

Statistical bulletin

# Coronavirus and shielding of clinically extremely vulnerable people in England: 9 June to 18 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

- Of the 2.2 million clinically extremely vulnerable (CEV) people, 63% reported completely following shielding guidance.
- The government, as well as communities, have provided support to enable CEV people to shield; the support mechanism that most people who had not left their home since receiving shielding guidance or in the last seven days found helpful was video or telephone calls with family and friends (74%), followed by prescription deliveries (59%) and food deliveries or food boxes (56%).
- CEV people who are currently or have previously received treatment for their mental health were more likely to report a worsening in their mental health since being advised to shield (68% and 56% respectively).
- CEV females were more likely to report a worsening in their mental health than CEV males, irrespective of age group.

## Statistician's comment

“We see a continued trend in clinically extremely vulnerable people following the government guidelines, as the proportion of people who report completely following the shielding guidance remains just over 60%. Their main support has come from video or phone calls with family and friends, the ease of prescription deliveries, and food deliveries or food boxes.

“Overall the data paints a reassuring picture, showing us that despite the extra guidance in place for the clinically extremely vulnerable, over half (60%) of the shielding population report no change in their mental health since being advised to shield.

However, we recognise that the coronavirus pandemic and shielding has had an impact on the mental health of some of the shielding population.”

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

Follow the Public Services Analysis team on Twitter: [@HughStick](#)

### 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](#).

## 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 1 June 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 9 June to 18 June 2020, show that 63% reported to be completely following shielding guidance (an estimated 1,423,000 people). This is broadly comparable with previous data collected, when 63% (between 14 and 19 May 2020) and 62% (between 28 May and 3 June 2020) 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 64%, is very similar to the percentage that reported completely following shielding guidance. This appears to be consistent with those completely following the guidance.

Table 1: Indicators of clinically extremely vulnerable people following shielding advice  
England, 9 June to 18 June 2020

	14 May to 19 May	28 May to 3 June	9 June to 18 June
<b>Percentage that report completely following shielding advice</b>	63	62	63
<b>Percentage that report either not leaving the house at all or leaving the house in the last seven days for exercise only</b>	65	67	64
<b>Percentage receiving no visitors, except for support with personal care</b>	86	87	83

Source: Office for National Statistics – Shielding Behavioural Survey

### Notes

1. The guidance for clinically extremely vulnerable (CEV) people changed on 1 June and advised that CEV people could leave the house for exercise. This change occurred mid collection of 28 May to 3 June 2020 data. For more information see [Measuring the data](#).
2. Support with personal care could be provided by a family member or nurse, care or support worker.

## 3 . Support that helps clinically extremely vulnerable people continue shielding

Almost half (46%) of clinically extremely vulnerable (CEV) people had left the home within the last seven days. The most common reasons for leaving home in the last seven days were:

- for exercise (54%)
- for a GP or hospital appointment (26%)
- to shop for essentials (24%)

CEV people who had left home since being advised to shield were asked if they had access to services that would have enabled them to shield at home: food deliveries or food boxes; telephone appointments with their GP or hospital; prescription collections or deliveries; and space at home to take part in exercise. Approximately half (51%) had access to all four of the services that would help them shield.

Almost half (46%, an estimated 1,028,000) of CEV people had not left the home since they were advised to shield. The most common support mechanisms that have helped them shield effectively are:

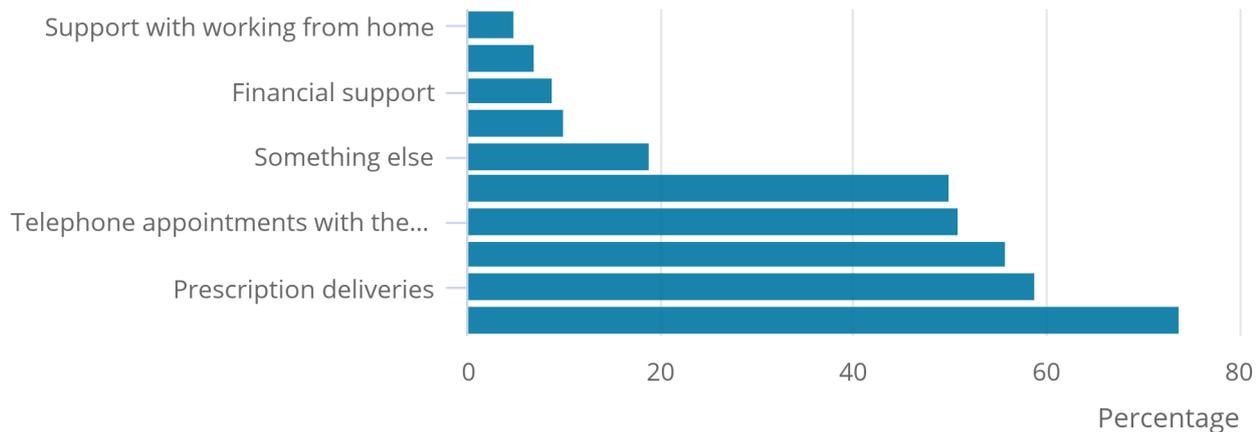
- video or telephone calls with family and friends (74%)
- prescription deliveries (59%)
- food deliveries or food boxes (56%)
- telephone appointments with GP or hospital (51%)
- access to exercise at home, for example, online classes or a garden (50%)

## Figure 1: The most common type of support people have reported as helping them to shield are video or telephone calls with family and friends

Percentage of those who have not left home since receiving shielding advice or in the last seven days, by the type of support that has enabled them to stay at home, England, 9 to 18 June 2020

### Figure 1: The most common type of support people have reported as helping them to shield are video or telephone calls with family and friends

Percentage of those who have not left home since receiving shielding advice or in the last seven days, by the type of support that has enabled them to stay at home, England, 9 to 18 June 2020



Source: Office for National Statistics – Shielding Behavioural Survey

#### Notes:

1. This question is only asked of people who have not left the house since being advised to shield or within the last seven days.
2. Respondents were able to reply "yes" to any options that apply, so percentages will not sum to 100.

## 4 . Impact of the coronavirus pandemic on the mental health of clinically extremely vulnerable people

Since being advised to shield, clinically extremely vulnerable (CEV) people have mostly reported that their mental health has stayed the same (60%). Others have reported that their mental health has got slightly worse (29%) or reported it had got much worse (7%). A small percentage (3%) of CEV people reported that their mental health had got much better since being advised to shield. (Percentages do not sum to 100% because of rounding.)

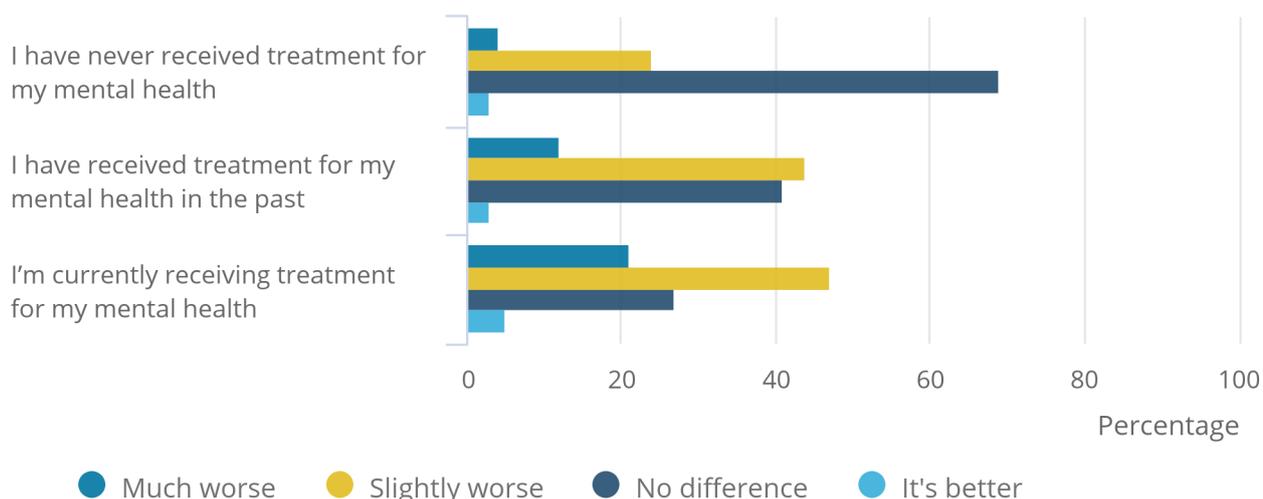
Of all CEV people, 10% reported currently receiving treatment (for example, medication or psychological therapies) for their mental health and 15% reported receiving treatment in the past. Over two-thirds of CEV people who reported currently receiving treatment for their mental health reported that their mental health had become either slightly worse (47%) or much worse (21%) since receiving shielding advice. Those who reported never having received treatment for their mental health were more likely to report no difference (69%) in their mental health since receiving shielding advice.

**Figure 2: Those who reported currently receiving treatment for their mental health were more likely to report their mental health worsening since receiving shielding advice**

Percentage of clinically extremely vulnerable people by whether they have received mental health treatment and how their mental health has been since being advised to shield, England, 9 to 18 June 2020

Figure 2: Those who reported currently receiving treatment for their mental health were more likely to report their mental health worsening since receiving shielding advice

Percentage of clinically extremely vulnerable people by whether they have received mental health treatment and how their mental health has been since being advised to shield, England, 9 to 18 June 2020



Source: Office for National Statistics – Shielding Behavioural Survey

Notes:

1. Estimates of those who reported better mental health and have either received mental health treatment before or are currently receiving mental health treatment are based on sample counts of fewer than 30 people. These estimates should be treated with caution.
2. All mental health and well-being data are self-reported by CEV people and do not reflect a clinical assessment.

Of all CEV people, 3% preferred not to say whether they had previously received treatment. The majority (52%) who preferred not to say whether they had previously had treatment for their mental health reported no difference in their mental health since being advised to shield.

## **5 . Changes in the mental health of clinically extremely vulnerable people, by gender and age group**

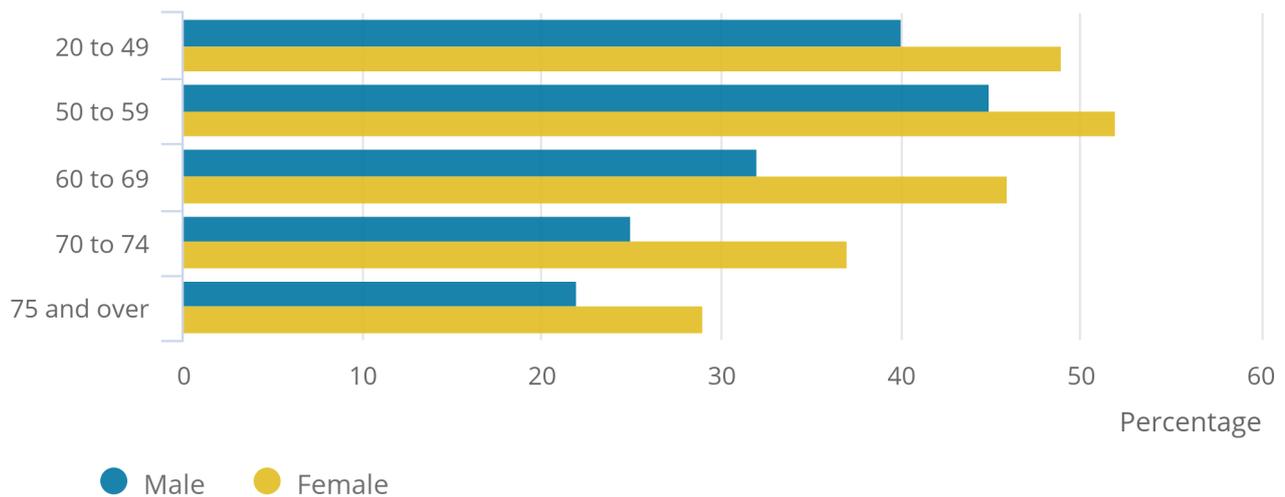
The changes in the mental health and well-being of clinically extremely vulnerable (CEV) people since they were advised to shield varied by gender and age group. The age group most likely to report a worsening in their mental health was CEV people aged between 50 and 59 years, irrespective of gender. CEV females were more likely to report a worsening in their mental health than CEV males, across all age groups considered. Approximately half of CEV females aged 20 to 49 years and 50 to 59 years reported a worsening in their mental health (49% and 52% respectively).

**Figure 3: Clinically extremely vulnerable females were more likely to report a worsening in their mental health, regardless of age, than clinically extremely vulnerable males**

Percentage of clinically extremely vulnerable people who reported a worsening in their mental health, by gender and age group, England, 9 to 18 June 2020

Figure 3: Clinically extremely vulnerable females were more likely to report a worsening in their mental health, regardless of age, than clinically extremely vulnerable males

Percentage of clinically extremely vulnerable people who reported a worsening in their mental health, by gender and age group, England, 9 to 18 June 2020



Source: Office for National Statistics – Shielding Behavioural Survey

Notes:

1. Worsening includes slightly worse and much worse. Other possible responses were “No difference” and “It’s better”.
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. Only male and female genders are included in the chart. Other reported genders (transgender male, transgender female, not listed or prefer not to say) have not been included to avoid disclosure, as the numbers are very small.
4. All mental health and well-being data are self-reported by CEV people and do not reflect a clinical assessment.

## **6 . Changes in the mental and physical health of clinically extremely vulnerable people**

The majority of clinically extremely vulnerable (CEV) people had not experienced a worsening in their mental health or underlying condition since receiving shielding guidance (an estimated 1,249,000 people, 56%). An estimated 281,000 CEV people experienced a worsening in both their mental health and underlying condition (12% of all CEV people).

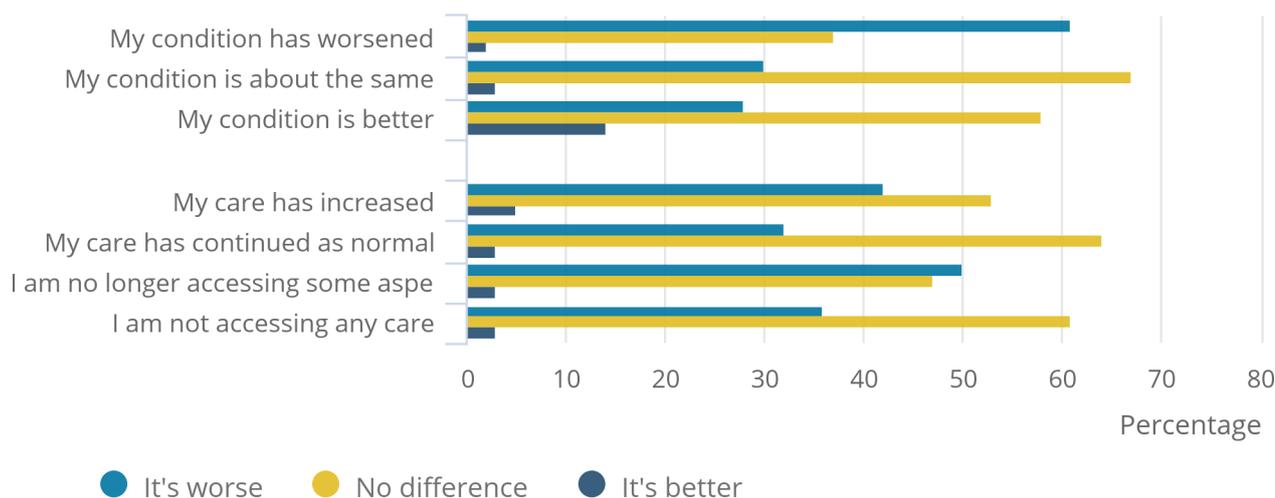
Regardless of any change in level of GP or hospital care a CEV person was receiving for their underlying health condition, the majority of CEV people reported no difference in their mental health. A higher proportion of CEV people whose access to some kind of care had stopped or whose care had increased reported their mental health had worsened (50% and 42% respectively), compared with those accessing no care or accessing their care as normal (37% and 32% respectively).

**Figure 4: Half of clinically extremely vulnerable people whose access to some kind of care has stopped reported a worsening in their mental health**

Percentage of clinically extremely vulnerable people by change in mental health, underlying health condition and level of GP or hospital care they are receiving, England, 9 to 18 June 2020

Figure 4: Half of clinically extremely vulnerable people whose access to some kind of care has stopped reported a worsening in their mental health

Percentage of clinically extremely vulnerable people by change in mental health, underlying health condition and level of GP or hospital care they are receiving, England, 9 to 18 June 2020



Source: Office for National Statistics – Shielding Behavioural Survey

Notes:

1. Estimates of those who reported better mental health and have either experienced a worsening in their condition, experienced an increase in care, been unable to access all aspects of their care (for example, tests) or been unable to access any care are based on sample counts of fewer than 30 people. Estimates should be treated with caution.
2. All mental health and well-being data are self-reported by CEV people and do not reflect a clinical assessment.

## 7. Shielding of clinically extremely vulnerable people data

[Coronavirus and shielding of clinically extremely vulnerable people in England](#)

Dataset | Released 29 June 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 exercising once a day, 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.

### Government support

The government advised CEV people who needed any additional support to shield to register for support. This support could include help with food and medicines. For more information, see [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#).

## 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).

The sample size was 4,083 out of 2,248,075, 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 fourth wave of data was collected between 9 June and 18 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.

## 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. 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 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.

# 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 | Released 26 June 2020

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.