whereas those 70 years and over reported being more satisfied with their lives. This is consistent with previous [ONS analysis](#), which showed similar results.

Figure 3: Clinically extremely vulnerable people 70 years of age and over have a higher life satisfaction than those under 70 years

Average life satisfaction score by age, England, 14 May to 30 June 2020

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Average life satisfaction score by age, England, 14 May to 30 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Notes:

- 1. Scale: 10 is completely satisfied and 0 is not at all satisfied.
- 2. Under 20s are not included in this chart because the majority of data for this group are collected by proxy from another member of the household.

The changes in the mental health and well-being of CEV people since they were advised to shield varied by age group.

Those aged under 60 years were more likely to have experienced a worsening in their mental health and well-being compared with 29% of CEV people aged 70 to 74 years and 24% of CEV people aged 75 years and over.

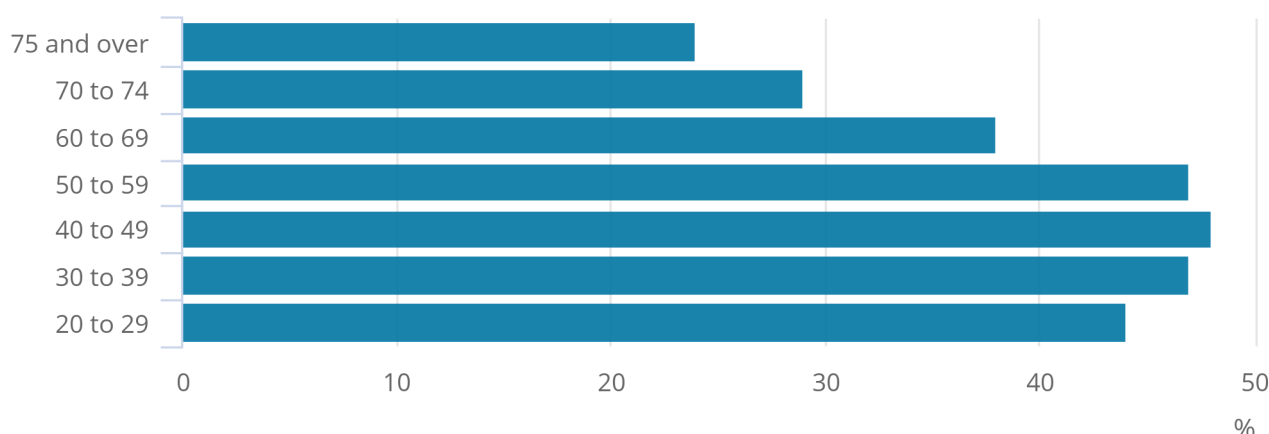
Those aged between 30 and 59 years were most likely to experience a worsening in their mental health and well-being; combined with the data showing a lower life satisfaction score this indicates these ages are being most affected.

Figure 4: Less clinically extremely vulnerable people 70 years of age and over report experiencing a worsening in their mental health compared with those between 20 and 69 years

Percentage of clinically extremely vulnerable adults who reported a worsening in their mental health by age, England, 14 May to 30 June 2020

Figure 4: Less clinically extremely vulnerable people 70 years of age and over report experiencing a worsening in their mental health compared with those between 20 and 69 years

Percentage of clinically extremely vulnerable adults who reported a worsening in their mental health by age, England, 14 May to 30 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Notes:

1. Worsening includes their mental health becoming slightly worse or much worse since receiving shielding advice. Other possible responses were "No difference" and "It's better". It does not reflect their mental health before receiving shielding advice.
2. Under 20s are not included in this chart because the majority of data for this group are collected by proxy from another member of the household.
3. All mental health and well-being data are self-reported by CEV people and do not reflect a clinical assessment.

When considering the physical health of CEV people, again, those aged 40 to 59 years are amongst the most likely to have experienced a worsening in their underlying health condition (40 to 49 years reported 22%, 50 to 59 years reported 23%). Those aged 20 to 29 years were less likely to experience a worsening, with only 15% reporting a worsening in their underlying health condition.

The data suggest that, of all CEV people, those aged 50 to 59 years are amongst the most affected by the coronavirus (COVID-19) pandemic when considering their mental and physical health. When comparing to the general population of Great Britain it is those aged 20-29 years that [reported being the most affected](#).

6 . Employment circumstances of clinically extremely vulnerable people, by age

Approximately 624,000 (28%) clinically extremely vulnerable (CEV) people reported being at work before receiving shielding guidance. The majority of those aged between 20 and 49 years normally worked. Over half of those aged 50 to 59 years normally worked (55%), compared with 27% of those aged 60 to 69 years and 7% of those aged 70 to 74 years.

When considering the current employment circumstances of the CEV people who normally work, the majority are either working from home or furloughed (furloughed includes those on the Self-Employment Income Support Scheme). Those aged 30 to 49 years were more likely to be working from home than furloughed, whereas those of other ages were more likely to have been furloughed. Those aged between 50 to 59 and 60 to 69 years were most likely to report being furloughed (42% and 48% respectively). A different pattern is seen in the general population of Great Britain, where it is the [younger age groups that are most likely to report being furloughed](#).

Figure 5: Those aged 30 to 39 and 40 to 49 years were more likely to be working from home than furloughed, which is the opposite to other age groups

Percentage of clinically extremely vulnerable people by employment circumstance and age group, England, 14 May to 30 June 2020

Figure 5: Those aged 30 to 39 and 40 to 49 years were more likely to be working from home than furloughed, which is the opposite to other age groups

Percentage of clinically extremely vulnerable people by employment circumstance and age group, England, 14 May to 30 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Notes:

- 1. Other answers to the question that are not included on this chart are those who have continued working outside the home or who stopped working.
- 2. CEV people aged 75 years and over and under 20 years are not included in this chart because of small sample sizes.

7 . Shielding of clinically extremely vulnerable people data

[Coronavirus and shielding of clinically extremely vulnerable people in England](#)
Dataset | Released 23 July 2020
Data on clinically extremely vulnerable (CEV) people in England during the coronavirus (COVID-19) pandemic from the Shielding Behavioural Survey. Includes information on their behaviours and well-being since receiving shielding guidance.

8 . Glossary

Clinically extremely vulnerable

Clinically extremely vulnerable (CEV) refers to members of the public who have been identified by health professionals as being CEV to severe complications of the coronavirus (COVID-19). The CEV individuals were identified based on the severity, history and treatment levels of their condition(s). More information can be found in [Guidance on shielding and protecting people who are CEV from COVID-19](#). The NHS identified approximately 2.2 million people as being CEV.

Shielding

Shielding is a voluntary action that requires the individual to stay in their home or garden, except for leaving their household once a day into open space and ensuring they keep two metres from others not shielding alongside them, with no visitors (except from a nurse, support or care worker). If others in the household are not shielding, CEV individuals are advised to practise social distancing with those people. The CEV person should try to access services, like food and prescription delivery services, to minimise their need to leave their home. Those identified as CEV were advised to shield until at least the end of June 2020. The full guidance can be viewed in [Guidance on shielding and protecting people who are CEV from COVID-19](#).

Prior to the new guidance issued on 1 June 2020, CEV people were advised to stay in their home or garden at all times.

9 . Measuring the data

Survey information

The Shielding Behavioural Survey was compiled rapidly in response to policy questions on whether the population who had been advised to shield were actually following shielding guidance and other information. It was produced, run and analysed in a collaboration between the Department for Health and Social Care (DHSC), Department for Work and Pensions (DWP), Government Digital Service (GDS) and Office for National Statistics (ONS).

This survey was specifically designed to obtain information on the people advised by the government to shield from the coronavirus (COVID-19). As with all surveys, the estimates included in this bulletin have an associated margin of error. ONS experts were consulted on questionnaire design. The survey respondents were selected using implicit stratification from a list of those identified as clinically extremely vulnerable (CEV) and were contacted by telephone (from the National Shielding Helpline).

Estimates for Wave 5

Data from Wave 5 are used to update the Indicators of clinically extremely vulnerable people following shielding guidance. The sample size was 4,143 out of 2,244,922, and survey weighting was used to weight the sample estimates to provide estimates for the population of CEV people. The estimates were weighted by taking the following into account:

- gender
- age group
- whether the respondent was registered and receiving support, registered and not receiving support, or not registered

The fifth wave of data was collected between 24 June and 30 June 2020. All answers are self-reported. Carers may respond on behalf of those they care for where appropriate, for example, for minors and those unable to answer themselves.

Creating a combined dataset

To be able to perform analysis on detailed age groups, we needed to create a dataset that included all of the respondents in Waves 2 to 5. Wave 1 was not included because most questions changed between Waves 1 and 2, so data would not be comparable. The dataset was then re-weighted (following the same approach taken in individual waves) to the population size when Wave 5 was conducted, which was 2,244,922. This gave us a sample size of 16,518 out of 2,244,922 CEV people. As the purpose of creating this dataset was to analyse the CEV population by age group, we have removed those who reported "prefer not to say" when asked their age, as in this instance imputing would not add value.

Identifying the clinically extremely vulnerable

At the start of the coronavirus pandemic, some members of the public were identified by health professionals as being CEV to severe complications of COVID-19. This list has been updated continually, but the number identified as CEV has remained stable at 2.2 million people. The CEV individuals were identified based on the severity, history and treatment levels of their condition(s). More information can be found in [Guidance on shielding and protecting people who are CEV from COVID-19](#).

Those identified as being CEV were sent a letter and advised to shield until at least the end of June 2020. The following guidance was also received, stating that shielding is a voluntary action:

"Shielding is for your personal protection. It's your choice to decide whether to follow the measures we advise. For example, if you have a terminal illness, or have been given a prognosis of less than 6 months to live, or have some other special circumstances, you may decide not to undertake shielding. This will be a deeply personal decision. We advise calling your GP or specialist to discuss this." (Guidance has since been updated).

Differences between shielding and other Stay at home guidance

Shielding differs from [guidance for self-isolation](#) (self-quarantine because of displaying symptoms or someone in the household displaying symptoms) and [guidance for social distancing](#) (measures everyone should be taking to avoid social interaction with other households). Shielding requires the individual to stay in their house or garden with no visitors (except a nurse or support or care worker). More information is available in the [Glossary](#).

Changes to the shielding guidance from 1 June 2020

The data collected from 28 May to 3 June 2020 (in Table 1) was conducted over a period where government guidance for individuals shielding changed. The new guidance for those clinically extremely vulnerable (CEV) people who were shielding was released during the data collection for Wave 3 (28 May to 3 June 2020). Despite the changes in guidance, the results remained consistent with previous data collection.

Changes to the shielding guidance from 6 July 2020

Since these data were collected, the guidance for the shielding population has been updated. CEV people who live alone have been advised they can begin to form a support bubble with one other household as well as meeting up to six people outdoors (whilst maintaining social distancing). This update in guidance has not impacted the data contained in this bulletin as data were collected prior to this update.

The national advice given to CEV people to shield will be paused from 1 August 2020. This advice will be subject to review, especially in the instances of local lockdowns.

10 . Strengths and limitations

The main strengths of the Shielding Behavioural Survey include:

- it allows for timely production of data and statistics that can respond quickly to changing needs, as the questions included are reviewed for each wave
- robust methods are adopted for the survey's sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the Shielding Behavioural Survey include:

- the survey asks whether the respondent received a letter or text advising them to shield; if the respondent did not receive a letter or text, they are asked exactly the same questions as those who did despite not knowing they were advised to shield
- in the case of minors or those who are unable to answer the survey themselves, other people can answer on their behalf; this is mainly a limitation on questions relating to well-being and mental health

11 . Related links

[Coronavirus \(COVID-19\) latest data and analysis](#)

Webpage | Updated as and when data become available

Latest data and analysis on the coronavirus (COVID-19) in the UK and its effect on the economy and society.

[Coronavirus \(COVID-19\) roundup](#)

Blog | Updated as and when data become available

Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.

[Coronavirus and the social impacts on Great Britain](#)

Bulletin | Weekly

Indicators from the Opinions and Lifestyle Survey (OPN) to understand the impact of the coronavirus pandemic on people, households and communities in Great Britain.

[Coronavirus and the social impacts on disabled people in Great Britain](#)

Article | Released 11 June 2020

Indicators from the OPN on the social impact of the coronavirus pandemic on disabled people in Great Britain. This release uses two waves of survey results covering 14 May to 24 May 2020 and includes indicators broken down by impairment type.