GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales
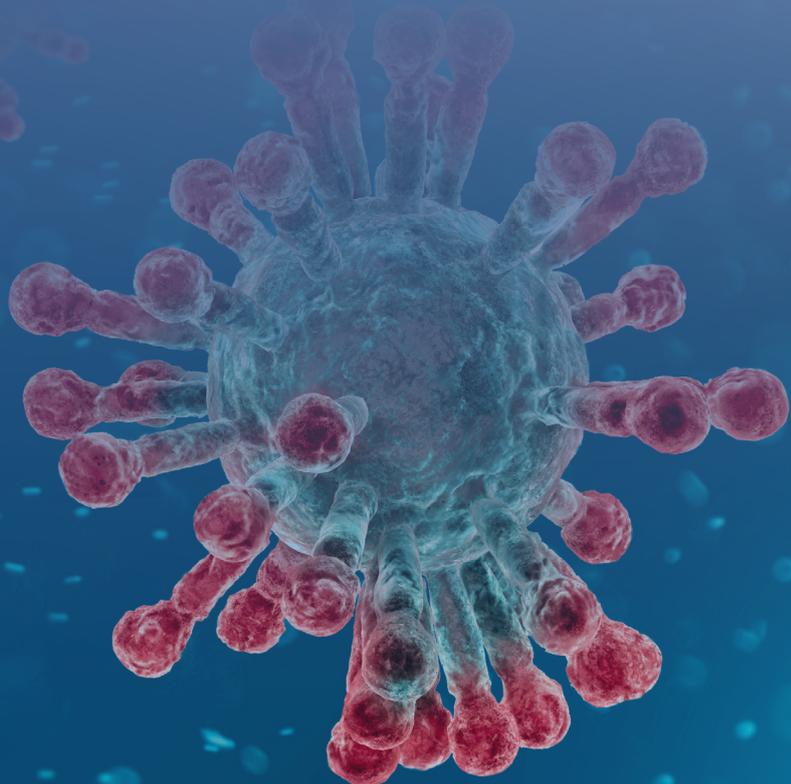
A **Health Impact Assessment** of the **'Staying at Home and Social Distancing Policy' in Wales** in response to the COVID-19 pandemic

Executive Summary

Liz Green, Laura Morgan, Sumina Azam, Laura Evans, Lee Parry-Williams, Louisa Petchey and Mark A Bellis.

June 2020

This Health Impact Assessment is in three parts:

A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic. Executive Summary (this report)

A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic. Main Report

A Health Impact Assessment of the 'Staying at Home and Social Distancing Policy' in Wales in response to the COVID-19 pandemic. Supplementary information

Suggested citation:

Acknowledgements

Contents

Introduction

(See Main Report Section 1)

The COVID-19 pandemic has changed the lives of virtually every citizen across the world and has been described by the Secretary-General of the United Nations as:

'attacking societies at their core, claiming lives and people's livelihoods'

and that it is the:

'greatest test that we have faced together since the formation of the United Nations post World War Two.'
(United Nations, 2020)

The response to COVID-19 (coronavirus) in Wales has evolved over time, from initial containment and delay phases, to the introduction of the **Staying at Home and Social Distancing Policy** on 23 March 2020 – also known as 'lockdown'. Welsh Government's strategy *Unlocking our society and economy: continuing the conversation* (Welsh Government, 2020) has outlined the phases by which lockdown measures could be lifted in Wales, as well as stating that measures may need to be re-imposed if transmission of COVID-19 cannot be controlled. Social distancing is at the core of the measures, and is likely to remain until it is considered safe for the population to interact, for example with the introduction of a safe and effective vaccine.

Public Health Wales has a system leadership role in protecting and improving health and well-being and reducing health inequity in response to COVID-19. As part of its responsibilities to undertake research into health and well-being matters to inform and enhance the evidence base, Public Health Wales has carried out a rapid response Health Impact Assessment (HIA) in real time to **improve knowledge and understanding of the wide-ranging impacts in Wales of the Staying at Home and Social Distancing Policy**, during a complex and evolving situation. Findings can be used by decision makers to:

Identify actions to mitigate negative impacts and enhance positive impacts of the policy;

Inform any continuation of, or adjustments to (including phasing out) the policy;

Support preparations for any second or third COVID-19 pandemic waves, where the policy may need to be reintroduced;

Inform future strategies for recovery and renewal.

The HIA has utilised a wide range of evidence sources including published academic literature, grey literature, data and health intelligence, and evidence from Welsh stakeholder organisations obtained through interviews and written evidence (See Supplementary Report Sections 2 and 3).

Key Findings
(See Main Report Section 4)

The evidence gathered has provided a 'snapshot' picture of the impacts in Wales, in a landscape where policy has been rapidly changing and the evidence continually growing. The Staying at Home and Social Distancing Policy can be viewed as an 'umbrella' policy, which has directly led to other policy decisions and actions, such as school closures and mitigation policies, such as furloughing of employees and prevention of evictions. Policy impacts have therefore been seen across a breadth of policy areas including health and social care; business, economy and innovation; equality, justice and law; communities and regeneration; older people; education and skills; children and families; public sector; housing; environment and climate change; and transport. These are key determinants of health and well-being. A summary of the key findings can be found in Table 1 (page 11), which also signposts to further information available in the Main Report. The terminology used to describe the type, likelihood, intensity and duration of impact is as follows:

Type of impact		
Positive / opportunity Impacts that are considered to improve health status or provide an opportunity to do so		**Negative** Impacts that are considered to diminish health status

Likelihood of impact		
Confirmed	Strong direct evidence e.g. from a wide range of sources that an impact has already happened or will happen	**Confirmed**
Probable	More likely to happen than not. Direct evidence but from limited sources	**Probable**
Possible	May or may not happen. Plausible, but with limited evidence to support	**Possible**

Intensity / severity of impact		
Major	Significant in intensity, quality or extent. Significant or important enough to be worthy of attention, noteworthy	**Major**
Moderate	Average in intensity, quality or degree	**Moderate**
Minimal	Of a minimum amount, quantity or degree, negligible	**Minimal**

Duration of impact		
Short term (S)	Impact seen in 0 – 1 year	**Short term (S)**
Medium term (M)	Impact seen in 1 – 5 years	**Medium term (M)**
Long term (L)	Impact seen in > 5 years	**Long term (L)**

Positive impacts of the policy (see Main Report Section 4.1)

The policy has, to date, achieved its aim of reducing the transmission of the virus, reduced morbidity and mortality directly due to COVID-19 disease, and helped to ensure that the use of acute hospital services has not exceeded capacity. It is important to note that the impact of the policy on all cause morbidity and excess deaths over the short, medium and longer term is unclear at the time of publication. The reduced transmission of COVID-19 is likely to have benefitted those who are more vulnerable to its direct negative health effects compared with the general population.

Other significant positive impacts of the policy include (not in any order of priority):

Mobilisation of society as a whole to protect those who are more vulnerable, contributing to increased community cohesion and resilience.

A rapid increase in use of digital technology, which has helped people to stay connected with loved ones, continue working, continue with their education, and access key services (such as healthcare).

The strengthening of family and friendship bonds, for example through increased contact through social media and digital technology.

Home working has provided greater flexibility for some individuals, enabling individuals to achieve a better work-life balance.

There has been rapid action to place those who are homeless in accommodation.

The protection of those who are vulnerable, for example by providing food for children who are eligible for free school meals.

A reduction in overall crime rates.

Reduced car use and traffic, along with improved air quality and reduced NO_2 emissions.

An increased appreciation of the importance of physical activity, including in promoting mental well-being. For some of the population, physical activity levels have increased.

Negative impacts of the policy (see Main Report Section 4.2)

The Staying at Home and Social Distancing Policy has had an unintended negative impact for nearly all population groups and across a range of policy areas and health and well-being determinants. Key examples include (not in any order of priority):

Population groups:

Low-income households have been disproportionately affected in a number of ways, including economic and financial impacts; some impacts have been partially mitigated by the national financial support measures such as furloughing.

All groups have been affected by reduced interpersonal and social contact, resulting in feelings of isolation and loneliness.

Worsening of mental well-being for the whole population (such as depression and feelings of confusion, anger, anxiety and loneliness), as well as an exacerbation of mental health conditions. Those most at risk include women, women with children, those on low incomes, healthcare workers, those with existing mental health conditions, those who have been shielded and older people.

Those who work in sectors which have closed due to restrictions, resulting in people losing jobs or experiencing reduced income.

Women and children who are more likely to have experienced violence including domestic violence and sexual abuse.

Those who usually rely on others to provide care and support in the home may have faced difficulties in obtaining this due to movement restrictions.

Babies, children and young people (including young adults) have had their education interrupted, have experienced major changes to their routines and structures and have experienced reduced opportunities for socialising with peers. Children from low-income households are more likely to have been adversely affected.

The closure of childcare settings and schools has meant that some children may have lost access to a place of safety. Children could be at greater risk of adverse childhood experiences (ACEs) due to a range of factors dependent on the family situation.

Key workers[1] who have continued working have been placed at increased risk of contracting the virus and of experiencing mental health impacts such as anxiety and distress.

Black, Asian and Minority Ethnic (BAME) groups, who have been identified as having worse health outcomes as a result of contracting COVID-19, and who may also have experienced an increase in hate crimes.

---

1 Key workers include non-NHS staff and are defined by Welsh Government:
https://gov.wales/coronavirus-key-critical-workers .

Determinants of health and well-being:

> Negative impacts on the economy resulting in reduced income and spending, increased unemployment, and closure of small businesses; the subsequent health impacts will continue to be felt when measures have been lifted.

> Reduced public transport use, which is likely to continue with the easing of restrictions; this is anticipated to result in an increase in the number of car journeys. This could impact on achieving active and sustainable travel policy goals.

> Reduced use and / or reduced access to some health and care services, such as hospital Emergency Departments, and the suspension of a number of healthcare interventions, potentially leading to increased morbidity and mortality from non-COVID-19 health conditions.

> An increase in health harming behaviours such as snacking and an increase in alcohol consumption.

> Social media use has increased the spread of misinformation and feelings of stress and panic.

> Crowded or poor housing quality exacerbating existing health conditions and negatively impacting on mental well-being.

The HIA has identified a number of **opportunities** to promote and protect population health and well-being and reduce health inequity (see Main Report Section 4.3). These include (not in any order of priority):

- Accelerated use of digital technology across many aspects of daily life.

- Increased use of home and agile working, such as promoting flexible working practices such as staggered start and finish working times.

- Moving to a sustainable economic development model, where health and factors contributing to population well-being are at the forefront of decision-making.

- Building on the increase in volunteering to harness the strengths of the Third Sector, thereby promoting community cohesion and ensuring greater resilience to the ongoing pandemic response.

- Promoting healthy behaviours related to alcohol, tobacco, diet and physical activity and reinforcing whole system approaches to health protection and well-being in schools.

- Promoting and supporting opportunities for active travel and increasing public transport provision and use in the longer term.

- Advocating interventions that will protect against future outbreaks (whether COVID-19 or other infectious diseases), such as improved health literacy on hygiene measures.

- The Well-being of Future Generations Act as a policy framework to address COVID-19, along with a range of other urgent issues for Wales such as entrenched deprivation, the implications of Brexit, and the climate emergency.

Evidence gaps and future research

(See Main Report Section 4.4)

There are considerable evidence gaps in relation to the impact of pandemics (and more specifically COVID-19), and the policy responses including: overall population morbidity and excess mortality; impacts on specific population groups; mental well-being; employment; education; babies, children and young people; health promoting behaviours; access to services; social media use; the role of housing; the scale and reason for worse health outcomes for individuals who are from BAME backgrounds; the impact of lifting mitigation policies; and the variation in experiences between rural and urban areas.

Next steps

The Staying at Home and Social Distancing Policy has already had a profound effect on the health and well-being of the Welsh population. Below are a range of policy considerations that can: support better understanding of the longer term impacts of control measures on population health and well-being; help mitigate negative impacts and enhance positive impacts; inform decisions regarding continuation of, or adjustments to (including phasing out) the policy; support any reintroduction of the policy, for example in the event of second or third COVID-19 pandemic waves; and inform strategies for recovery and renewal.

1. Mitigate against worsening health inequity as a result of the policy through: monitoring the impacts on different population groups over the short, medium and longer term; and ensuring that any support measures and interventions are targeted proportionately at individuals and communities who are most affected (see Main Report, Section 3).

2. The policy has negatively impacted on the mental well-being for the whole population (see Main Report, Section 3.1.2). Ongoing mental health and well-being support is needed for individuals and communities particularly affected even when policy restrictions are lifted, as this phase may cause further uncertainty and fear. Mental well-being needs to be a key consideration of policy changes and integral to the recovery and renewal phases.

3. The needs and views of babies, children and young people should to be central to decision-making on issues such as the re-opening of childcare settings and schools, provision of services for children, and supporting children's mental health and well-being. Early action across the whole system is needed to support babies, children and young people from low-income households who have been most affected by the Social Distancing Policy, in order to mitigate long-term impacts on their life chances (see Main Report, Section 3.6).

4. The jobs and livelihoods of a significant proportion of the Welsh population have been affected, with ongoing uncertainty about how many more will be impacted (see Main Report, Section 3.2). Mitigation measures should be targeted at specific groups with greater need, such as individuals and families on low income, those living in areas of deprivation, and those who have / or are at risk of losing their jobs. The health and well-being impacts of an economic downturn need to be considered in conjunction with the potential impacts of Brexit and negotiated Free Trade Agreements.

5. There is little evidence regarding the potential impacts of phasing out and reintroducing the policy (see Main Report, Section 3.1.1). Decision makers should identify how easing restrictions or introducing measures in future will impact on health, well-being and equity. This should include identifying population-level impacts, for example on excess morbidity and mortality. HIA should be embedded in policy-making and planning processes, particularly for areas where there is limited evidence on impacts, to allow policy adaptation or for mitigation measures to be introduced at an early stage.

6. A number of opportunities for improving population health and well-being have emerged as a result of the pandemic and the policy response, such as increased home working or use of digital technology (see Main Report Section 4.3). Recovery planning should build on learning from the emergency pandemic response, including the rapid scale and speed at which collaborations have been forged and action taken, and the unique opportunity for Wales to embed the Sustainable Development Principle and tackle other emergencies such as climate change.

7. Both retrospective and prospective analyses of evidence, data and health intelligence can provide timely insights into the impacts on the Welsh population of the virus and the policy response measures. For example, Public Health Wales' *'Public engagement survey on health and well-being during coronavirus measures'* can support decision makers to prioritise areas of concern for the Welsh public, as well as gain insight into the acceptability and effectiveness of future policies and plans, for example in the event of further pandemic waves. Monitoring population health and well-being impacts of COVID-19 and response measures is being undertaken by Public Health Wales and can be used by decision makers to identify the optimal balance between COVID-19 control measures and minimising unintended negative impacts over the longer term.

Conclusion

The Staying at Home and Social Distancing Policy has had major positive and negative intended and unintended impacts on the population of Wales. Whilst protecting the population from COVID-19, the repercussions for the economy, environment, society and a spectrum of vulnerable population groups has been wide-ranging. Moreover, the longer term impacts of both COVID-19 and the response measures on population morbidity and excess mortality are unknown. Population groups such as women, those on low incomes, key workers on low pay (for example retail workers and carers), and babies, children and young people have been particularly negatively affected. Many of the impacts are likely to increase health and social inequity in Wales; monitoring is necessary to better understand these impacts for the longer term and inform future decisions about reintroducing control measures.

The pandemic has placed a spotlight on a wide range of important issues for Wales, such as poverty and deprivation, the impact of Brexit and Free Trade Agreements, and climate change. The response to, and recovery from the COVID-19 pandemic requires an integrated approach to population health and well-being, health inequity, sustainable development, economic recovery, and climate change. The Well-being of Future Generations Act provides the policy framework to support such an approach, placing sustainable development at the heart of pandemic recovery.

Table 1: Key impacts of the 'Staying at Home and Social Distancing Policy' in Wales

Policy Area	Determinant of health & well-being / population group	Positive / opportunity			Negative			Rationale
		Likelihood	Intensity	Duration	Likelihood	Intensity	Duration	
		Confirmed	Major	Short term (S)	Confirmed	Major	Short term (S)	
		Probable	Moderate	Medium term (M)	Probable	Moderate	Medium term (M)	
		Possible	Minimal	Long term (L)	Possible	Minimal	Long term (L)	
Health and Social Care	Compliance with legislation	Confirmed	Major	Short				**Positive:** The policy has had a high level of compliance and resulted in population level behaviour change. Impact on reducing direct morbidity and mortality from COVID-19, and ensuring use of health services has not exceeded capacity. See Main Report, Section 3.1.1 for full analysis.
	Mental well-being				Confirmed	Major	Short - Med - Long	**Negative:** Whole population impact, but particularly in relation to children and young people and young adults, older people, key workers, those on low incomes and at risk of unemployment, and those who have existing poor mental health or who are shielding. See Main Report, Section 3.1.2 for full analysis.
	Diet and nutrition - food consumption	Possible	Minimal	Short - Med - Long	Possible	Minimal	Short - Med - Long	**Positive or Negative** for example some individuals are snacking more, whilst others have returned to cooking 'from scratch'. Opportunity to reinforce and support healthy eating behaviours. See Main Report, Section 3.1.3 for full analysis.

Diet and nutrition - patterns of purchase and supply	Possible	Minimal	Short - Med - Long	Confirmed	Minimal - Moderate	Short	**Positive:** Families undertaking weekly shops and eating less whilst 'on the go'. Opportunity for an increase in cooking 'from scratch' and sourcing food locally, thereby increasing trade for local businesses. **Negative:** Stockpiling of food and increase in food waste. See Main Report, Section 3.1.3 for full analysis.
Diet and nutrition - school meal provision	Confirmed	Minimal - Moderate	Short	Possible	Minimal - Moderate	Short	**Positive:** Continued access to free school meals for those who were eligible. **Negative:** Change in delivery mechanisms (the supply of food parcels) may not take into account individual needs. For food vouchers and Bacs payments, there are concerns around the nutritional content of the food being purchased. See Main Report, Section 3.1.3 for full analysis.
Physical activity	Confirmed	Moderate	Short - Med - Long	Possible	Minimal - Moderate	Short - Med	**Positive:** Policy includes provision to take physical activity (initially once a day, then increased). Some individuals are taking more physical activity than before restrictions were implemented. **Negative:** Reduction in physical activity levels - policy encourages individuals to stay safe at home. Closure of some parks has reduced the green spaces in which individuals can exercise. See Main Report, Section 3.1.3 for full analysis.
Alcohol - consumption patterns				Possible	Minimal	Short	**Negative:** Public Health Wales' Public Engagement Survey has shown an increase in the amount of alcohol being consumed by those who drink alcohol. See Main Report, Section 3.1.4 for full analysis.
Alcohol - access to alcohol	Possible	Minimal	Short	Possible	Minimal	Short	**Opportunity** to promote and reinforce reduced alcohol consumption to low risk levels. **Negative**: Off-licences are included on the government's list of essential UK retailers that are allowed to stay open, thereby enabling ease of purchasing of alcohol. See Main Report, Section 3.1.4 for full analysis.

Topic							Analysis
Sexual health	Possible	Minimal	Short - Med -	Possible	Minimal	Short	**Positive:** Opportunity to reduce STI transmission across the population as non-household contacts are unable to engage in sexual activity. **Negative:** Reduced access to sexual health services. See Main Report, Section 3.1.5 for full analysis.
Health, well-being and social care services	Confirmed	Major	Short - Med - Long	Confirmed	Major	Short - Med - Long	**Positive:** Increased resilience of health and social care sector through delivering services via different mechanisms such as tele-health. **Opportunity** for long-term redesign and reconfiguration of services to enhance sustainable service provision. **Negative:** Routine services such as operations and appointments have been cancelled or suspended. Some individuals are not accessing health services / accessing services late, due to fear of exposure to the virus. Impact on physical and mental well-being of Health and Social Care workforce. See Main Report, Section 3.1.6 for full analysis.
Screening services; vaccinations; and services for women and children				Possible	Minimal	Short	**Negative:** Screening services and some adult vaccinations have been suspended in Wales. Varied levels of willingness to access antenatal care. Missed immunisation appointments within the routine childhood immunisations schedule. Impact on older people, women and children in particular. See Main Report, Section 3.1.7 for full analysis.

Health and Social Care - Population Groups	Those with poor mental health	Possible	Minimal	Short - Med - Long	Probable	Moderate /Major	Short - Med - Long	**Opportunity** to provide enhanced mental well-being services or reconfigure mental health service models. **Negative:** Reduced access to mental health services. Exacerbation of existing mental health conditions. See Main Report, Section 3.1.8 for full analysis.
	High risk groups, for example those with long-term health conditions	Possible	Moderate	Short	Probable	Minimal - Moderate	Short	**Negative:** Reduced access to services or treatment for existing conditions. **Positive** or **Negative** short-term impact for those with respiratory conditions dependant on the type and quality of housing and environment they live in. See Main Report, Section 3.1.9 for full analysis.
Business, Economy and Innovation	Economic factors - economic inactivity	Confirmed	Major	Short	Confirmed	Major	Short - Med - Long	**Positive:** UK Government economic support measures for employers and individuals and the economy more broadly. **Negative:** Economic downturn, potential for recession. Some sectors have closed down during the pandemic, have ceased trading and are not receiving income. See Main Report, Section 3.2.1 for full analysis.
	Economic factors - policy	Possible	Moderate	Long				**Positive:** Opportunity to review economic policy drivers in Wales particularly in tandem with Brexit and climate change, with a greater focus on well-being. See Main Report, Section 3.2.1 for full analysis

	Employment - job availability and health and well-being of workforce	Confirmed	Major	Short	Confirmed	Major	Short	**Positive:** Protection of population and workforce's health and well-being. Introduction of furloughing to protect jobs. Positive impact for some sectors such as supermarkets and online retailers who have seen an increase in demand. **Negative:** Cessation of trading for some sectors due to decrease in consumer demand and resulting loss of jobs and possible income for some workers. Those furloughed may have had to wait for payment and this may have caused stress and anxiety. Those on low incomes may be at increased risk of food / fuel poverty. Moderate **Positive** or **Negative** long-term impact dependent on the nature of the economic recovery and renewal (either a bounce back or recession / downturn) and governmental levers for the future economic direction. **Opportunity** to develop an economy based on good, fair work. See Main Report, Section 3.2.2 for full analysis.
	Working conditions and practices	Confirmed	Moderate	Short	Confirmed	Moderate	Short	**Positive** or **Negative** dependent on the nature of the employment and associated virus exposure risk, social distancing implementation, and availability of Personal Protective Equipment (PPE). See Main Report, Section 3.2.3 for full analysis.
	Home working	Confirmed	Major	Short - Med - Long	Confirmed	Major	Short - Med - Long	**Positive:** Some of the workforce have been able to work flexibly and remotely, protecting them from virus exposure and improving work-life balance. **Negative:** Working from home is not feasible / challenging for some individuals for example, those with responsibilities for home schooling children. See Main Report, Section 3.2.4 for full analysis.

	Digital media - patterns of use	Probable	Moderate	Short - Med - Long	Possible	Moderate	Short - Med	**Positive:** Increase in use of social media to stay connected with family, friends and the wider community. Mechanism to disseminate robust and correct information quickly to the population (for example, on behavior patterns and resilience). **Negative:** Impact on those who do not use / do not have access to social media and may be excluded from information streams and community connections. Mechanism for the sharing of misinformation, increasing discrimination, fraud and hate crime. Unknown long-term impacts of socialising via social media (for example on behavior patterns and resilience). See Main Report, Section 3.2.5 for full analysis.
Business, Economy and Innovation - Population Groups	**Key workers**	Possible	Moderate	Short - Med - Long	Probable	Major	Short - Med - Long	**Positive:** Increased recognition of key workers as providing an important and essential function in society for example, delivery drivers, food retailers / supermarket workers. **Negative:** Mental and physical well-being impacts on those who deliver frontline services with high interaction with public and patients. See Main Report, Section 3.2.6 for full analysis.

Category	Topic							Analysis
Equality; Justice and Law	**Violence against women, domestic abuse and sexual violence (VAWDASV)**				Confirmed	Major	Short - Med - Long	**Negative:** Women, babies, children and young people with increased exposure to Adverse Childhood Experiences (ACEs) and VAWDASV. Increase in risk of VAWDASV during the restrictions as individuals remain at home with the perpetrator. Increased risk of harm due to reduced opportunity to seek support. See Main Report, Section 3.3.1 for full analysis.
	Community safety and crime	Probable	Moderate	Short				**Positive:** Reported decrease in crime across several categories including burglary, rape and assault. See Main Report, Section 3.3.2 for full analysis.
	Trust in the police	Probable	Moderate	Short				**Positive**: Public Health Wales' Public Engagement Survey reported 81% of respondents in Wales trust the police to use their new powers to restrict people's movements sensibly . See Main Report, Section 3.3.2 for full analysis.
	Ethical considerations	Confirmed	Major	Short				**Positive:** Rapid implementation of policy to protect population health and protect those who have increased morbidity or mortality risk from COVID-19. **Opportunity** for recovery and renewal phases to improve health equity and develop healthy and sustainable policies. See Main Report, Section 3.3.3 for full analysis.

Equality; Justice and Law - Population Groups								
	Women				Confirmed	Major	Short - Med - Long	**Negative:** Impact across all age groups. Women are more likely to work in services and sectors which have closed during restrictions. Women are disproportionately affected by VAWDASV, which is reported to have increased during the restrictions. Women are more likely to hold caring roles (employed or voluntary), be responsible for familial care and do more of the household chores and life administrative responsibilities, all of which have increased during restrictions. See Main Report, Section 3.3.4 for full analysis.
	Men				Confirmed	Moderate	Short - Med - Long	**Negative:** Short-term impact for some employment sub-groups such as construction workers (89% are men compared to 11% women) and drivers. Many men are working in a range of roles which are not covered by the restrictions e.g. construction sector, transport drivers (public and private), tradesmen. Many are self-employed (a category missed in the first round of economic measures for furloughing employees) and have contracts to fulfil with the construction industry. Potential long-term impact for some employment subgroups highly exposed to an economic downturn, for example, housing, manufacturing and hospitality industries. See Main Report, Section 3.3.5 for full analysis.
	Income related groups				Confirmed	Major	Short - Med - Long	**Negative:** Impact on those working in sectors that have closed down; those who have experienced reduced income; those previously on low incomes. May experience increased food / fuel poverty. Impact size and duration dependent on economic recovery and renewal. See Main Report, Section 3.3.6 for full analysis.

Black, Asian and Minority Ethnic (BAME) Groups				Probable	Major	Short - Med - Long	**Negative:** COVID-19 is having a disproportionate impact on people who are from BAME backgrounds. More than a third of patients who are critically ill with the virus are from BAME backgrounds. Increase in reported hate crime in respect to those from BAME backgrounds. For some communities, English is not the first language. Impact as a result of cultural traditions of intergenerational households and familial and social support. See Main Report, Section 3.3.7 for full analysis.
People with physical, sensory or learning disabilities / challenges	Possible	Minimal	Short - Med - Long	Possible	Moderate	Short	**Positive:** Impact arising from increased home working facilitating employment opportunities. **Negative:** Reduced access to support services. Impact on those with autism not recognised in the initial guidance. See Main Report, Section 3.3.8 for full analysis.
Faith groups	Possible	Minimal	Short - Med - Long	Confirmed	Minimal	Short	**Positive** or **Negative** short to long-term impact dependent on ability to participate in services or faith customs and rituals. **Negative:** Reduced access to services leading to some feeling spiritually isolated. Some faith groups have not been able to carry out specific religious / faith rituals which can have an impact on mental well-being. See Main Report, Section 3.3.9 for full analysis.
Asylum seekers and refugees				Possible	Minimal	Short	**Negative:** Reduced access to support services under the restrictions. Limited evidence in relation to impact. See Main Report, Section 3.3.10 for full analysis.

Communities and Regeneration								
	Volunteering and the Third sector	Confirmed	Major	Short	Possible	Moderate	Short - Med - Long	**Positive**: Increase in numbers of volunteers and more support for the Third sector. **Positive or Negative** short to long-term impact dependent on organisations retaining the increased numbers of volunteers and reconfiguring their structures and systems. **Negative:** Uncertainty over future funding and concern that the restrictions will impact on future funding for some. Reduced fundraising ability for organisations who rely on retail trading. Challenges for organisations including the sustainability of the social capital created, the retention of volunteers to provide new and amended services. See Main Report, Section 3.4.1 for full analysis.
	Methods of working				Possible	Major	Short - Med - Long	**Negative:** Challenges in remote working – a move to online / remote working has resulted in reduced interpersonal contact, with greater impact on those who are vulnerable / do not have online access or skills to use it. See Main Report, Section 3.4.1 for full analysis.
	Community cohesion, resilience and networks - support provided to others	Probable	Moderate	Short - Med - Long				**Positive:** Visible mobilisation of family and community networks to support each other through the public health emergency and the restrictions being implemented. Opportunity for long-term impact as communities connect to support each other. See Main Report, Section 3.4.2 for full analysis.
	Social division				Possible	Minimal	Short - Med - Long	**Negative:** Impact due to divisions in society created by non-compliance. Increase in reports of neighbourhood disputes under the restrictions and reports made to enforcement agencies of those breaking the law. Deterring visitors to areas may cause resentment, conflict and division in communities and deter future tourists. See Main Report, Section 3.4.3 for full analysis.

	Geographical settings	Possible	Moderate	Long	Confirmed	Moderate	Short	**Positive:** Impact on tourism in Wales across both rural and urban settings with more people visiting Wales if international holidays are not feasible. **Negative:** Impact for rural communities as a result of loss of tourism. Poor access to Broadband / the internet or accessible services e.g. amenities, public transport impacting on work, community sustainability. Possible minimal negative short-term impact for urban settings in relation to limited space to exercise outdoors safely. See Main Report, Section 3.4.4 for full analysis.
Communities and Regeneration – Population Groups	**Adult care and carers**				Possible	Moderate	Short - Med - Long	**Negative:** Reduced availability of assessments and support. See Main Report, Section 3.4.5 for full analysis.
Population Groups	**Older people**	Possible	Major	Long	Confirmed	Major	Short	**Opportunity** to improve provision of care and support to older people. **Negative:** Mental health and well-being impacts such as increased experience of isolation, loneliness and disconnection from families and wider support networks. Challenges with obtaining food and essential supplies may cause stress and anxiety. See Main Report, Section 3.5 for full analysis.

Category	Sub-category							Description
Education and skills; Children and families	**Education – closure of settings**				Confirmed	Major	Short - Med - Long	**Negative:** Impact of childcare and school closures on babies, children and young people's development, routines, educational attainment and socialisation plus mental well-being and future educational and employment prospects. Differences in parental support and availability of educational resources affecting how children are home schooled. See Main Report, Section 3.6.1 for full analysis.
	Familial and close relationships	Probable	Minimal - Moderate	Short	Probable	Minimal - Moderate	Short	**Positive** or **Negative** short-term impact particularly in relation to mental well-being dependent on family situation; for example, exposure to ACEs, financial circumstances. See Main Report, Section 3.6.2 for full analysis.
Education and skills; Children and families - Population Groups	**Babies, children and young people and young adults**				Confirmed	Major	Short - Med - Long	**Negative:** Reduced access to education (including early years education), reduced quality of learning environment, and reduced opportunity for socialisation. Potential long-term negative impact for some sub-groups dependent on their age and stage of development and educational progress; worsening mental well-being; negative impacts on future academic or employment prospects. **Negative:** Reduced access to education (including early years education), reduced quality of learning environment, and reduced opportunity for socialisation. Potential long-term negative impact for some sub-groups dependent on their age and stage of development and educational progress; worsening mental well-being; negative impacts on future academic or employment prospects. See Main Report, Section 3.6.3 for full analysis.

Public Sector; Housing								
	Housing	Probable	Moderate	Short	Possible / Probable	Moderate	Short	**Positive** or **Negative** dependent on quality of housing and access to space. Indirect impact on mental well-being. **Negative:** Those particularly at risk include those who are homeless or in supported accommodation, those in poor quality housing or overcrowded accommodation and those in coercive / controlling relationships where there is no escape from the household. See Main Report, Section 3.7.1 for full analysis.
	Housing - policy	Possible	Moderate	Med-Long				**Positive:** Opportunity to influence future housing policy to adapt to other emergencies such as climate change. See Main Report, Section 3.7.1 for full analysis
	Municipal and other services e.g. libraries, waste management services, leisure and retail services	Probable	Moderate	Short - Med - Long	Confirmed	Moderate	Short - Med - Long	**Opportunity** to adapt and future proof service delivery, for example by building on increased use of digital technology. **Negative:** Service disruption and closure of some services, which may have affected the health, social and mental well-being of the population. See Main Report, Section 3.7.2 for full analysis.
Public Sector; Housing - Population Groups	**Homelessness**	Probable	Moderate	Short	Possible	Minimal	Short	**Positive:** Impact in relation to being housed / provided with accommodation. Local Authorities have been acquiring hotel space to accommodate those who are homeless. **Negative:** Reduced access to support services e.g. face-to-face support for addressing health harming behaviours. See Main Report, Section 3.7.3 for full analysis.

Environment and Climate Change; Transport	**Environmental conditions - including air quality, noise, pollution and climate change**	Confirmed	Major	Short - Med - Long				**Positive:** Reduction in levels of vehicle traffic and air travel, noise and pollution. Data shows positive impact on environment. Reduction in GP consultations in Wales for respiratory conditions. Impact may be transient and temporary once economic recovery gains momentum and transport and industrial activity increases. There is a long-term opportunity to further embed environmental sustainability and health in policy. See Main Report, Section 3.8.1 for full analysis.
	Transport – transport movements and use	Confirmed	Major	Short	Probable	Moderate	Short - Med - Long	**Positive:** Reduction in car and vehicle traffic and planes grounded. Retention of essential public transport services for key workers to get to work. **Negative:** Reduced use of public transport and transport hubs and therefore a potential future increase in levels of car use, if cars are perceived as protecting against virus transmission. See Main Report, Section 3.8.2 for full analysis.
	Transport – policy	Possible	Moderate	Med-Long				**Opportunity** to strengthen long-term sustainable transport policies. See Main Report, Section 3.8.2 for full analysis

Our Priorities 2018-2030

Working to Achieve a Healthier Future for Wales

Building and mobilising knowledge and skills to improve health and well-being across Wales

Influencing the wider determinants of health

Improving mental well-being and resilience

Supporting the development of a sustainable **health and care system focused on prevention** and early intervention

Promoting healthy behaviours

Protecting the public from infection and environmental threats to health

Securing a **healthy future** for the next generation

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Our Values:

Working together with trust and respect to make a difference

WHIASU
Wales Health Impact
Assessment Support Unit
Uned Gymorth Asesu
Effaith ar Iechyd Cymru

Iechyd Cyhoeddus Cymru
Public Health Wales

Public Health Wales
Number 2 Capital Quarter
Tyndall Street
Cardiff CF10 4BZ

Tel: +44 (0)29 2022 7744

phw.nhs.wales

Email: generalenquiries@wales.nhs.uk

@PublichealthW

/PublicHealthWales