

# COVID-19

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Community Impact Assessment: March – September 2020

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# 1. Introduction

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The Covid-19 virus itself is primarily a **public health crisis**. However, the unprecedented responses it has necessitated mean that this is also an **economic and a social crisis**. Every area of community life, including health, housing, relationships, access to food, community safety, jobs, incomes, and education have been severely affected.

This multifaceted crisis has both **highlighted and exacerbated inequalities** that [Haringey residents had experienced before the pandemic](#) in areas such as overcrowded housing, precarious employment, and poor mental health. These will have been felt acutely by BAME communities, low-income households, people with disabilities, and children and young people.

The consequences of the policy response to the virus have **not been felt equally**. We know that those who have been most severely affected are those who were most exposed to the crisis due to health inequalities, economic inequalities, and systemic and structural forms of exclusion.

The crisis has had severe **short-term** impacts and will also have significant **long-term impacts**. The crisis will not only affect the health of Haringey residents, but also the **social determinants of health**, including mental health, income, employment, and relationships. This raises the likelihood of secondary effects in the future. These are most likely to be felt by those who have been marginalised and experience health and economic inequalities. Where we see impacts on the social determinants of health in the short-term, we can expect these to lead to health inequalities in the long-term.

The findings of this Community Impact Assessment will help to inform the focus of the **strategic response** to the Covid-19 crisis. Long-term impact can be mitigated by working in accordance with **principles** that reflect our values and our commitment to Haringey's communities:

- Addressing inequalities and increasing equity of access to opportunities and services
- Early intervention, prevention, and building resilience
- Community wealth building as a framework or our approach to economic recovery and building the strength and resilience of communities
- Prioritising environmental sustainability
- Designing inclusive services for and with communities



There is evidence that Covid-19 and associated policy measures have affected Haringey's communities in profound ways. We are concerned that groups of people who are more vulnerable, who have been marginalised historically, and who share the protected characteristics under the Equality Act 2010 are being disproportionately impacted and that there is significant potential for long-term negative impacts on equality.

It is essential for strategies for recovery and renewal to be based on evidence of what changes the Covid-19 pandemic has brought about.

The purpose of this Community Impact Assessment is therefore to:

1. Establish a shared understanding of the ways in which Covid-19 has impacted and continues to impact Haringey, its residents, its communities, and its economy
2. Inform officers, Councillors, partners, and Haringey residents of the ways in which Covid-19 has impacted and continues to impact Haringey
3. Provide a robust quantitative and qualitative evidence base to inform the Council's response to Covid-19 over the short, medium and long term
4. Highlight disproportionate impacts on marginalised groups that may require specific, targeted action to address inequalities
5. Inform reorientation of strategic work to take account of the impacts of Covid-19 on Haringey's communities
6. Provide a resource to draw on for assessing the equalities implications of future decisions

## Scope

The assessment considers the impact of Covid-19 on Haringey **between the beginning of March 2020 and the end of September 2020**. It draws in information on:

- The scale and nature of Covid-19 transmission in Haringey in terms of confirmed cases and Covid-19-related deaths, with particular reference to marginalised, vulnerable, and protected groups
- The direct and indirect impacts of the Covid-19 crisis on the lived experiences of Haringey's communities
- The direct and indirect impacts of the Covid-19 crisis on Haringey as a place
- The short, medium, and long-term impacts of the Covid-19 crisis on social determinants of health, with particular reference to marginalised, vulnerable, and protected groups

This assessment complements other pieces of work that have been undertaken by Haringey Council to gain an understanding of the impacts of the Covid-19 crisis on the borough. These include:

- In-depth interviews with local residents
- A survey of the Haringey Citizens' Panel
- Engagement with statutory and VCS partners

## What we still don't know

- The prevalence of asymptomatic Covid-19 cases
- The impact of the government's decision to end the Job Retention Scheme
- The extent of 'hidden' homelessness that has been or will be caused by the economic shock of Covid-19
- The long-term impacts of Covid-19 on people who have had the virus
- The long-term health impacts of reduced use of health services
- The medium to long-term impacts of school closures on educational attainment

- The Covid-19 virus itself is primarily a public health issue. However, the unprecedented responses it has necessitated mean that this is also an economic and a social crisis.
- The Covid-19 pandemic and the lockdown have highlighted and exacerbated existing inequalities
- The pandemic has had a detrimental impact on the social determinants of health, raising the likelihood of long-term health inequalities among groups of people who are already vulnerable or marginalised
- Older people, Black people, migrants, people with disabilities, and people from disadvantaged socio-economic backgrounds.0 have been more affected by the Covid-19 virus in terms of illness and deaths
- BAME communities have been relatively disadvantaged in terms of physical and mental health, housing, household incomes, employment, and food security
- Gender inequalities have deepened during the lockdown. While men have been more likely to die from Covid-19, women have been economically disadvantaged. Black women have been disadvantaged to a greater extent.
- The lockdown restricted access to services, including education, healthcare and social support. The impact of this has been particularly acute for children and people with disabilities and/or serious health conditions.
- There has been a significant negative impact on the mental health of residents, with more vulnerable and marginalised groups affected to a greater extent, including children and young people.
- School closures have exacerbated existing inequalities in children's access to, experience of, and attainment in education
- Unemployment and reliance on benefits has increased at an unprecedented rate
- The local economy will be severely impacted in terms of business viability, employment opportunities, and consumer demand
- Household incomes have been negatively affected, with people living on lower incomes experiencing the largest proportionate drop in income. Poverty will increase, though the extent of this increase is not yet known

	Indicator	Latest Data
1	Cases of Covid-19 (as of September 30 <sup>th</sup> )	1,219
2	Deaths from Covid-19	274
3	People shielding	9,401
4	People placed in emergency accommodation	700+, to August 2020
5	A&E attendance in North London	-40% (January to May 2020)
6	Mental health	8.1% increase in mental distress (more for vulnerable and marginalised groups)
7	Households in receipt of emergency food	3,300+ (March to July)
8	Children attending Haringey schools	1-2%, April 2020; 10%, June 2020
9	Domestic Abuse	+24% year-on-year
10	Safeguarding concerns (vulnerable adults)	+27% year-on-year
11	Overall crime volume	-23% year-on-year during lockdown
12	Unemployment	Increase from 3.8% in February to 10.1% in July
13	Universal Credit	138% increase in claimants between March and August
14	Jobs at risk	35%
15	Coronavirus Job Retention Scheme (furlough)	54,000 employments
16	Small Business Grants Paid	2,001 (05.07)

## 2. Health Impact

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## 2.1. Morbidity and Mortality

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There have been 1,219 diagnosed cases of Covid-19 in Haringey and 274 Covid-19-related deaths. The Covid-19-related mortality rate in Haringey is higher than the London average and highest among neighbouring London boroughs.

Those most at risk of Covid-19 include:

- Older people
- Men
- People with disabilities
- People with pre-existing health conditions
- Black people, Asian people, people of mixed heritage, and non-UK nationals
- People in frontline or public-facing occupations
- People living in multi-generational or overcrowded housing

This pattern of morbidity and mortality is largely a consequence of socio-economic inequalities. Groups of people who have historically been disadvantaged in various ways are now disproportionately likely to experience worse health outcomes. It is clear that the Covid-19 virus is not affecting all sections of society equally.



## COVID-19 in Haringey: Cases & deaths

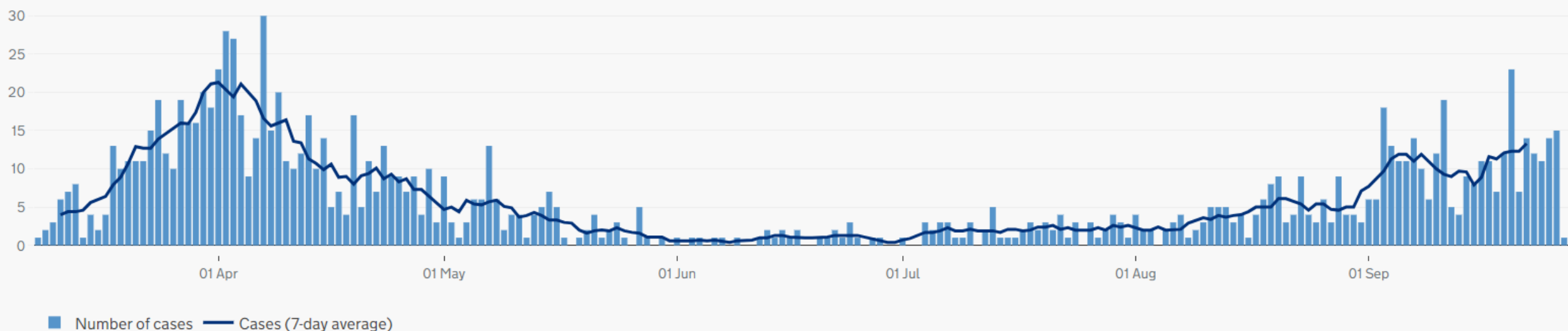
- As of **30<sup>th</sup> September 2020**, there have been a total of **1,219** diagnosed cases of COVID-19 in Haringey and **274** COVID-19-related deaths.
- The **average number of new diagnosed cases over 5 days** peaked between 30<sup>th</sup> March – 3<sup>rd</sup> April (**23 cases per day**).
- After adjusting for age, the rate of COVID-19 related deaths in Haringey is **185 per 100,000 people**.
- Of the 10 local authorities in the UK with the highest age-standardised mortality rates for deaths involving COVID-19 over this period, nine were London Boroughs; Brent had the highest overall age-standardised rate with 216.6 deaths per 100,000 people, followed by Newham (201.6 deaths per 100,000 people) and **Haringey** (185.1 deaths per 100,000 people).

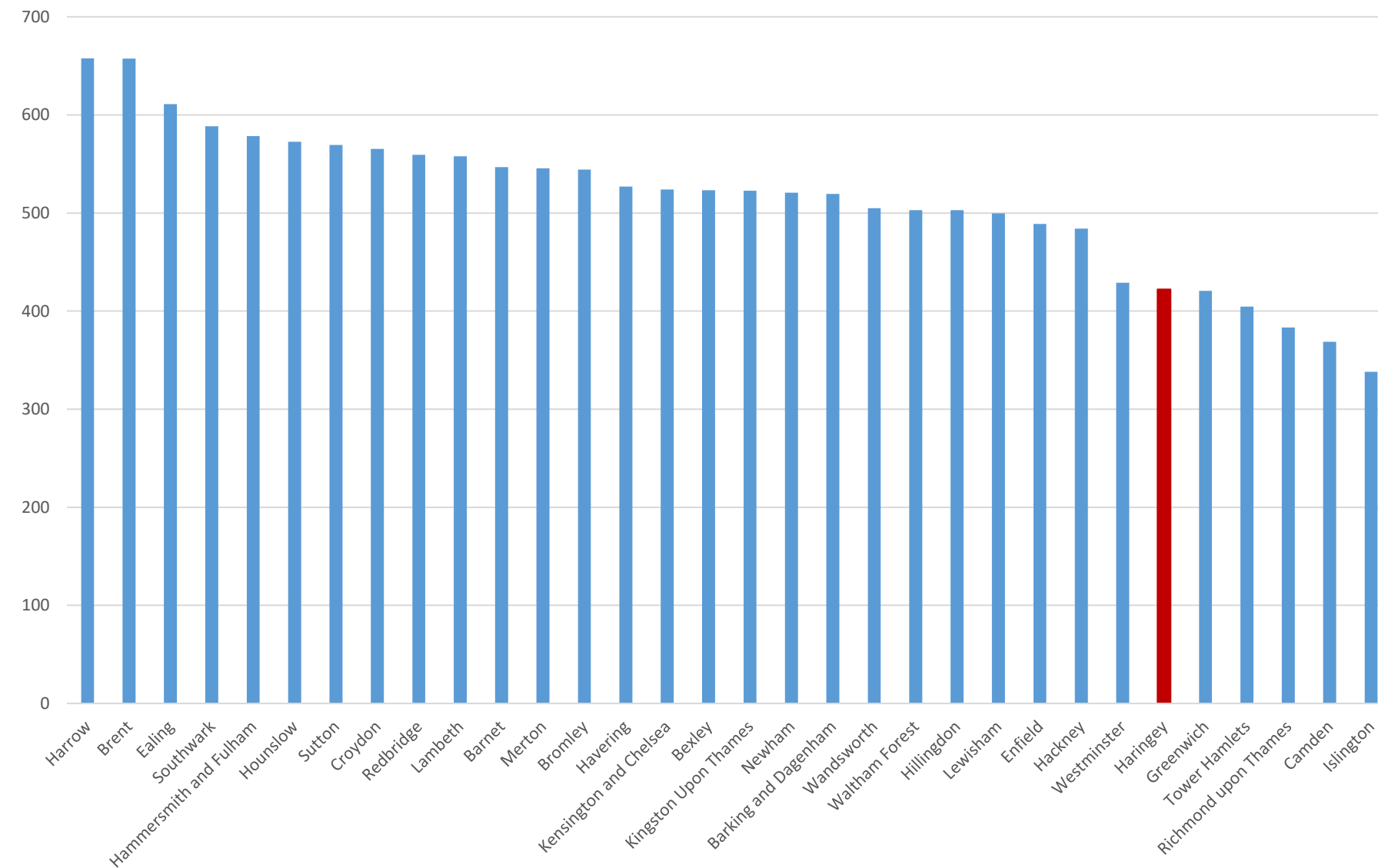
Based on deaths registered in NCL register offices between 20<sup>th</sup> March-20<sup>th</sup> April:

- **Age:** The proportion of people dying with COVID-19 in Haringey increases with age and is particularly high among people aged 80-89 years (30% of Covid-19 deaths). This is similar to the proportion of people dying from all causes.
- **Gender:** Two thirds of Haringey's COVID-19 related deaths were in men.
- **Place of death:** The majority of COVID-19 related deaths of Haringey residents were in hospital while 20% took place in the community and nursing and residential accommodation.

## COVID-19 in Haringey: Cases

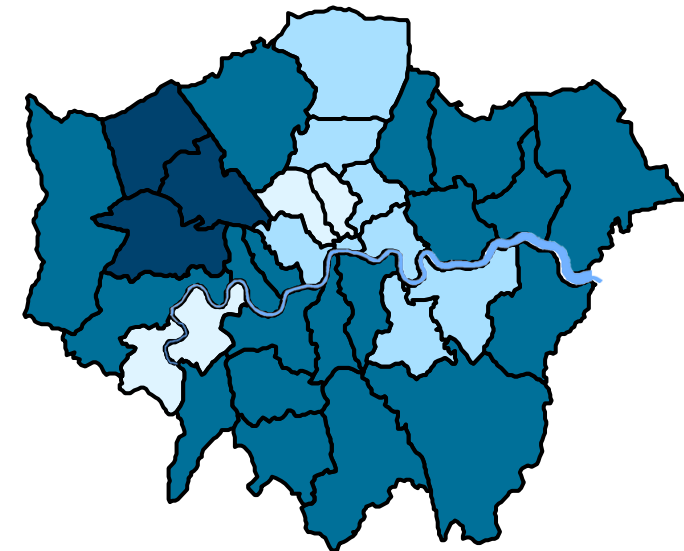
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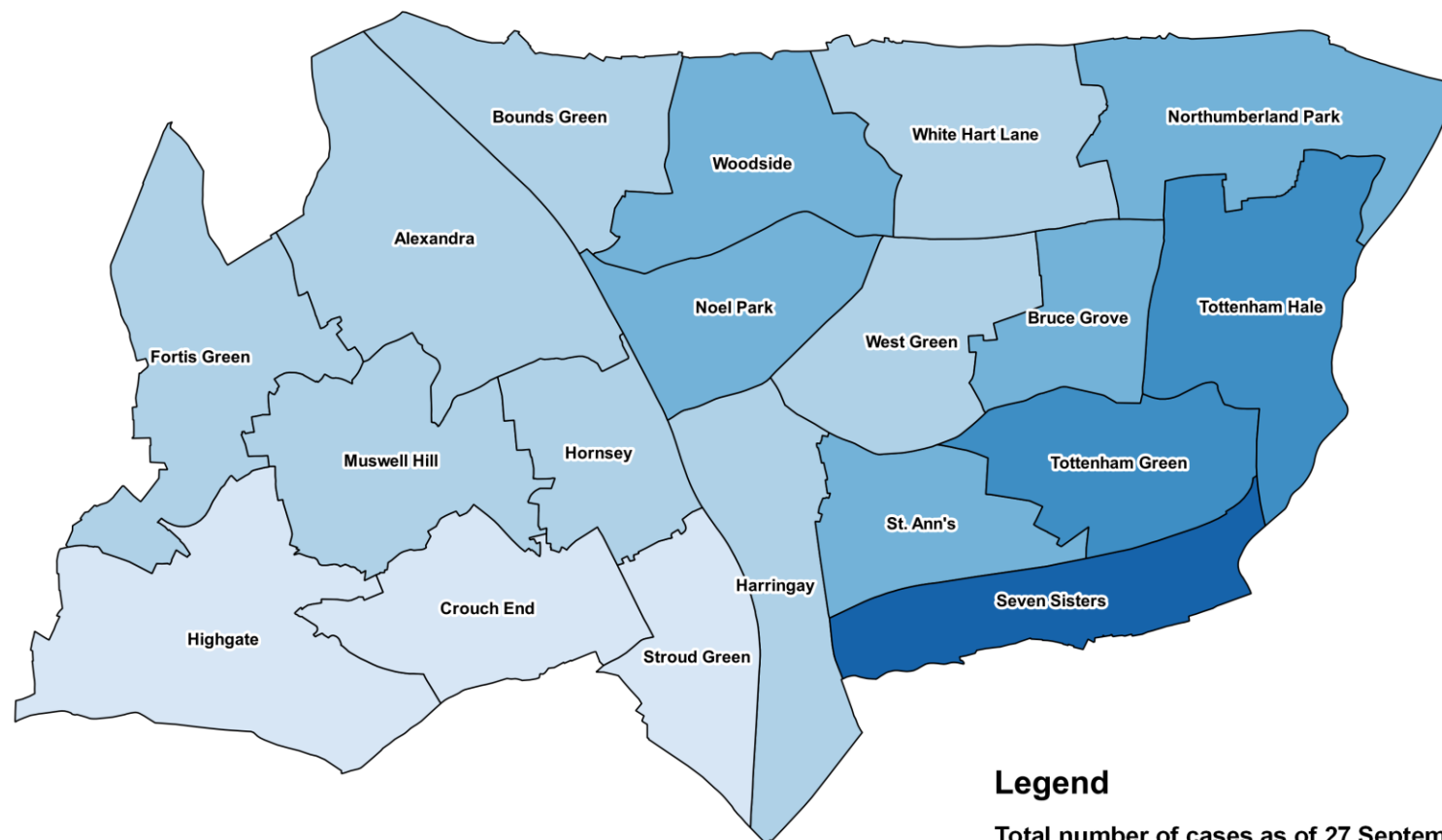


Haringey has the sixth lowest rate of infection per 100,000 population, in terms of lab-confirmed cases.

All neighbouring boroughs are below the London average



Total COVID-19 cases in Haringey as of 27 September 2020, by ward



### Legend

Total number of cases as of 27 September 2020

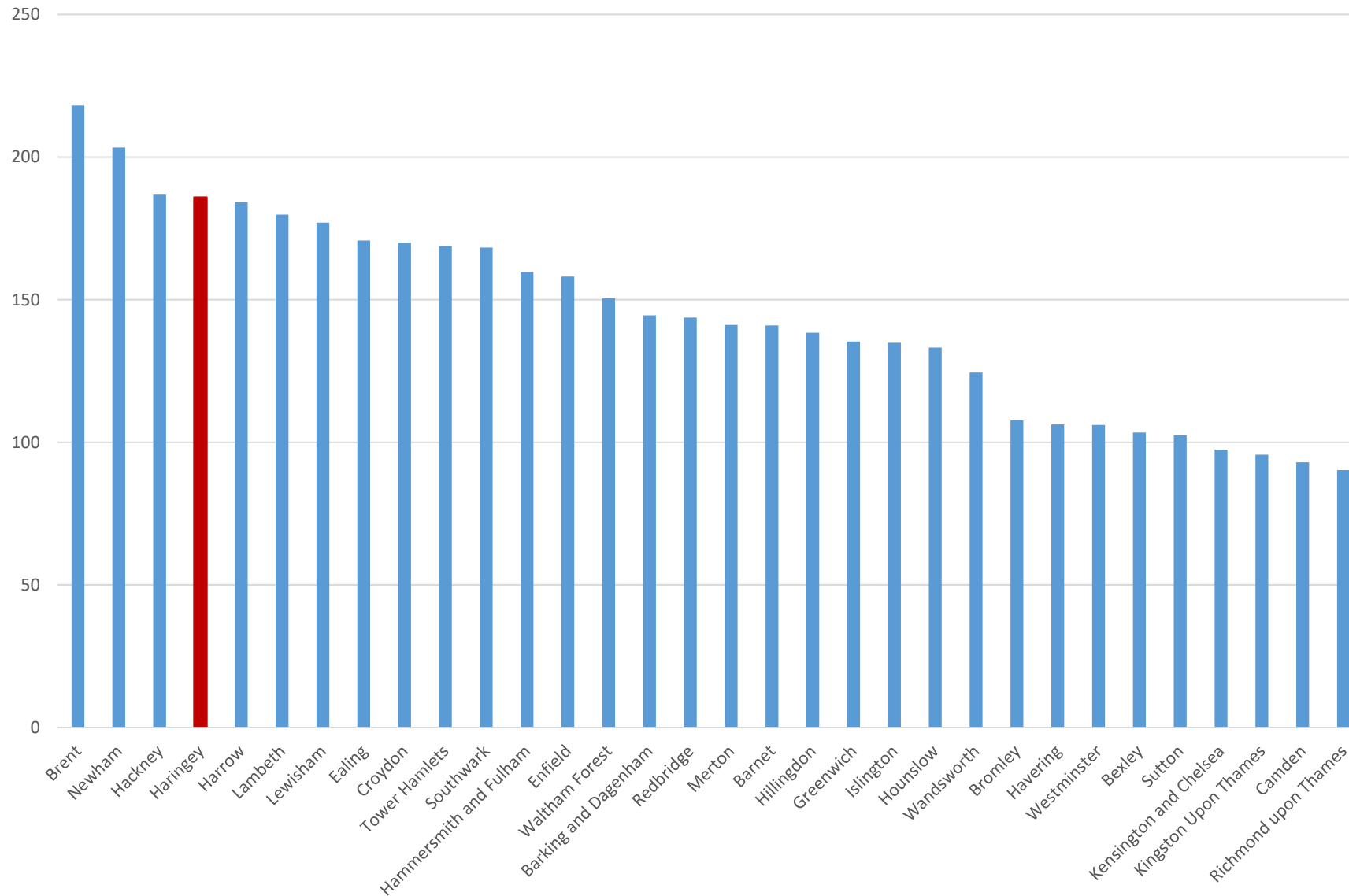
- 20-40
- 41-60
- 61-80
- 81-100
- >100

Wards in the East of the borough tend to have a higher number of Covid-19 cases than wards in the Centre or West.

There appears to be an association between deprivation and the number of cases. However, this is not a linear relationship or the only factor, as some more deprived wards such as White Hart Lane and West Green have relatively low numbers of cases.

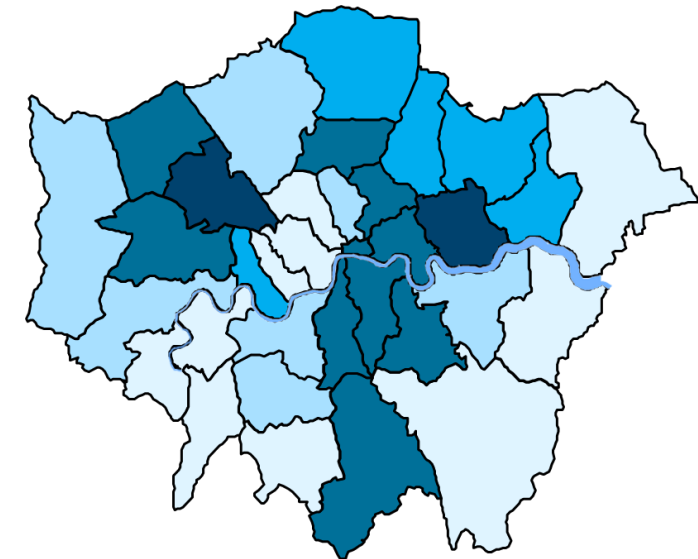
Note: Total number of cases = 1,205. Cases are based on both Pillar 1 & Pillar 2 testing. Date refers to specimen date. Cases are mapped by place of residence which may not necessarily be the source of the outbreak.

Source: PHE Case & Test Data accessed on 28th September 2020

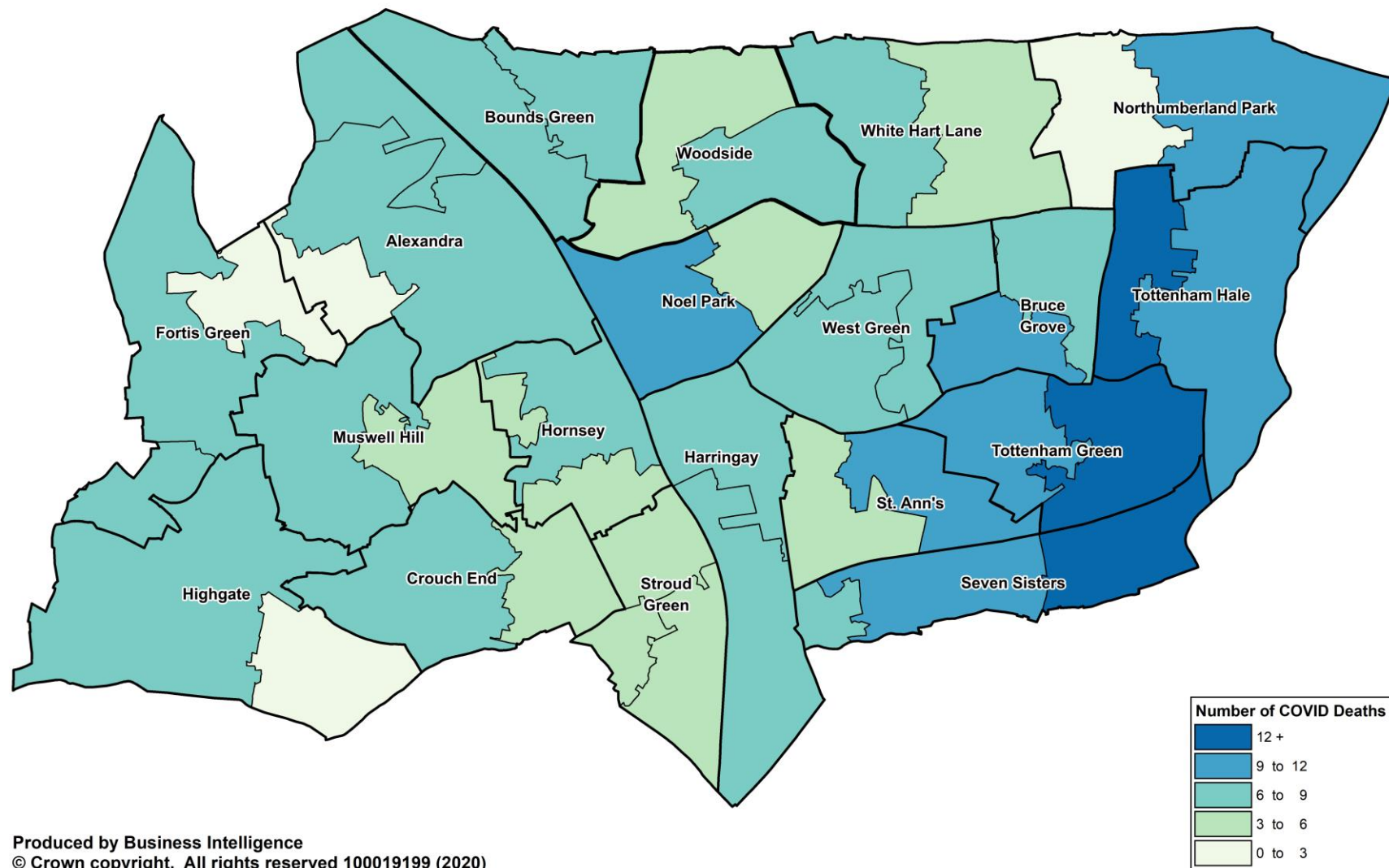


Haringey has the third highest rate of Covid-19 related deaths per 100,000 population.

Among neighbouring boroughs, three are above and three are below the London average



COVID Deaths by MSOA (March to June 2020)



In absolute terms, there have been more Covid-19 deaths in the East of the borough than the Centre or West.

Tottenham Green East has the highest number of deaths in Haringey. This MSOA ranks no.20 in London.

Data analysis indicates that factors that may explain higher or lower numbers of deaths in different neighbourhoods are likely to include:

- Overall population health (including levels of obesity and heart disease)
- Deprivation levels
- Types of employment
- Housing tenure in the local area

Demographic factors including ethnicity and religion are also associated with varying levels of deaths. Higher representations of BAME and religious communities are associated with higher numbers of deaths.



The table on this slide looks at the extent to which deaths in Haringey MSOAs correlate with other factors. A coefficient of 1 or -1 would indicate perfect correlation, and so correlations of around 0.4 to 0.5 and -0.4 to -0.5 indicate a likely relationship.

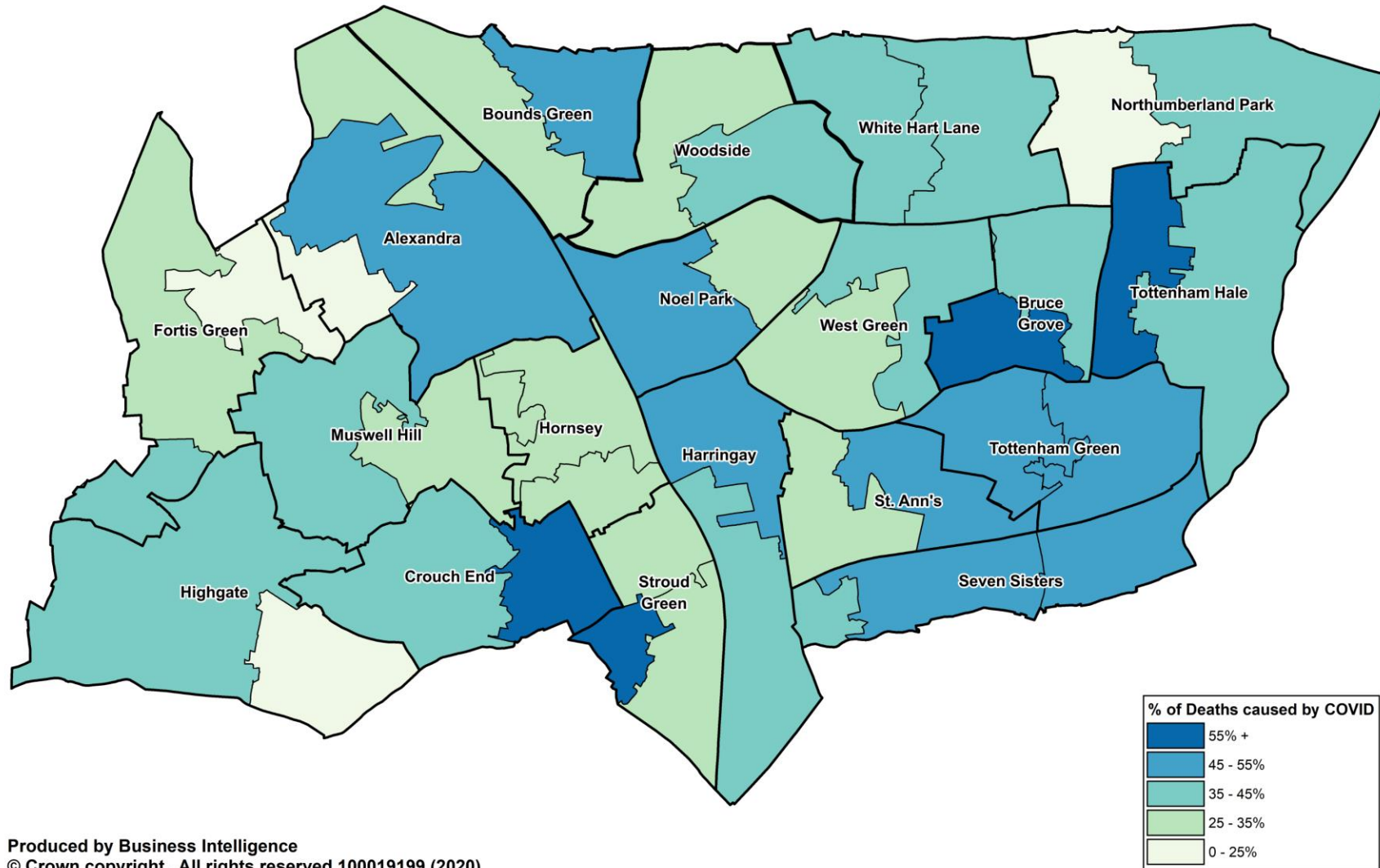
This data tells us that:

- Roughly 20-30% of the variation in the number of Covid-19 deaths across Haringey's neighbourhoods can be attributed to any of the factors listed in the table (apart from age)
- Deprivation and poor population health appear to be the factors that account for the most variation between neighbourhoods
- Deprivation disproportionately affects BAME communities in Haringey. This may explain why the neighbourhoods with higher BAME populations and more non-UK national residents have had more Covid-19 related deaths
- Although being older is a risk factor for individuals, at a neighbourhood level the areas with the most older people have had fewer Covid-19 deaths. This is probably because these areas are relatively affluent.

If Tottenham Green East is excluded from the dataset on account of its high number of care homes, the pattern across the rest of the Borough comes out stronger, with higher degrees of correlation of the above factors with Covid-19 deaths. Average household size also emerges as a factor with strong positive correlation.

Correlation analysis of number of Covid-19 deaths from March to June 2020 in Haringey's MSOAs			
	Metric	Correlation coefficients (r)	Coefficients of determination (r <sup>2</sup> )
Demographic	BME population (%)	0.52	0.27
	No religion (%)	-0.52	0.27
	% population aged 65+	-0.28	0.08
	Country of birth: Not United Kingdom (%)	0.46	0.21
	% of households where no people in household have English as a main language	0.45	0.21
Economy/deprivation	Couple household without dependent children	-0.56	0.32
	Higher managerial, administrative and professional (%)	-0.48	0.23
	Lower managerial, administrative and professional (%)	-0.50	0.25
	Never worked and long-term unemployed (%)	0.48	0.23
	Routine occupations (%)	0.44	0.19
	Semi-routine occupations (%)	0.43	0.18
	Economically inactive %	0.48	0.23
	IMD: Overall - score	0.48	0.23
	% living in income deprived households reliant on means tested benefit	0.46	0.21
	Unemployment Rate	0.45	0.20
	Total Mean Annual Household Income (£)	-0.45	0.20
	Owned: Owned with a mortgage or loan (%)	-0.44	0.20
	Social rented (%)	0.41	0.17
	% of people aged over 60 who live in pension credit households	0.44	0.19
	% of households with no adults in employment: With dependent children	0.41	0.17
Health-related	Emergency hospital admissions for all causes (count)	0.63	0.40
	Adult obesity (3 year average, %)	0.53	0.28
	Very bad health (%)	0.52	0.27
	General health bad or very bad - %	0.45	0.20
	Number of care home beds	0.51	0.26
	Life expectancy, birth (males, 5 year)	-0.49	0.24

Percentage of Deaths (March to June 2020) caused by COVID

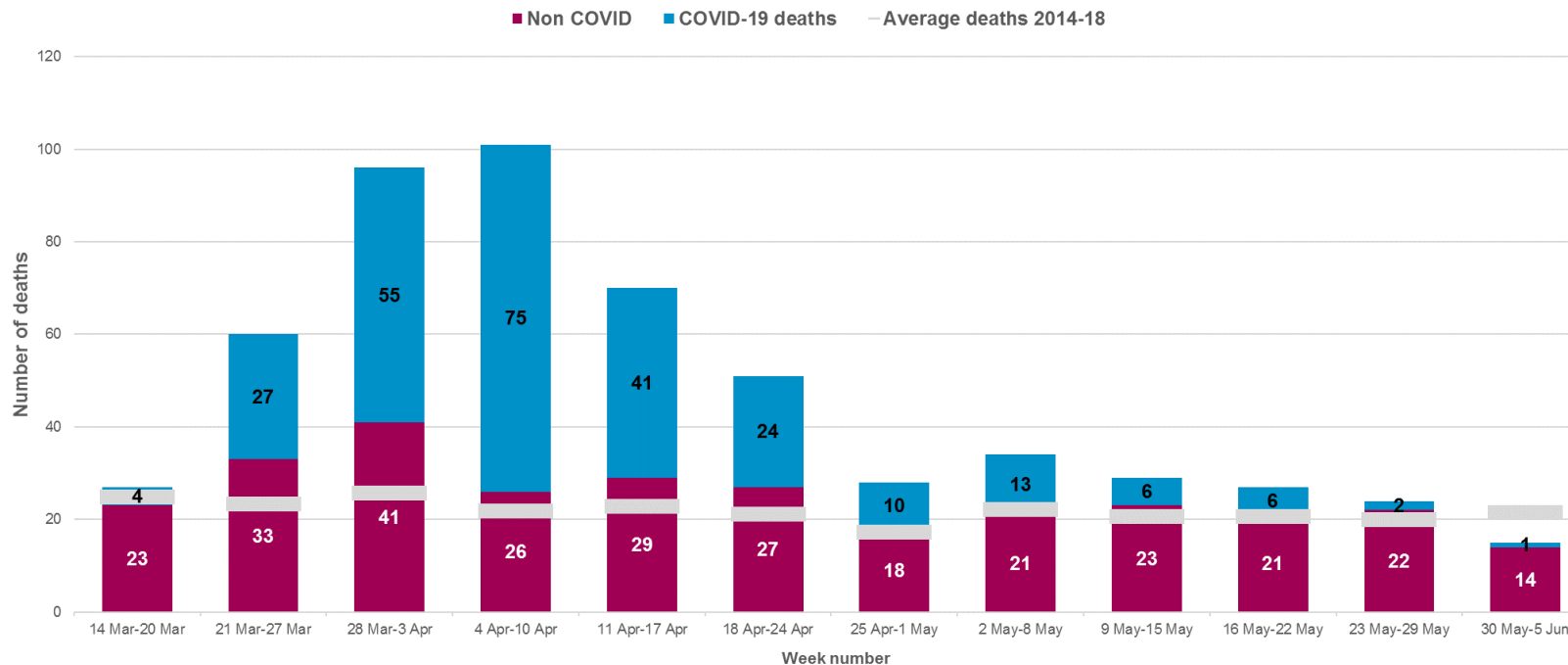


This map demonstrates what **proportion** of all deaths in Haringey MSOAs between March and June were due to Covid-19. There are high-proportion localities in the East of the borough, corresponding with the high number of cases and deaths in total.

However, there is a pocket of high concentration in the south-west of the Borough. The cause of this is as yet unknown, but may be due to a low overall number of deaths.



## All deaths in 2020 by week, with proportion where COVID-19 is mentioned - Haringey

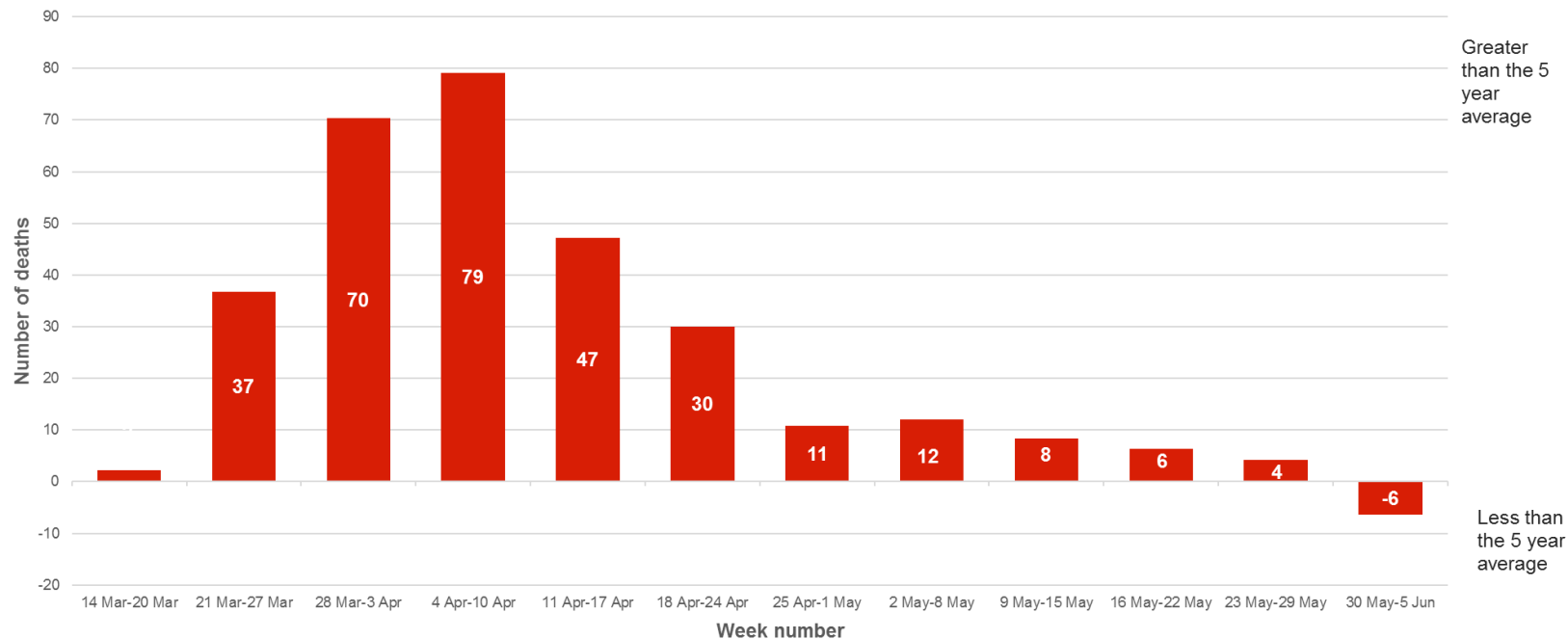


- No deaths related to COVID-19 took place prior to the start of lockdown in **Haringey** (week commencing 14<sup>th</sup> March).
- Since the week of lockdown, **274** deaths were related to COVID-19
- The highest number of deaths in a week took place in the week commencing 4<sup>th</sup> April.

**Note:** Week number refers to week that the death occurred. Excess number of deaths in Week 1 is currently being investigated by ONS as the 2014-2018 average number of deaths is lower than expected.

**Source:** ONS 2020

## Excess deaths (2020 deaths minus 2014 to 2018 registered average) - Haringey

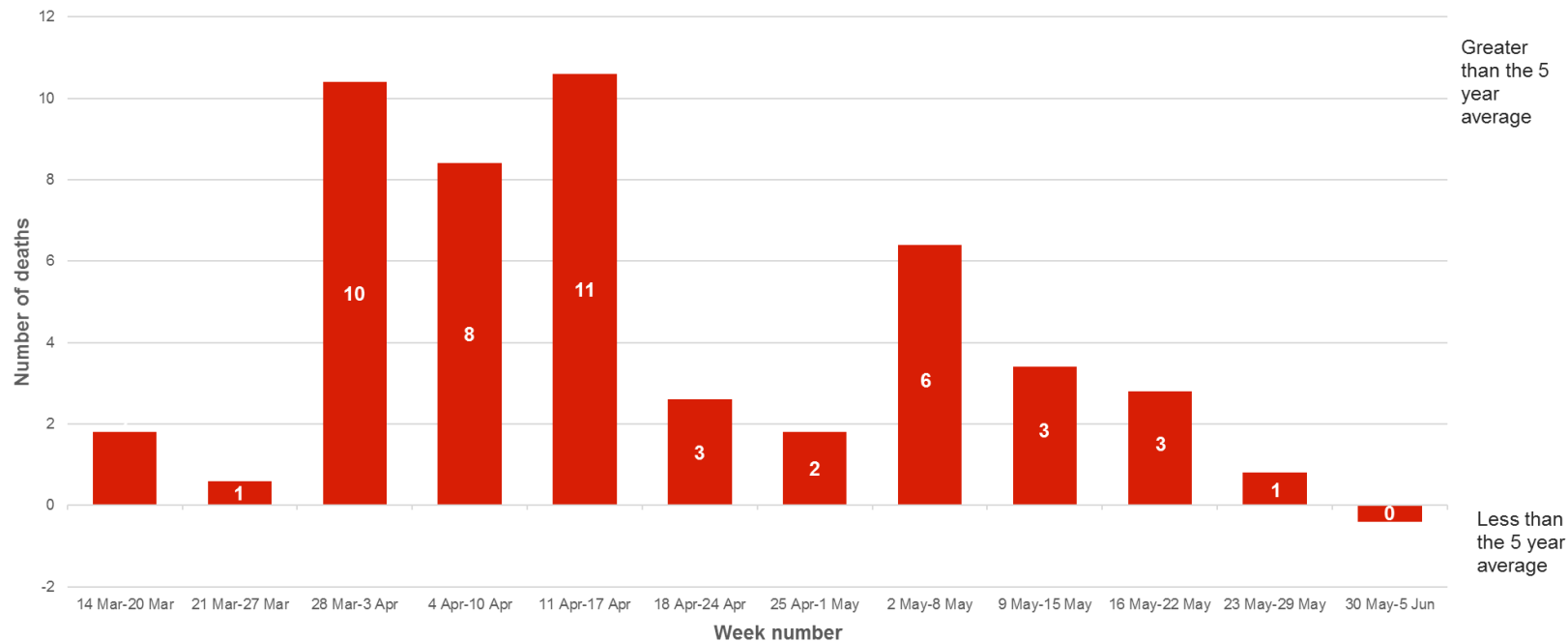


**Note:** Week number refers to week that the death occurred. Excess number of deaths in Week 1 is currently being investigated by ONS as the 2014-2018 average number of deaths is lower than expected.

**Source:** ONS 2020

- Since the 14<sup>th</sup> March there has been a total number of **308 excess deaths** in **Haringey**, compared to the average number of deaths in 2014-2018.
- Of these excess deaths, 260 (84%) were related to COVID-19.

## Excess deaths in care homes (2020 deaths minus 2014 to 2018 registered average) - Haringey

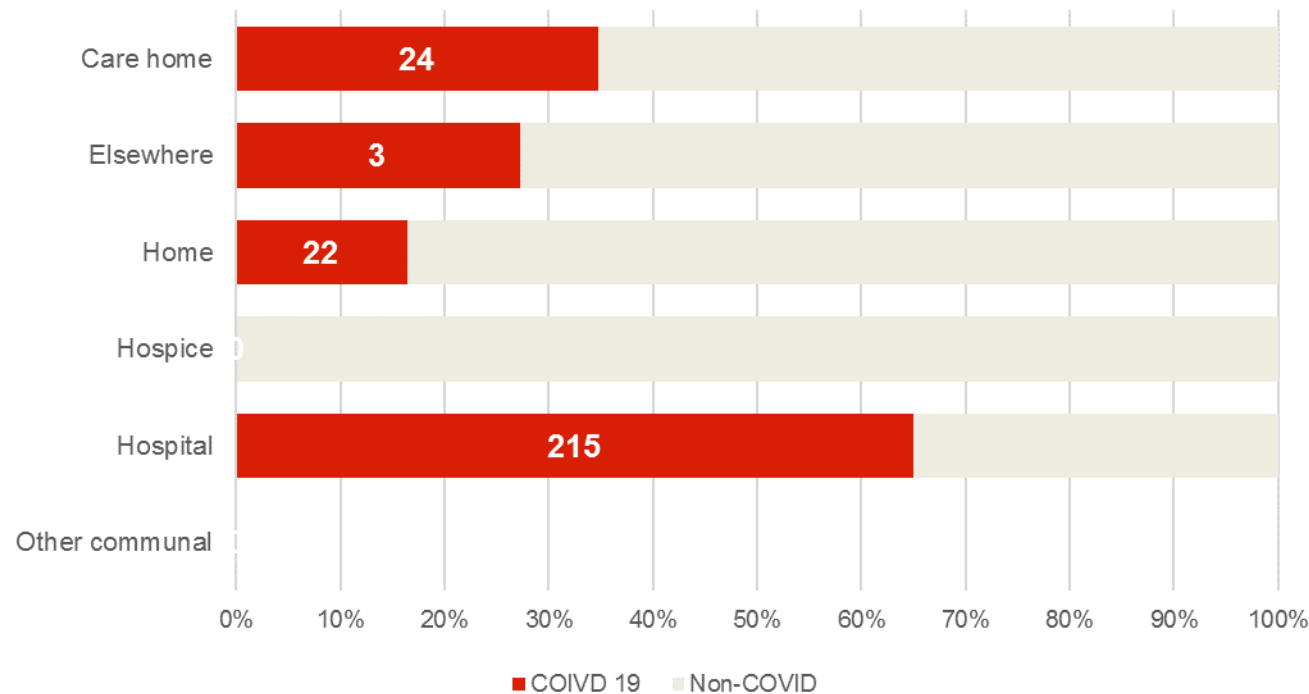


- Since March 14<sup>th</sup> there have been a total of 50 excess deaths in **Haringey** care homes compared to the average number of deaths in 2014-2018.
- Of these 22 (44%) were attributed to COVID-19.

**Note:** Week number refers to week that the death occurred. Excess number of deaths in Week 1 is currently being investigated by ONS as the 2014-2018 average number of deaths is lower than expected. Care home deaths include nursing and residential homes

**Source:** ONS 2020

## Deaths by place of death (cumulative percentages), for deaths that occurred from 14 March to 05 June 2020 but were registered up to the 13 June 2020, by place of occurrence, Haringey



- **264** deaths in **Haringey** were COVID-19 related.
- Majority of COVID-19 related deaths of **Haringey** residents took place in a hospital (**81%**).
- **Just over 1/3** of all deaths in **Haringey** care homes were related to COVID-19.
- **65%** of all hospital deaths of **Haringey** residents were related to COVID-19.

## Groups at higher risk from COVID-19

### Those at moderate risk (PHE):

- those who are 70 or older
- are pregnant
- have a physical disability
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes (9.1% of Haringey residents)
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are overweight or obese (48.7% of Haringey adults)
- smokers (20.8% of Haringey residents)

### Other groups with a higher risk:

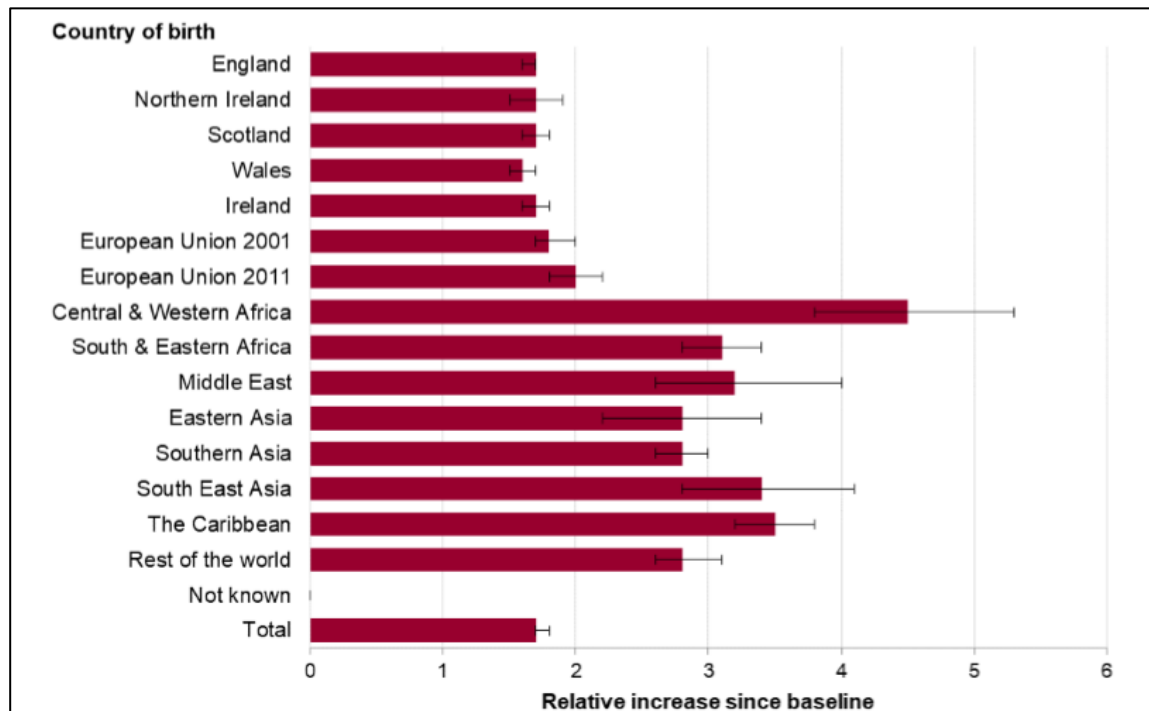
- BAME groups
- Men
- Those experiencing greater levels of deprivation
- Certain occupations
- Adults with usually low/moderate physical & mental health needs but under acute financial strain
- Adults with learning disabilities and or complex mental health issues

## Estimated numbers of population at risk: NCL

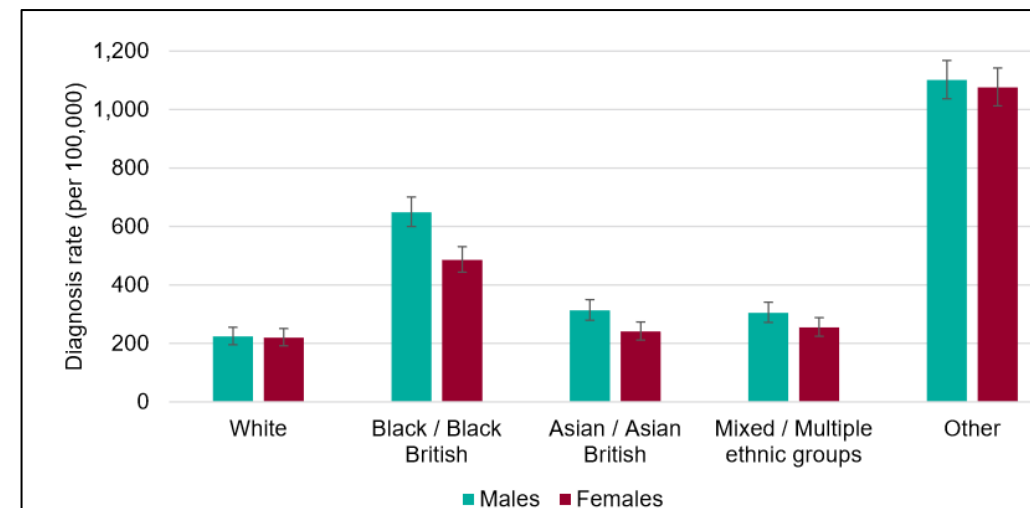
Borough	Estimated number of people aged 70+ years (with or without clinical risk factors)		Estimated number of people in clinical risk group (based on flu vaccine risk group data) age <70 years		Estimated number of women currently pregnant (and <u>not</u> incl. in clinical risk factor group)		Total number of people at increased risk of severe illness from COVID-19		Total area all-age population (ONS mid-2018)
<b>Haringey</b>	18,573	7%	33,827	12%	3,842	1%	56,242	21%	270,624
<b>Islington</b>	14,613	6%	30,085	13%	3,352	1%	48,050	20%	239,142
<b>Camden</b>	22,127	8%	26,582	10%	2,851	1%	51,560	20%	262,226
<b>Barnet</b>	40,500	10%	44,945	11%	5,375	1%	90,820	23%	392,140
<b>Enfield</b>	31,689	9%	40,777	12%	4,266	1%	76,732	23%	333,869

### Groups at additional risk: BAME Communities

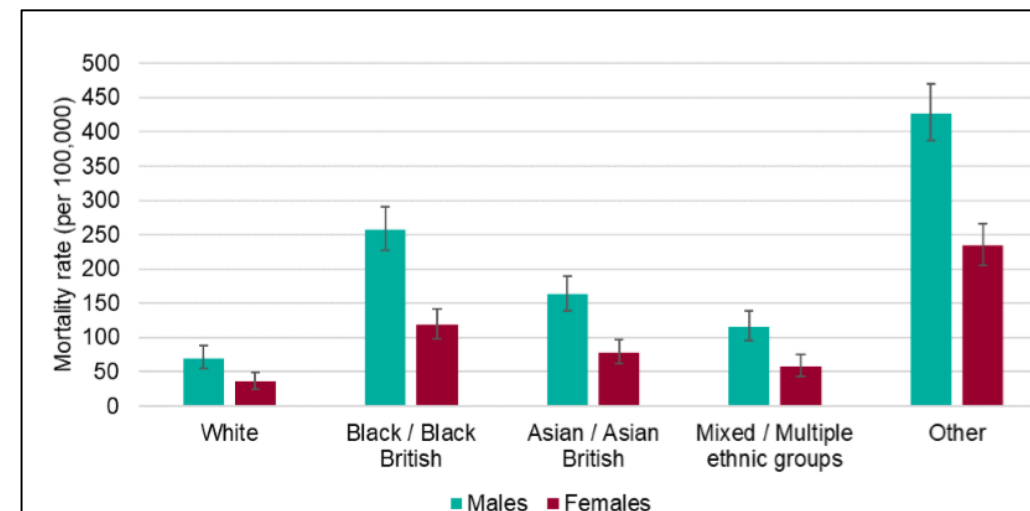
- Black/Black British, Asian/Asian British, and people of mixed ethnicity are more likely to be diagnosed with and/or die from Covid-19
- People from Africa, the Middle East, Asia, and the Caribbean who are living in the UK are more likely to die from Covid-19 than people who were born in the UK or Europe



**Figure 6.1.** Relative increase in total deaths registered in England in 2020 compared to the average for 2014 to 2018, 21 March to 8 May, by country of birth.\* Source: Public Health England analysis of ONS death registration data.

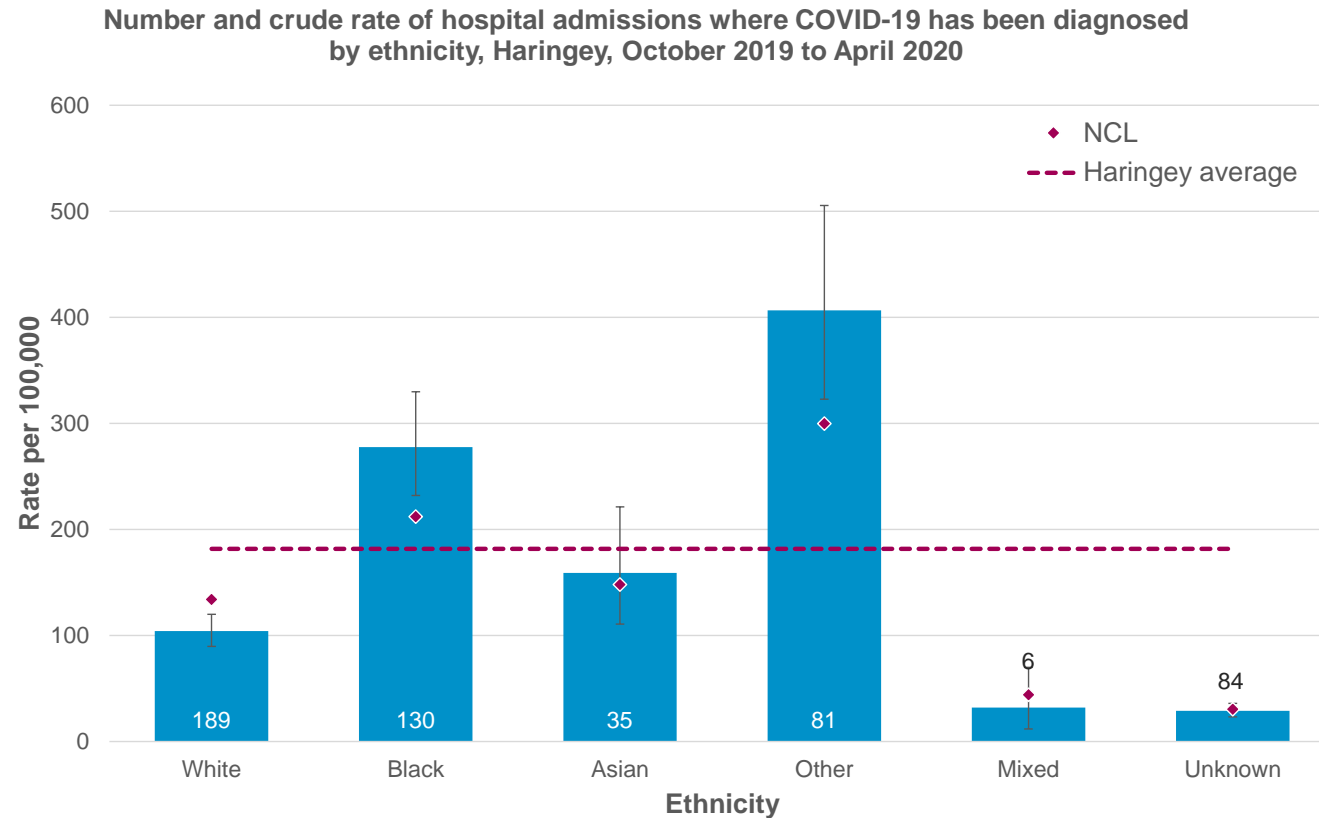


**Figure 4.2.** Age standardised diagnosis rates by ethnicity and sex, as of 13 May 2020, England. Source: Public Health England Second Generation Surveillance System.



**Figure 4.5.** Age standardised mortality rates in laboratory confirmed COVID-19 cases by ethnicity and sex, as of 13 May, England. Source: Public Health England: COVID-19 Specific Mortality Surveillance System.

### Rate of hospital admissions where COVID-19 has been diagnosed by ethnicity, Haringey



- The highest rate of hospital admissions in Haringey was for people of other ethnic groups (407 per 100,000), followed by Black people (278 per 100,000). These rates are both higher than the Haringey average rate of 182 per 100,000.
- On the other hand, the admission rate for white people (104 per 100,000) is lower than the Haringey average rate.
- 16% of COVID-19 hospital admissions in Haringey did not have ethnicity recorded, similar to the NCL average (17%).

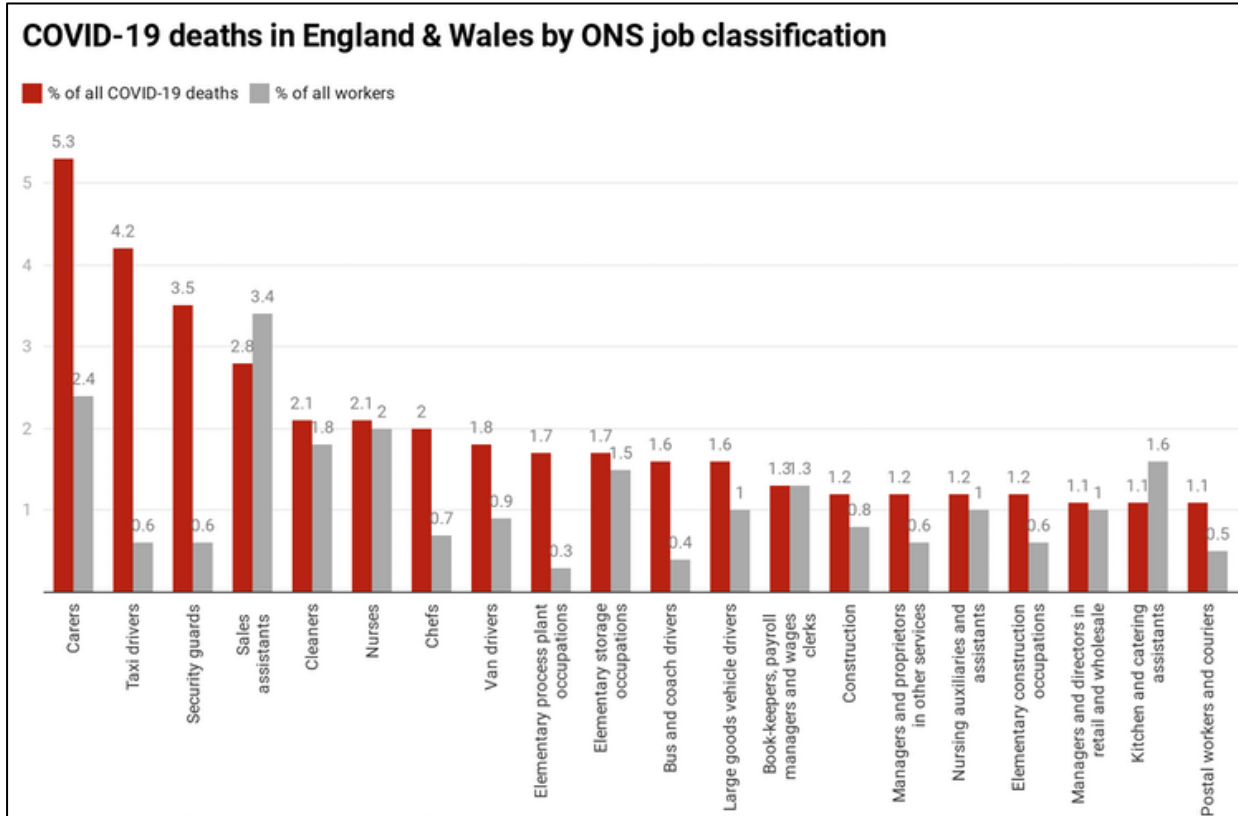
**Note:** The rate is calculated over the 2020 GLA 2016 housing led population estimates for each ethnic group. For the unknown category, the overall population in the borough is used as a denominator.

**Source:** CSU data warehouse, June 2020

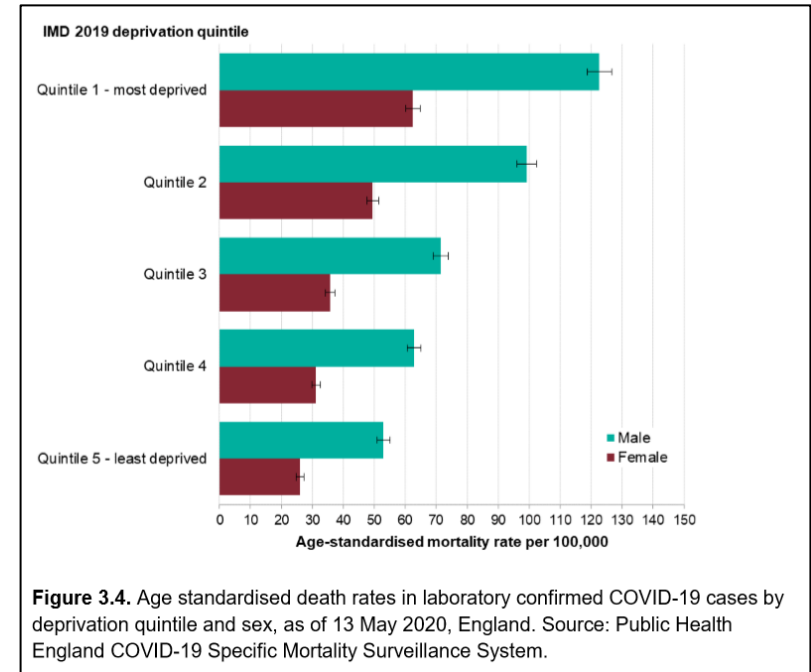


### Groups at additional risk: Deprivation and Occupation

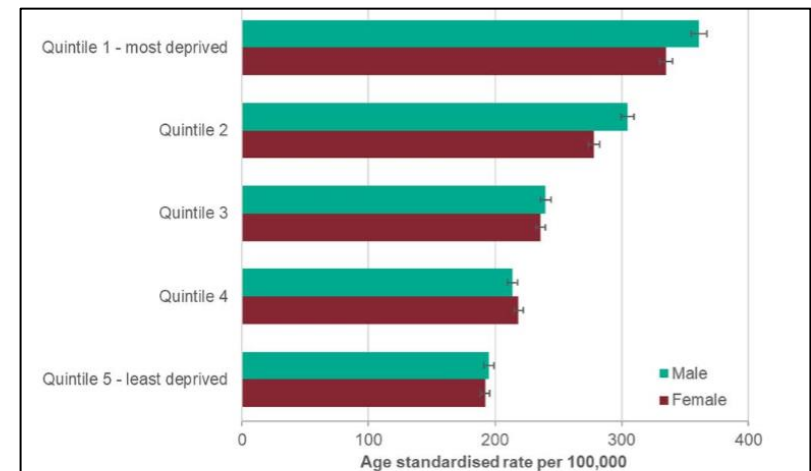
- People in public-facing occupations such as taxi drivers, security guards, and health and social care workers make up a disproportionate number of Covid-19 deaths
- People in the most deprived quintiles are disproportionately likely to be diagnosed with and/or die from Covid-19



Author's analysis of Office for National Statistics data. England and Wales aged 20 to 64 only.  
Chart: The Conversation • Source: ONS

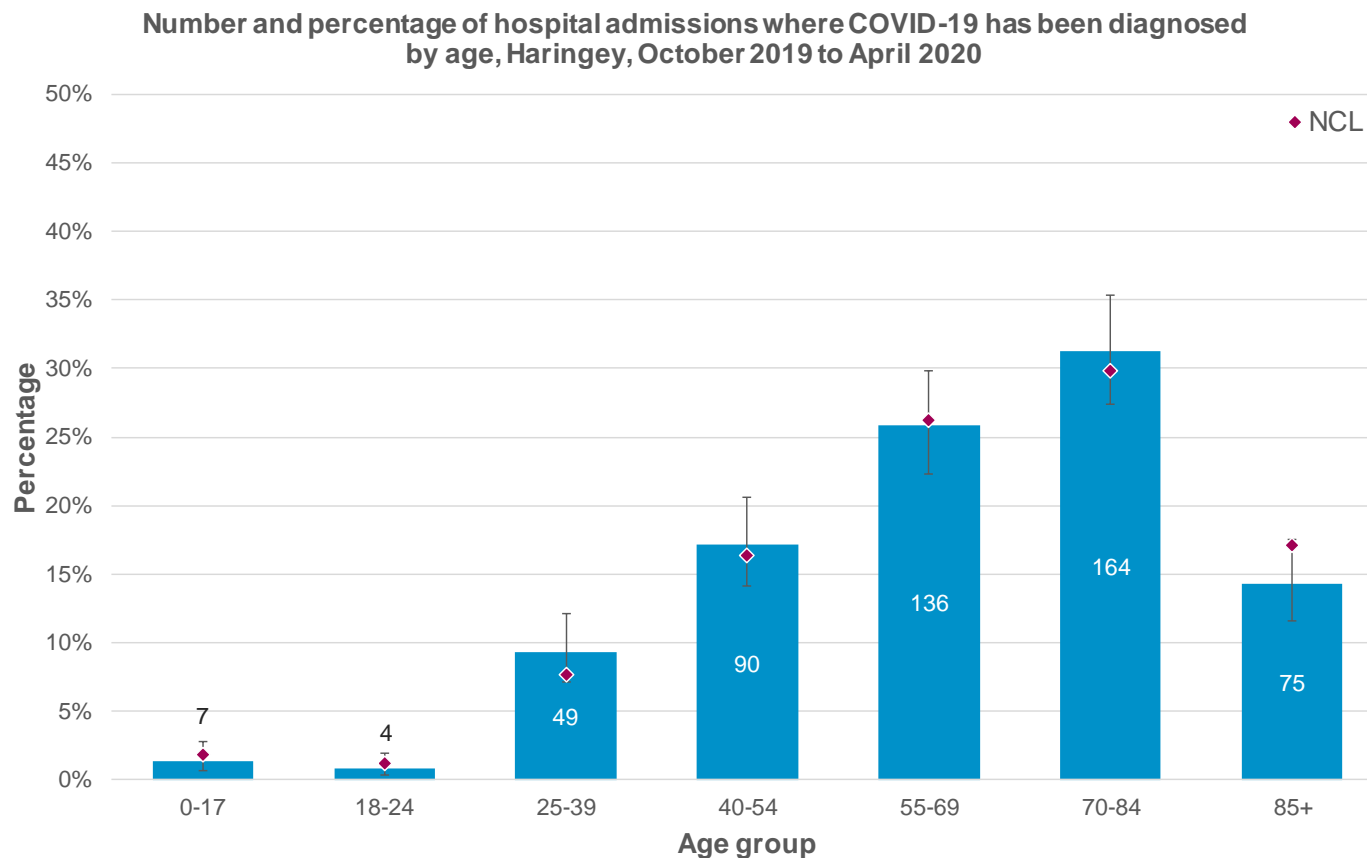


**Figure 3.4.** Age standardised death rates in laboratory confirmed COVID-19 cases by deprivation quintile and sex, as of 13 May 2020, England. Source: Public Health England COVID-19 Specific Mortality Surveillance System.



**Figure 3.2.** Age standardised diagnosis rates by deprivation quintile and sex, as of 13 May 2020, England. Source: Public Health England Second Generation Surveillance System.

## Hospital admissions where COVID-19 has been diagnosed by age, Haringey



**Note:** Number indicates the number of admissions by age group.

**Source:** CSU data warehouse, June 2020

- The proportion of admissions by age group follows the same gradient as it does in all North Central London, increasing by age up to the 70-84 year age group (31%). However, there is no difference between the 55-69 age group and the 70-84 age group.
- The proportion of admissions by age group is similar to the NCL average for each group.

## 2.1. Shielding

---

Over 9,000 Haringey residents have been shielding from Covid-19. The majority of these people are aged 65+ and/or have serious health conditions that increase their vulnerability to Covid-19. There are more people shielding from Covid-19 in the more deprived areas of Haringey than in the less deprived areas.

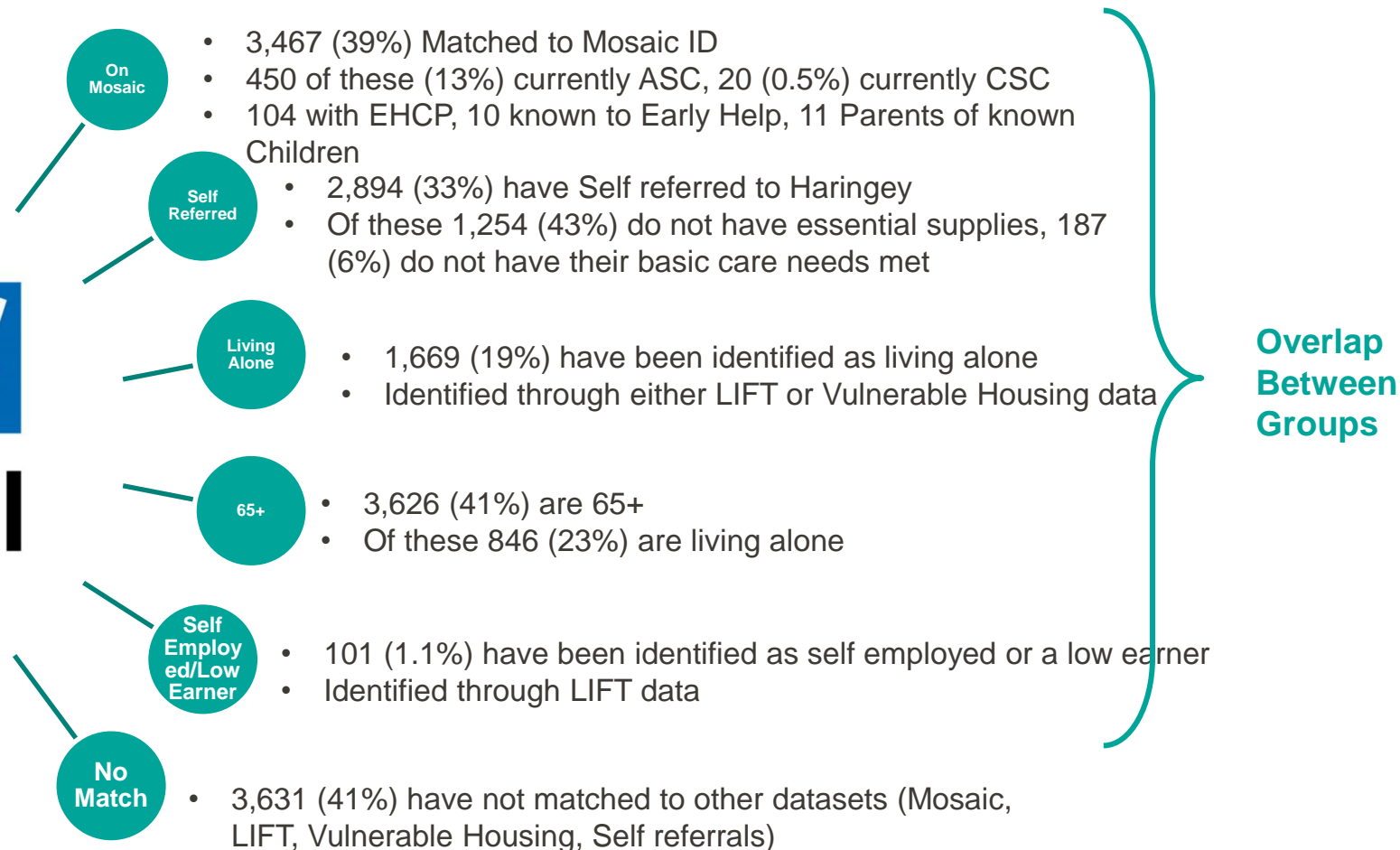
People who have been shielding are likely to experience long-term consequences from the time they have spent shielding. These may manifest in terms of mental health, relationships with family and friends, and employment. This raises the prospect of long-term health inequalities and a likely rise in demand for local public services among people who have been shielding.

## Those at high risk: Who is in the Shielded Cohort?



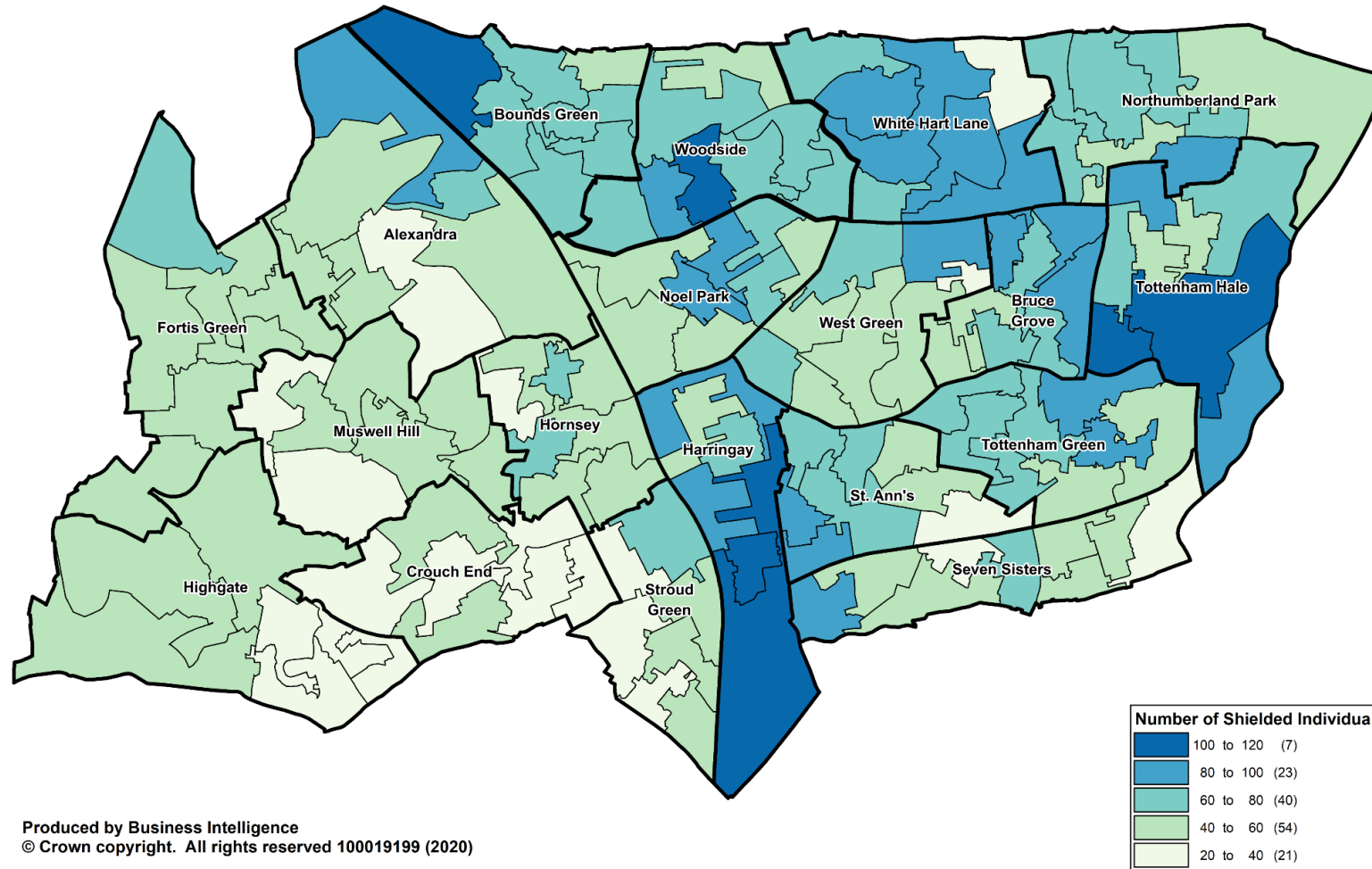
**Digital**

**9,044**  
Individuals



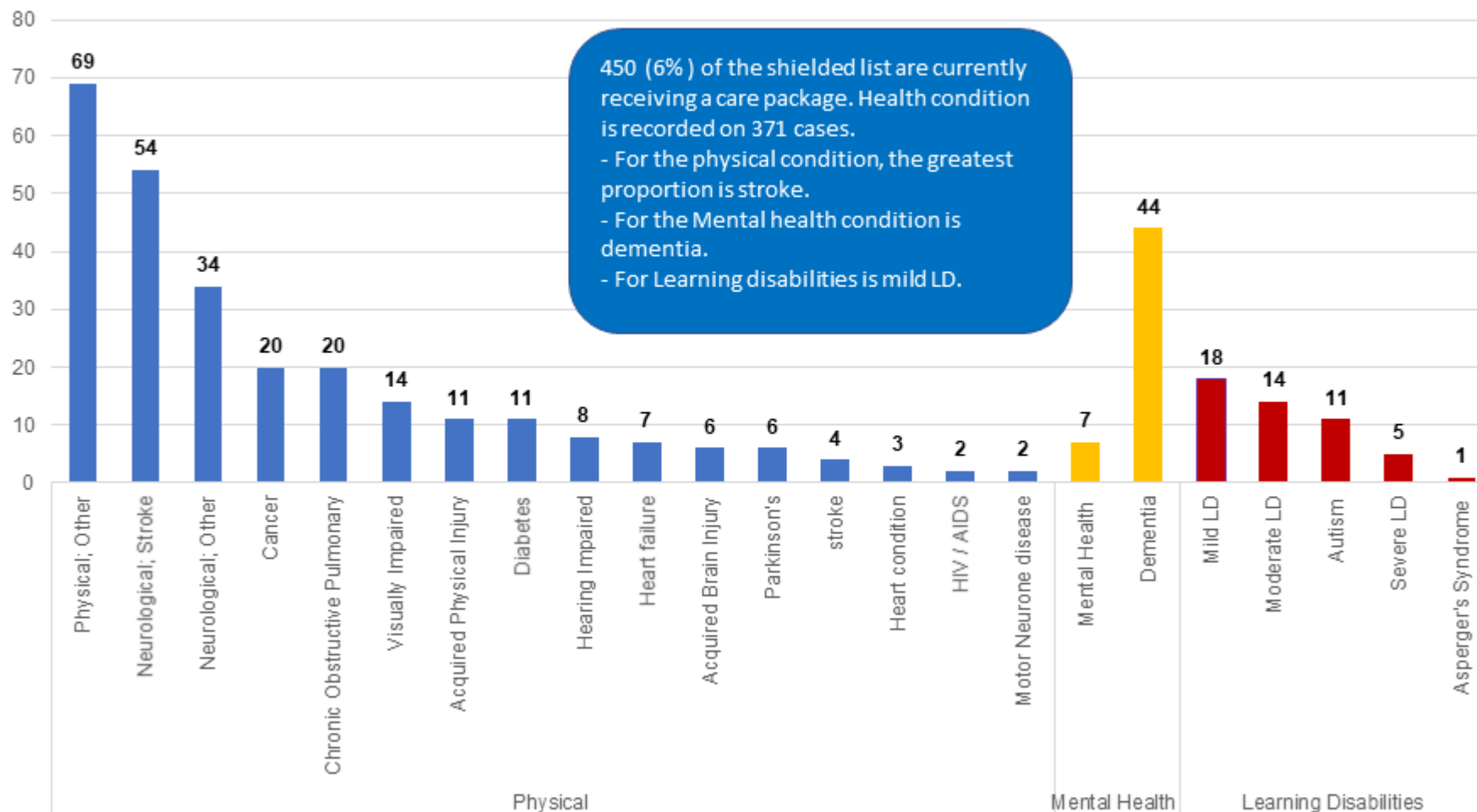
# Map of the Shielded Cohort

NHS Shielded List (9,044 Individuals)





### Number of shielded people known to Adult Social Care by Health condition



Survey data from the Office for National Statistics shows that:

- Of the 2.2m clinically extremely vulnerable people advised to shield, 63% reported completely following shielding guidance and 33% reported mostly following guidance
- 51% of people advised to shield had not left their home or garden by 3<sup>rd</sup> June since being advised to shield. Of those who had left their home/garden, the most common reasons were to attend a GP or hospital appointment (26%), collect prescriptions or have blood tests (23%), shop for essentials (24%), and exercise (53%).
- 5% reported having Covid-19 symptoms since being advised to shield
- 35% reported negative impact on their mental health since being advised to shield (40% of women, 30% of men)
- 28% of those advised to shield are in employment. Of these, 36% are working from home, 36% are furloughed, 6% are on the Self Employment Income Support scheme, 17% have stopped working, and 5% are working outside the home. Those who have stopped working report a more severe negative impact on their mental health

([ONS](#), 29<sup>th</sup> June)



### 3. Community Impact

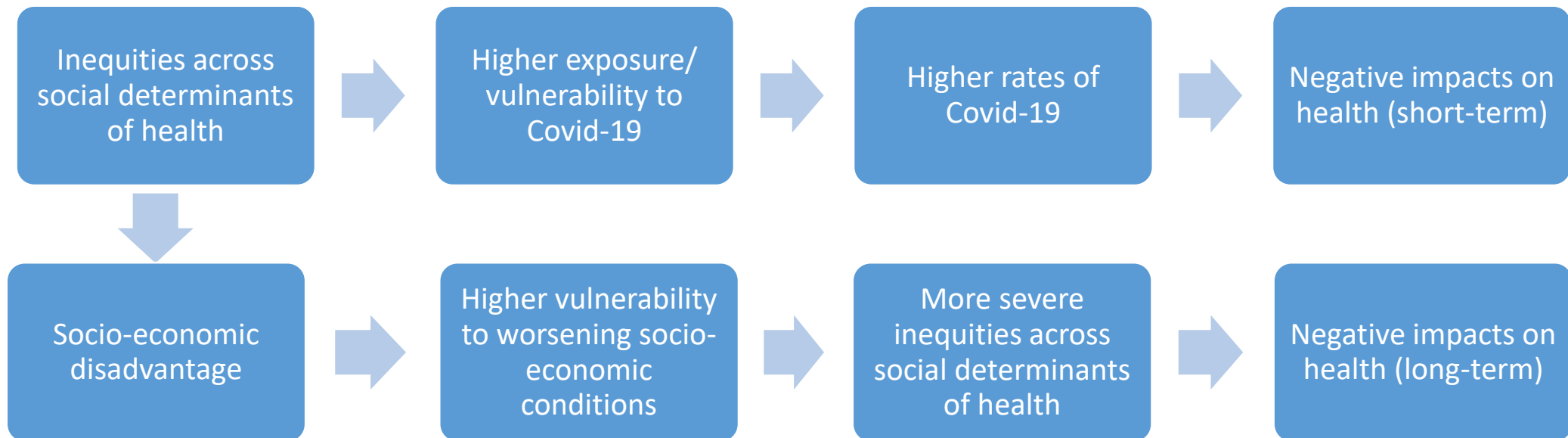
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The topics that are outlined in the following slides are **social determinants of health**. The social determinants of health are the conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions. Social determinants of health include aspects of the **social environment** (e.g., employment, food security, relationships), the **physical environment** (e.g., built environment, transportation system, housing), and **public services** (e.g., healthcare, benefits, pensions, education).

Social determinants of health are linked to opportunities and resources to protect, improve, and maintain health. Taken together, inequalities in these opportunities and resources are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between populations.

The social determinants of health are an important concept in the context of the Covid-19 pandemic for two key reasons:

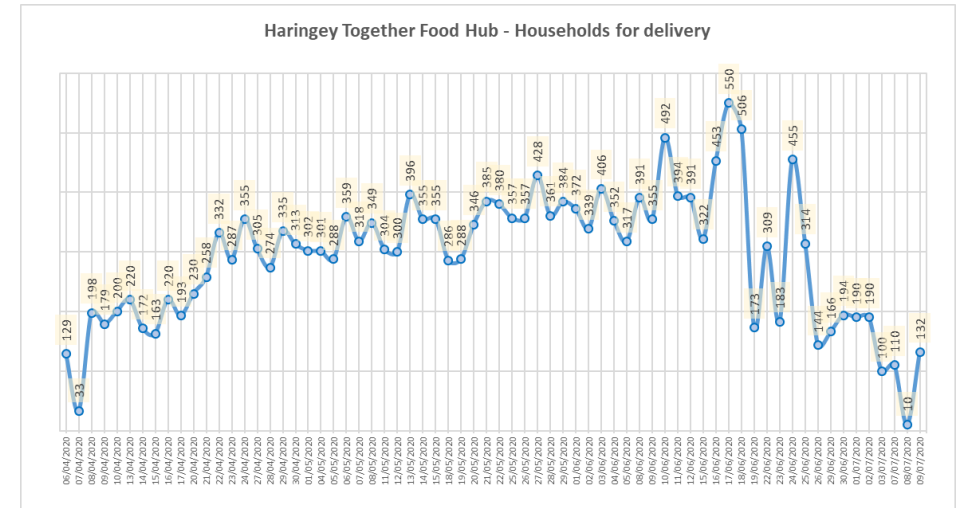
- Groups of people who have experienced inequalities across various social determinants of health are likely to experience worse health and therefore be more vulnerable to a pandemic
- To the extent that the Covid-19 pandemic affects those areas of life that are social determinants of health, it may cause long-term health inequalities



Over 20,500 Food Parcels have been delivered to over 3,300 unique households by July 2020. These food parcels were in addition to weekly food supplies provided by the Government to those on the Shielded list

We are developing and implementing a sustainable model, with the voluntary and community sector and the London Food Alliance, to strengthen the network of food banks, developing a more co-ordinated approach across partners to support supply and to meet demand through the formation of the Haringey Food Alliance.

Connected Communities is a first point of contact via Phone, e-mail or Online. The Connected Communities Model is one of large-scale impact with a clear intent to build capability and to withdraw as systems become sustainable. Able to guide to who is best to support residents from all partners including local volunteers and organisations



## Connected Communities



New partnership VCS and Faith Communities Support Team established to support the sector with issues around lockdown, funding for crisis work, long term infrastructure funding support, applications to alternative funding, links to connectivity.



Nearly 700 offers of volunteering support being triaged with the support of our Volunteer Centre and Council resources.

Volunteer placements at Ally Pally and Spurs – Working closely with Mutual Aid and other VCS organisations such as Reach and Connect who signed up 120 telephone befrienders.

Devices purchased to support vulnerable residents, families, young people and carers with Connectivity and access to the internet



Reablement Service (CRS) led the way in supporting C19 patients back to their homes.

The reablement service remodelled to increase capacity (they doubled the number of hours from 600 to 1300) by recruiting new carers and changing rotas

4,000 Free School meal and Healthy Start voucher applications have gone out to households



Supporting 1000+ Family Carers; A staff volunteer group supported by FRT, working in partnership with the CCG has contacted family carers to carry out welfare checks to over 600 households so far

23 projects have been funded so far totalling: Raised through Haringey Giving: £103,000



Mental Health Services are working in close partnership with the Trust, CCG and voluntary sector to offer people support. Wellbeing hub run by MIND offers more intense support to those who may be struggling on their own and feel very isolated.

Since March 23rd we have secured more than **12,000 nights** of emergency accommodation for **420 single homeless adults**.

As well as accommodation, the HRS Control Room are making around **100 daily welfare calls**, **150 weekly welfare calls**, delivering **300 hot meals per day**, have supported **50 new GP registrations**.

In our May street count, we recorded **8 people sleeping rough**, our lowest ever recorded figure. All 8 people have an offer of accommodation waiting for them should they wish to accept it.

Council staff are delivering **on-site support in all Haringey accommodation** provision.

The Housing-Related Support Team has recruited **19 new frontline staff** & now directly delivers **3 accommodation services** for **156 people**.

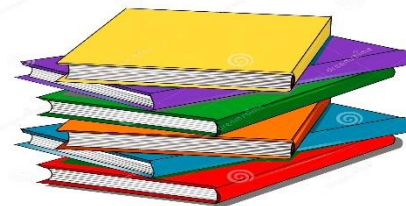


**HALS: 529 learners** including **324 ESOL learners** and **178 Functional Skills learners** enrolled

**HALs** is also working with:

- **Health, third sector partners** on additional activities to keep residents **active, connected and well**
- **Haringey Works** and **skills** partners to develop new upskilling opportunities
- Central London boroughs on a '**Keep London Learning**' initiative to maintain existing & engage new residents

Even though Libraries have had to close, there is a lot on **offer online** which we have been signposting residents to via the **Council's website and Social Media channels**, as well as the **Libraries App**. We have **e-books and audiobooks**, as well as **online newspapers and magazines** available via the **Press Reader website and App**. **all free to library members**.



## 3.1. Housing

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The following slides set out how:

- People living in the private-rented sector (PRS) are more likely to have experienced housing insecurity, job insecurity, and financial pressure as a result of the Covid-19 crisis than people who own their homes
- People living in social housing are more likely to have experienced financial difficulties than people who own their homes and are more likely to subsequently have issues with debt
- People living in the PRS are more likely to live in poor quality housing, which will have made compliance with stay-at-home requirements more challenging and which may have increased risk of contracting Covid-19
- People living in overcrowded housing are more at-risk from Covid-19 and will have faced additional challenges complying with stay-at-home requirements. Overcrowded housing is more common in Tottenham than most places in the UK
- Despite the moratorium on evictions, there are signs that homelessness has increased among single adults
- People who sleep rough and those who are experiencing homelessness have been housed in emergency accommodation

The ways in which the Covid-19 crisis has interacted with the housing market and people's lived experiences of their housing is likely to have exacerbated existing inequalities. Haringey residents on lower incomes, young people, BAME communities, and lone parents are likely to have faced challenges associated with housing on a disproportionate scale. This will, in turn, increase the scale of the challenge of ensuring that all Haringey residents can have a safe, stable, and affordable home.

Good quality, affordable housing is a social determinant of health. To the extent that the Covid-19 crisis leads to reduced access to such housing, it can be expected to have a long-term negative impact on the health of residents who experience housing inequality.



The Covid-19 pandemic has had different and disproportionate impacts on people in terms of their housing tenure. Increased housing insecurity associated with tenure is likely to negatively impact people's physical and mental health ([Health Foundation](#), 7<sup>th</sup> May).

For **social tenants**, Covid-19 has had an impact in terms of residency and debt. In terms of residency, choice-based lettings were suspended, meaning only direct allocations were made to households in need of new accommodation, and construction of new homes in the Council's Housing Delivery Programme has been delayed, affecting supply of new homes locally and potentially lengthening the time that households living in temporary accommodation will have to spend before securing a social tenancy. In terms of debt, 805 Haringey social tenants entered rent arrears during the Covid-19 crisis, but for 534 of these their arrears remain low.

Compared to the same period in 2019, between March and August 2020 Haringey CAB saw the number of people needing advice related to accessing and provision of Council/Housing Association accommodation increase by more than over 300%, and a rise of over 200% related to suitability of Local Authority housing.

**Private renters** have been more exposed to the economic shock of Covid-19. People living in privately rented properties are 40% more likely to work in shutdown sectors than homeowners ([Resolution Foundation](#), 28<sup>th</sup> April). This accounts for the fact that renters are more likely than homeowners to have been furloughed, made redundant or lost hours and pay ([Resolution Foundation](#), 30<sup>th</sup> May). As the average renter spends a third of their income on housing – compared with 17% among homeowners – they are more likely to find themselves struggling to meet payments, increasing their risk of eviction if they are unable to address any arrears following the moratorium on evictions. This is borne out in the Resolution Foundation's finding that while 8% of homeowners with a mortgage have failed to cover their housing costs since the start of the pandemic, this rises to 13% of private renters. While the option of mortgage holidays has provided some short-term alleviation for those who own their homes, no such payment relief was afforded to renters. 12% of people with mortgages have secured a mortgage holiday, compared to 5% of renters who have negotiated a rent holiday or lower rent ([Resolution Foundation](#), 30<sup>th</sup> May).

As renters spend proportionately more on housing costs and other essentials, they are less able to accommodate reductions in income ([ONS](#), 11<sup>th</sup> June). The Resolution Foundation reports that 25% of private renters have cut back on other items in order to afford housing costs, compared to 19% of social renters and 16% of people with mortgages ([Resolution Foundation](#), 30<sup>th</sup> May).

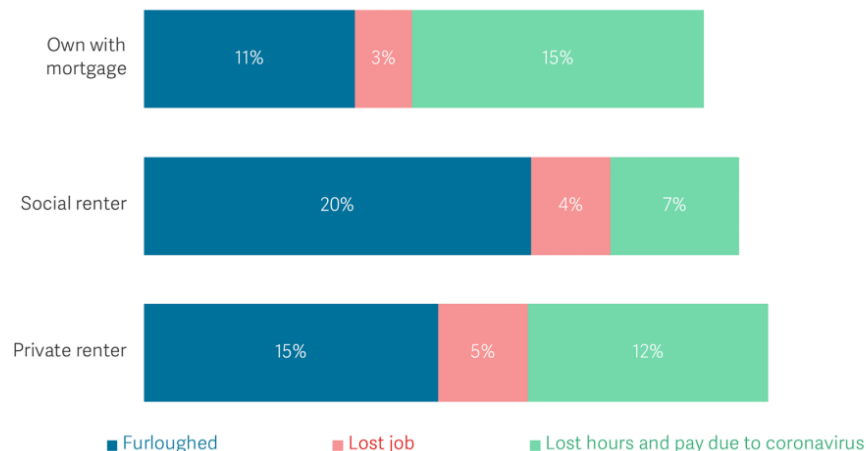
The disproportionate impact on private renters is validated by Shelter, who have seen an increase in people in the private rental sector in need of urgent support and housing advice. In April, advisers responded to 2,091 web chats, 48% of which were directly related to the impact of coronavirus, and received a total of 24,134 calls, an increase of 18% compared to the previous month. Of the calls answered, over half were directly related to the impact of coronavirus ([Shelter](#), 1<sup>st</sup> May). Haringey CAB saw a rise of almost exactly 300% on case issues related to private sector rented properties.

The benefits system is likely to exacerbate vulnerabilities among private renters as local housing allowance is insufficient to cover average local rents, even accounting for the UC uplift. The median private rent in Haringey is £1,495 (£345 per week). LHA for a 2 bed flat is £246-£295 per week, leaving a potential shortfall of £50-£99 ([Shelter](#), 7<sup>th</sup> May)



Proportion of employees who have experienced job changes since the coronavirus outbreak, by housing tenure: UK, 6-11 May 2020

RF

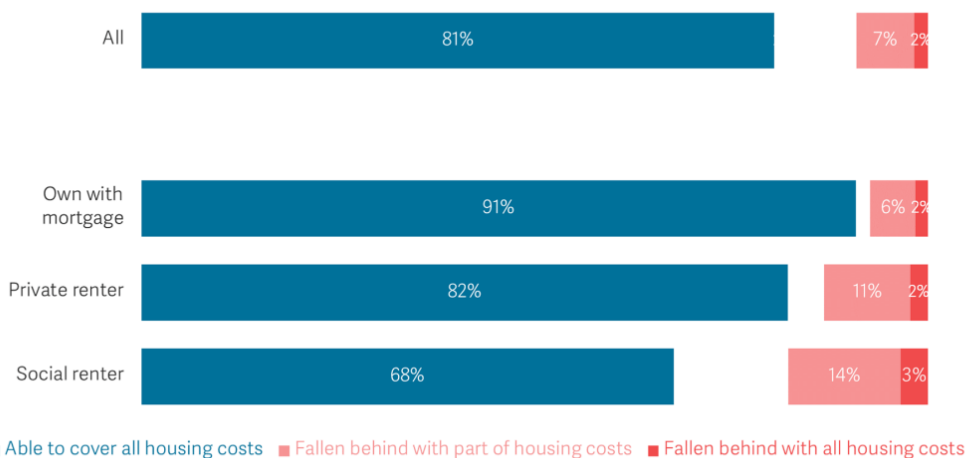


Notes: Base = all UK adults aged 18-65 who had an employee job prior to the coronavirus outbreak. 'Furloughed' and 'lost job' relate to employees' main job; 'lost hours and pay due to coronavirus' captures employees not in either of these first two groups who are working fewer hours than their usual hours before the coronavirus outbreak, which they state has happened for coronavirus-related reasons, and who have also experienced decreases in earnings. Source: RF analysis of YouGov, Adults aged 18 to 65 and the coronavirus (COVID-19).

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Proportion of individuals, by ability to cover housing costs since the coronavirus outbreak and housing tenure: UK, 6-11 May 2020

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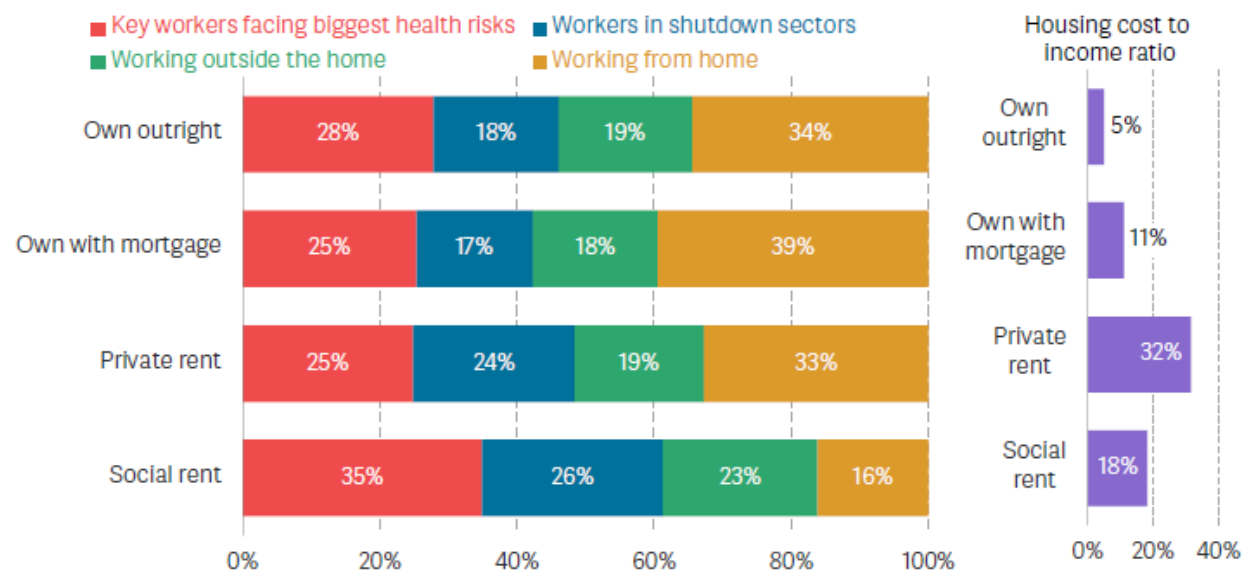


Notes: Base = all UK adults aged 18-65 who provided information on housing costs. The gaps in the middle of each set of bars comprise people who responded 'have no housing costs', 'prefer not to say', or 'don't know'. Source: RF analysis of YouGov, Adults aged 18 to 65 and the coronavirus (COVID-19).

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FIGURE 7: Employed renters are more likely to work in jobs bearing the greatest economic and health risks in this crisis than home owners

Proportion of workers aged 16-69 in each coronavirus job group and housing cost to income ratio, by housing tenure: UK, 2019



NOTES: The housing cost to income ratio is calculated using DWP, Family Resources Survey. Housing costs are calculated net of housing benefit such that housing benefit is excluded from both income and housing costs. Income is net income after taxes have been deducted but before housing benefit is deducted. Income and housing costs assumed to be shared equally between family units within each household. Workers are assigned to groups based on their industry and occupation of work. The predicted probability of being able to work from home is drawn from analysis of waves 6 and 8 of Understanding Society. See Box 1 for details.

SOURCE: RF analysis of ISER, Understanding Society; ONS, Labour Force Survey; RF analysis of DWP, Family Resources Survey.

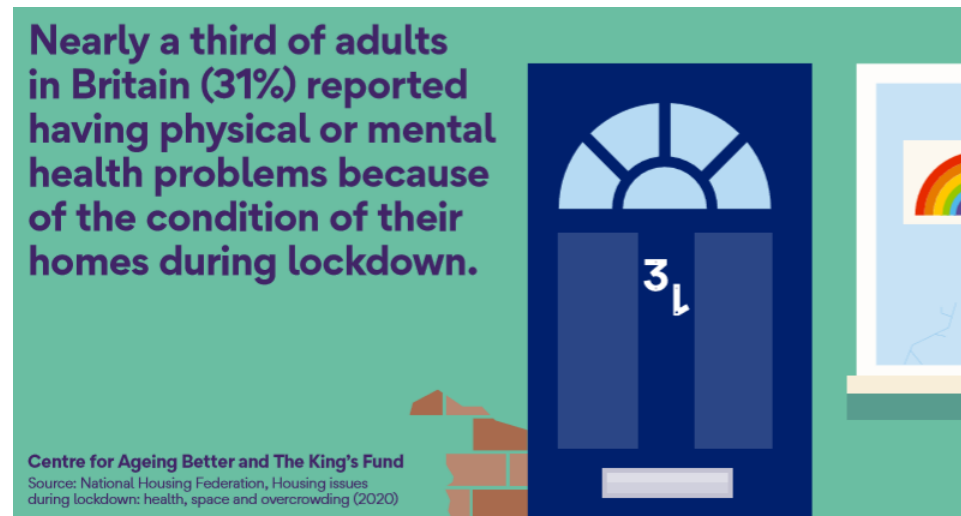
## Housing Quality

The 2017/18 English Housing Survey found private rental sector housing to be of lower quality on average than owner occupied and social rented housing across various measures. In the Covid-19 lockdown, staying at home – the message from government – is likely to have been harder for people in private rented housing compared to others for this reason.

It is likely that housing quality will have worsened during the pandemic. The number of gas safety certificates renewed before expiry dipped to 96.6% in April, compared with normal levels of 99.9%. The fall means an extra 10,000 homes were left without valid gas safety certificates across the UK, indicating that private renters will have been exposed to less safe living conditions during the pandemic ([Inside Housing](#), 5<sup>th</sup> May). In addition, non-essential housing repairs were suspended by Homes for Haringey during lockdown due to difficulties associated with completing works while abiding by social distancing rules. This indicates that there will be latent demand for housing repairs and corrective works in Haringey's private and social rented sectors.

Young people and renters are least likely to be satisfied with their living conditions and therefore most likely to be negatively impacted by the requirement to stay at home. 84% of people aged 55 or over reported that they were satisfied or very satisfied with their homes, compared to just 56% of people between 18–24 years old. 23% of renters are dissatisfied with their living conditions compared to only 10% of those who own their homes ([Quality of Life Foundation](#), 19<sup>th</sup> May).

There is a direct link between housing quality and health. Poor quality housing can cause physical and mental health problems. These will have been exacerbated during lockdown as more people will have spent more time in homes that are hazardous for their health. To the extent that poor quality housing will have increased the prevalence of physical or mental health conditions, Haringey residents will have experienced increased vulnerability to Covid-19. Groups in the population who are more likely to live in poor housing are often the same groups who are vulnerable to COVID-19 and other health conditions, including older people, people with existing health conditions, those with lower incomes and people from ethnic minority groups ([Centre for Ageing Better & Kings Fund](#), September)



## Overcrowding

Contagious disease spreads more rapidly in overcrowded housing. The link between overcrowding and Covid-19 has been made both in relation to [England](#) and [elsewhere](#). Overcrowded housing poses a significant health risk and is more common among ethnic minority groups including Bangladeshi, Pakistani and Black African households. People who live in homes where multiple generations are living together have been found to have poorer outcomes during the pandemic ([Centre for Aging Better & Kings Fund](#), September)

In addition, mental health and wellbeing are linked to having sufficient space within dwellings to have a reasonable quality of life. In the Covid-19 lockdown, staying at home is likely to have been harder for people in overcrowded housing compared to others.

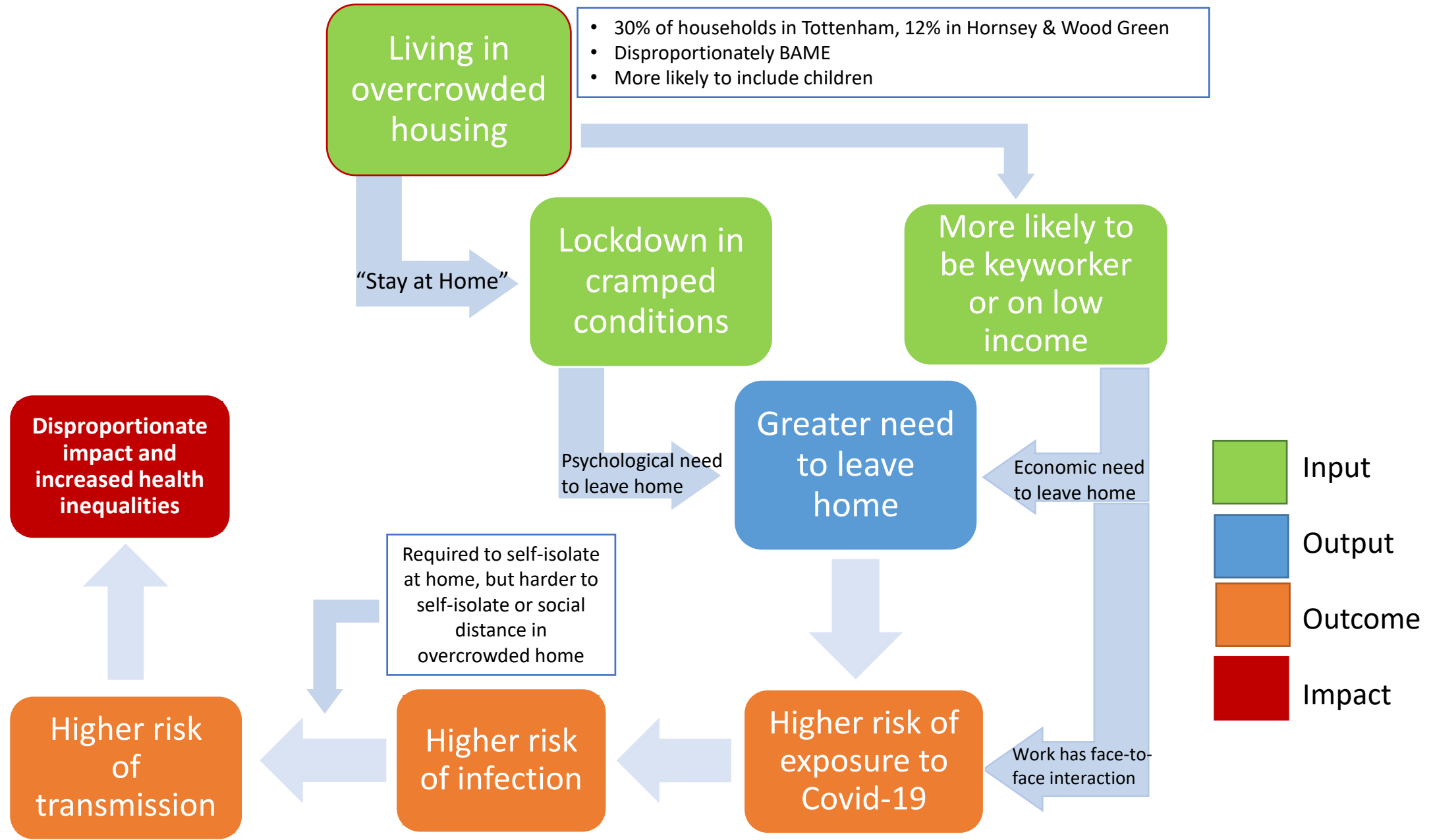
Tottenham is the third most overcrowded constituency in the UK, with 30.5% of households living in overcrowded accommodation (10,039 households). Hornsey and Wood Green is 35<sup>th</sup>, with 11.7% of households living in overcrowded accommodation (6,195 households) ([House of Commons Library](#), 31<sup>st</sup> March). It is reasonable to suggest that households on lower incomes, Black people, younger people, and people living in the private rented sector are more likely to live in overcrowded accommodation. Public Health England have confirmed that “Covid-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups” ([PHE](#), June). Overcrowding is also likely to have had a disproportionate impact on vulnerable children during lockdown, according to the Children's Commissioner ([CYP Now](#), April 25<sup>th</sup>)

Experience of living in overcrowded accommodation during the Covid-19 crisis is likely to raise the risk of negative impacts on mental health, in addition to the risks to physical health. This is likely to be particularly acute among children and young people.

**Of the 20 local authorities with the highest COVID-19 mortality rates, 14 also have the highest percentage of households living with fewer bedrooms than needed.**

Centre for Ageing Better and The King's Fund  
Source: Inside Housing. The housing pandemic: four graphs showing the link between COVID-19 deaths and the housing crisis (2020)





## Statutory Homelessness

Between March 23rd and September 10th Haringey Council and Homes for Haringey opened 2,285 cases under the provisions of the Homelessness Reduction Act. A greater proportion than normal were single people approaching the Council. Services prevented/relieved homelessness for 579 households in this period, using a variety of tools including mediation to resolve family breakdown, use of the Homelessness Prevention Fund and securing alternative accommodation.

The number of households in temporary accommodation (TA) in Haringey increased from 2,943 at the end of February to 3,246 in June. This figure has been reducing slowly, and stood at 3,121 at the end of August.

	Feb to Jul Net Difference in TA
1 beds	+322
2 beds	-43
3 beds	+11
4 beds	-4
5 beds	-3
6 beds	+1
7 beds	0

## Rough Sleeping

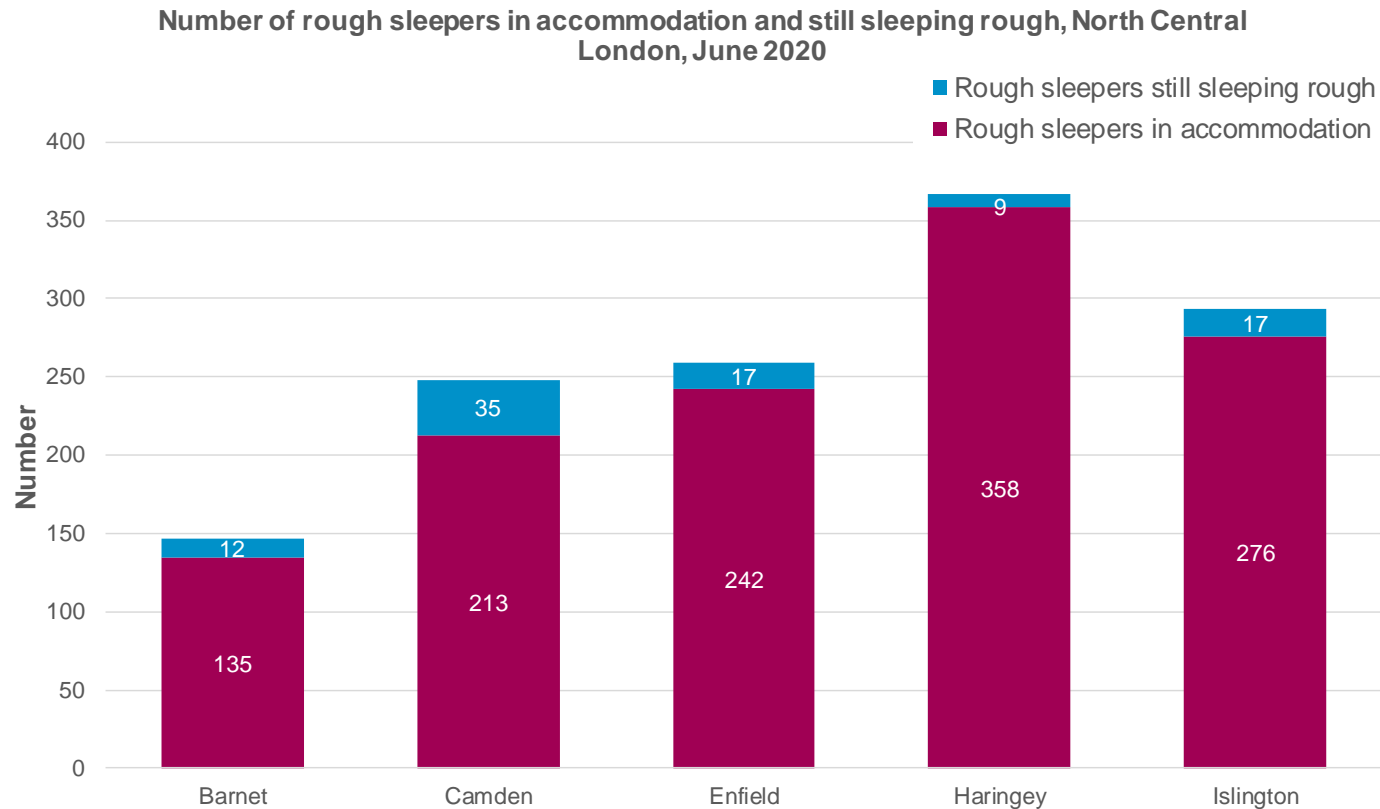
Over 700 people experiencing street homelessness have been placed in emergency accommodation since the beginning of the pandemic:

- Haringey has the third highest rate of placements in London and the highest in North Central.
- Haringey is an outlier in the number of people placed who were previously not known to the local authority. This is due to significant hidden homelessness in the borough.

It is notable that Haringey's homeless population exceptionally vulnerable to Covid-19. Data from the March 2020 Homelessness Needs Assessment indicates a high prevalence of chronic health conditions and mental health conditions (35% were unable to work because of a LTC or disability) and all reported being smokers (54% smoked for more than 10 years). Pre-existing health conditions and smoking are both documented risk factors for more severe experiences of Covid-19. This is reflected in figures that suggest that Covid-19 cases and death rates are higher among homeless people than the general population. Up to the end of May there were 54 men and 13 women diagnosed with Covid-19 with no fixed abode, which represents between 1.5% and 2% of the known rough sleeper population, suggesting a higher diagnosis rate compared to the general population ([PHE](#), June 2<sup>nd</sup>). People who are street homeless are also likely to have experienced a drop in income due to reduced footfall around town centres and transport hubs and corresponding reduced donations from members of the public. It is possible that this will have had negative impacts in terms of health, nutrition, and safety.

New placements into emergency accommodation		
	2019	2020
March	37	114
April	31	199
May	28	167
June	22	134
July	25	83
August	31	43
<b>TOTAL</b>	174	740

# Homelessness



**Note:** These figures change on a weekly basis

**Source:** London Councils COVID-19 Accommodation survey, 12th of June 2020

- The number of people experiencing street homelessness has been increasing in London during the Covid-19 crisis
- Boroughs are reporting individuals still sleeping rough are either new cases (including drawn from the lower needs group), or individuals who left their offered place or refused a place.
- Haringey has identified the largest cohort of people experiencing street homelessness
- Note not all the identified cases will be eligible for housing in the area

## 3.2. People

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The following slides set out how:

- Access to healthcare has been disrupted during the Covid-19 crisis, disproportionately affecting people with disabilities and serious health conditions, older people, children, women, and trans people. Disrupted access is likely to have exacerbated existing health inequalities and caused opportunities for early intervention or prevention to be missed, raising the likelihood of increased levels of more severe ill health in future
- Covid-19 has had a severe impact on most people's mental health, with young people and women disproportionately affected
- Many isolated and/or low-income households have experienced increased food insecurity during the Covid-19 crisis. Causes include not being able to leave the home and not having enough money to buy food. The Council has delivered emergency food provisions to over 3,300 households. However, given the economic situation, it is likely that food insecurity will increase to some extent in the medium-term
- School closures from mid-March to June (for some children) or September (for most) had a severe impact on children across a number of areas in their lives, including educational attainment, mental health, socialisation, economic prospects, and exposure to harmful adult behaviours in the home. School closures will have exacerbated inequalities as children from higher-income households will have had more access to resources and support to continue learning at home and deal with any other adverse impacts
- Domestic abuse has increased during the lockdown period. The exact scale is not known, but data from the Metropolitan Police and VCS organisations indicate a very sharp increase
- There has been an increase in community activity during the Covid-19 crisis, with indications of increased levels of volunteering and participation
- Family dynamics have changed during the lockdown, with more families staying in touch at distance, women taking on more childcare and housework, and more people taking on caring roles for relatives. This is associated with an increase in reported loneliness during the lockdown, disproportionately affecting young people, lone parents, single people, and people on low incomes

These impacts, taken together, indicate that the Covid-19 crisis has had a detrimental effect on the social determinants of health in Haringey, particularly affecting children, young people, BAME communities, people with serious health conditions, and women. There is therefore a high risk that these groups will experience worse socio-economic and health outcomes in the long-term and be more vulnerable to any future shocks. If the Council and local partners are to enable all residents to live well and achieve their potential, these challenges will need to be addressed.

Mental health, education, food security, and relationships are social determinants of health. To the extent that the Covid-19 crisis leads to worse outcomes in these areas, it can be expected to have a long-term negative impact on local residents' health.



While the following slides set out the scale and nature of serious impacts that Covid-19 has had on Haringey's communities, it is important to note that the strengths of Haringey's communities have helped to mitigate these impacts. A very high level of trust exists within Haringey's communities, and local residents tend to get on with each other to a greater extent than elsewhere in London or the UK. There is comparatively little racial or religious tension, and inclusion is highly valued. These strengths have manifested in a number of ways that have helped vulnerable residents navigate the crisis:

- A surge in community activism and mutual aid has helped to provide food and essentials to households that would have otherwise struggled to access them. Volunteers have worked in physical localities, such as the Council-run food hubs and food banks in Tottenham and Muswell Hill, to support operations that distributed food and essentials to vulnerable people. Local residents have also organised online to offer and coordinate support.
- Services that aim to tackle loneliness have seen an increase in volunteer support, with a high number of local residents signing up to take part in telephone befriending
- Local VCS organisations have benefitted from generous financial contributions from local residents and businesses, including over £100,000 to Haringey Giving
- Local VCS organisations have adapted their operations rapidly in order to continue to support and offer services to Haringey's communities

Surveys suggest that the UK public is optimistic about the extent to which the Covid-19 crisis may lead to more united, cohesive communities. Notwithstanding the challenges that the crisis has created and will continue to create, there is reason to believe that Haringey's communities will continue to be inclusive and supportive of one another.

NHS England reported that 916,581 people in England attended any kind of accident & emergency unit in April 2020. That was the fewest since records began in 2010 and is 57% down on the April 2019 figure. The number of people admitted to hospital in April as an emergency after attending A&E was 326,581 – 39% down on April 2019. There was a moderate rise in attendance and admission figures for May, but these were similarly down on 2019 levels ([NHS England](#), June). These figures indicate a reluctance among the public to access NHS services for non-Covid conditions.

This reluctance is verified by survey data. Among the 7% of surveyed people who developed new health conditions during one week in May, 48% did not seek professional health advice. Among these people, 25% said they wanted to avoid putting pressure on the NHS and 14% said that they were concerned about catching Covid-19 while receiving care. Women were less likely to seek professional medical advice for a new health condition (58% vs 40% of men) ([ONS](#), 29<sup>th</sup> May). Moreover, survey data has found that 24% of those who were receiving medical care before the Covid-19 outbreak were unable to receive treatment at some point between March and September, and among these people 42% report worse health compared to before Covid-19 ([ONS](#), 25<sup>th</sup> September). Less access health services is likely to lead to missed opportunities for early intervention. These figures therefore raise the prospect of increased health needs in the long-term.

Certain groups of people have been particularly excluded from accessing health services. Migrants have historically been deterred from accessing healthcare services and treatment for communicable diseases owing to fears that their immigration status may be reported to the Home Office, and it has been reported to Haringey Council anecdotally from VCS organisations that local migrant communities are particularly reticent to access primary care services and experience unjustified barriers when they do so ([EHRC](#), 19<sup>th</sup> May; [Haringey Welcome](#), 18<sup>th</sup> May). In addition, increased use of digital platforms to manage access to healthcare services during the pandemic has had both positive and negative impacts, with some people finding it less stressful to engage, and others experiencing challenges with digital exclusion and perceiving digital platforms to be inferior to face-to-face.

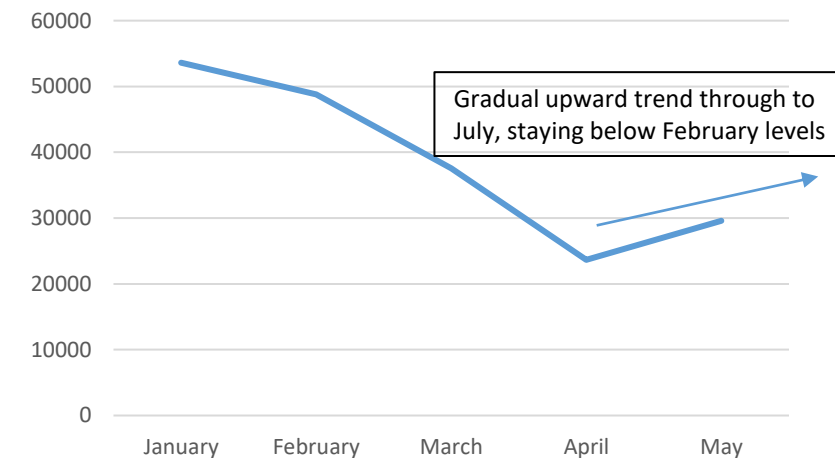
### Secondary Health Services

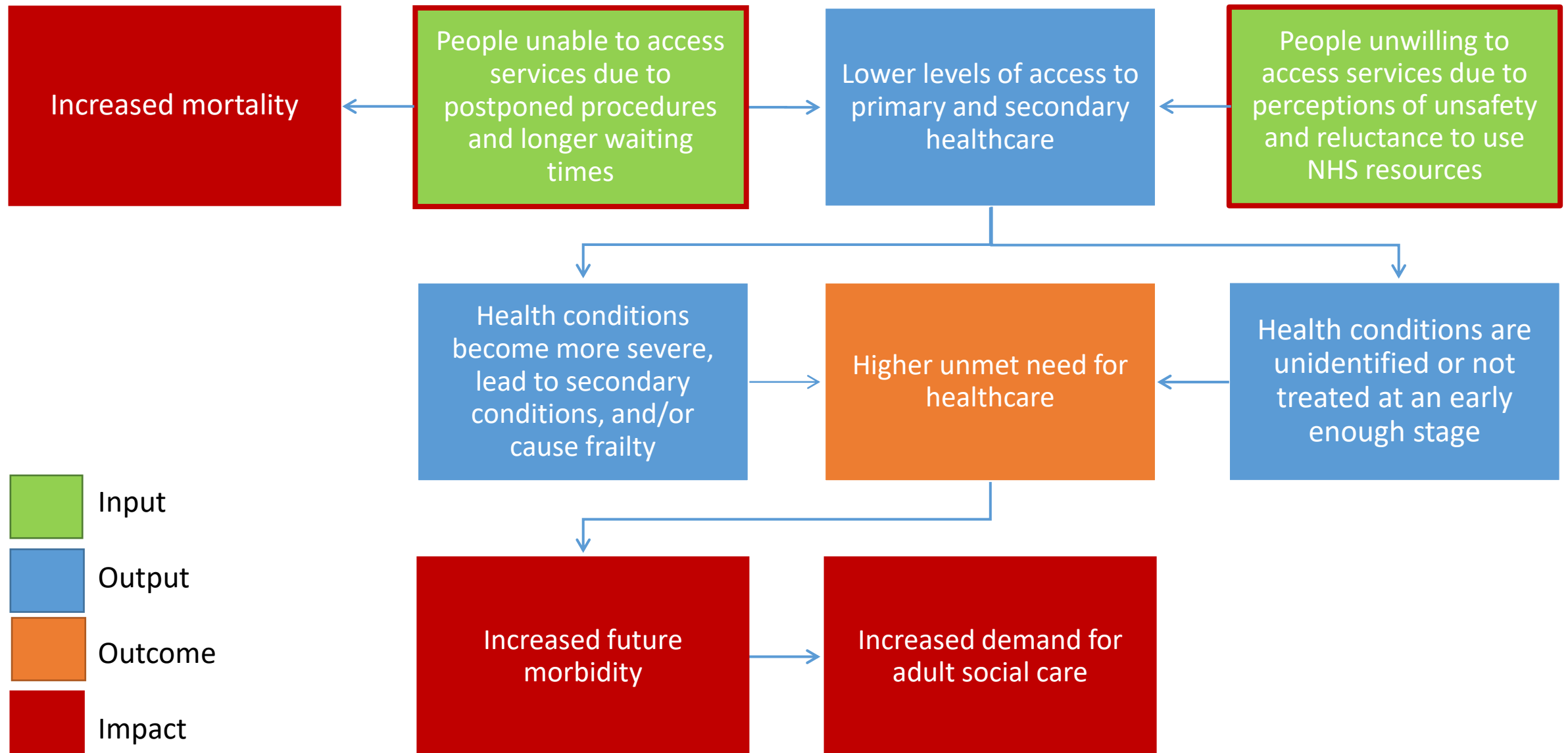
- The number of people in England having to wait more than 18 weeks to start hospital treatment rose to 1,448,357 million in May this year. This is more than double the number in May 2019 (576,237) and the highest number for any calendar month since December 2007. The number of people having to wait more than 52 weeks to start hospital treatment in England also rose to 26,029 in May 2020, up from 1,032 in May 2019 and the highest number for any calendar month since 2009 ([NHS England](#), 9<sup>th</sup> July).
- Cancer Research UK has warned of severe disruption to cancer surgery, screening, and chemotherapy that could expose women in particular to higher risks of more severe cancers ([Cancer Research UK](#), 21<sup>st</sup> April), and the Institute for Cancer Research has estimated that there could be 4,800 excess deaths in 2020 due to delays in accessing cancer treatment ([Institute for Cancer Research](#), 20<sup>th</sup> May)
- Rates of referral to memory clinics for people with dementia have declined during the crisis, raising the risk of worse outcomes for this vulnerable group.
- Gender Identity Clinics and Sexual Health Clinics have closed until further notice and the NHS have de-prioritised gender-affirming surgeries, as they have been deemed non-essential.

### Health Information

Public health communications have largely focussed on electronic means, which some people have found helpful and others excluding.

A&E Attendance, North London (2020)





The Covid-19 pandemic has had a severe impact on mental health across the UK. Common responses to Covid-19 and lockdown restrictions have included:

- Fear of falling ill and dying
- Avoiding health facilities due to fear of becoming infected
- Feelings of powerlessness to protect loved ones and fear of losing loved ones to the virus
- Fear of losing livelihoods, not being able to work during isolation, or being made redundant
- Fear of being socially excluded/ostracised because of being associated with the disease – for instance there have been reports of an increase in hate crime towards Chinese people since the start of the pandemic
- Fear of being separated from loved ones and care-givers due to lockdown restrictions
- Feelings of helplessness, boredom, loneliness and depression due to being isolated and normal social activities being suspended

Emergencies are by their nature stressful, but stress factors particular to the Covid-19 outbreak include:

- Risk of being infected and infecting others, especially if the transmission mode of Covid-19 is not clear, especially for frontline workers
- Care-givers may feel increasingly worried for their children being at home alone (due to school closures) without appropriate care and support
- School closures may have a differential effect on women, who provide most of the informal care within families, with the consequences of limiting their work and economic opportunities
- Risk of deterioration in physical and mental health of vulnerable individuals, for example older adults and disabled people, if caregivers are unable to visit and other care and support is not in place
- Uncertainty about how the pandemic will unfold and how long restrictions will be in place could feed anxiety and erode any sense of hope, especially for those who are very vulnerable
- The scale of Covid-19-related deaths means that many people have been bereaved, with the additional trauma of being separated from sick and dying loved ones (in many cases saying goodbye to dying relatives via digital technology) and enduring Covid-restricted funeral rites

The experience of the pandemic may have long term ramifications, such as:

- Deterioration of social networks, local dynamics and economies
- Possible anger and aggression against children, partners and family members (increase of domestic abuse)
- Possible mistrust of information provided by government and other authorities
- People developing dependence or addictions during the pandemic due to increased alcohol or substance consumption to alleviate feelings of isolation, loneliness or boredom

## Scale of Impact

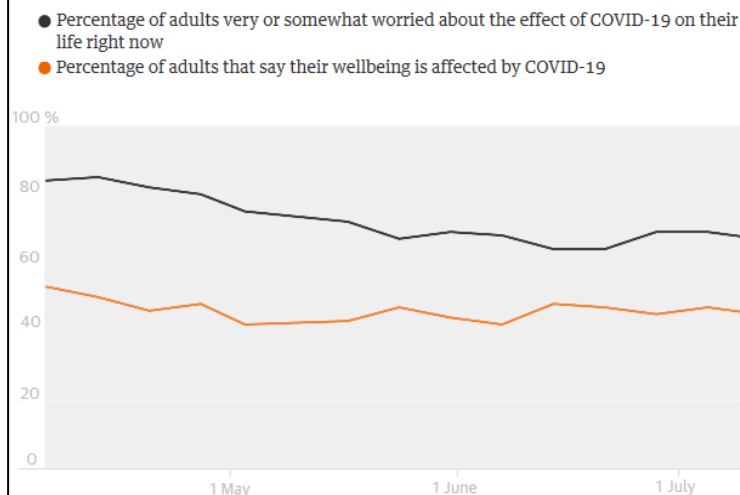
PHE have found that mental distress in the UK was 8.1% higher in April 2020 than it was between 2017 and 2019 ([PHE](#), 8<sup>th</sup> September)

According to an ONS survey, 80% of all adults have been worried about the effect that the coronavirus was having on their life. 66% of Londoners have said that it had affected their wellbeing, and among these people 38% had felt more lonely or isolated, 43% had experienced strained relationships, and 87% had experienced stress or anxiety. Women in London were more likely to experience coronavirus-related anxiety than men (49% to 42%) ([ONS](#), 26<sup>th</sup> May).

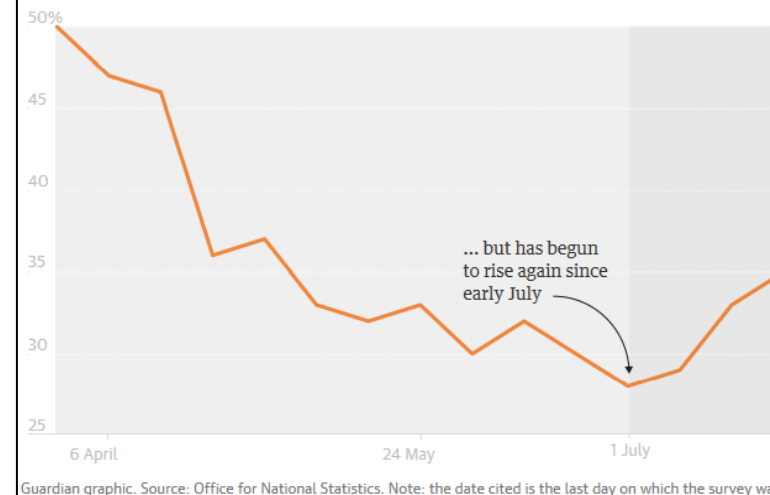
The ONS finding is validated by a survey conducted by King's College London, which found that half of people (49%) felt more anxious or depressed than normal as a result of coronavirus. 38% had slept less and 18% had drunk more alcohol. 57% of women said they were feeling more anxious and depressed, compared to 40% of men ([KCL](#), 9<sup>th</sup> April). A longitudinal study conducted by UCL also describes the detrimental impact of Covid-19 on mental health, with depression levels above average for the whole population and acute loneliness among young adults, women, people with lower education or income, the economically inactive, people living alone, and urban residents ([UCL](#), May 20<sup>th</sup>)

Levels of self-reported depression and anxiety have gone down to a moderate extent as lockdown restrictions have eased. However, they remain above pre-lockdown levels ([UCL](#), June)

### 67% of adults surveyed were worried about the effect of COVID-19 on their life at the beginning of July

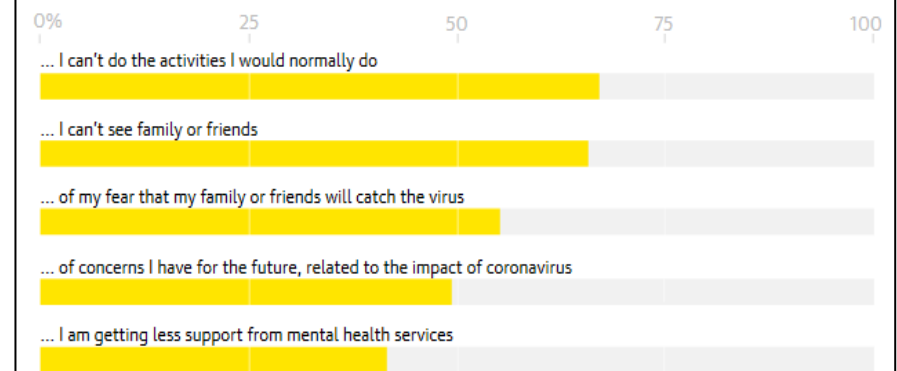


### The proportion of Britons reporting high levels of anxiety fell from a peak of 50% in late March...



### 'My mental health has been made worse because ...'

Percentage of respondents who, in response to the above statement, chose the following options in a poll by Rethink Mental Illness



Guardian graphic. Source: Rethink Mental Illness survey, carried about between 17 April and 11 May. Respondents could give more than one answer. \*Total respondents = 1,296.

### Impacted Groups

The pandemic and the lockdown have had more severe impacts for people with pre-existing mental health conditions. Notably, the pandemic itself may have aggravated symptoms of anxiety disorders, while compromised access to food and restrictions on exercise may have been challenges for people with eating disorders.

Several studies have found a particularly severe impact on the mental health of young people. Oxford University research found that 35% of young people were reporting high levels of loneliness as well as higher than average rates of anxiety ([LGIU](#), June). A study undertaken by UCL, Imperial College London, and the University of Sussex found that:

- Six in 10 young people with pre-existing mental health issues and four in 10 without reported higher levels of stress,
- Almost half of 16- to 24-year-olds without previous mental health problems reported high levels of depressive symptoms (You-COPE, June 2020).

A survey for the Office for National Statistics found that incidence of depression among those aged 16 to 39 almost tripled during lockdown, from 11% in March 2020 to 31% in June. The same survey found that women were more likely than men to have experienced depression during the pandemic, with almost one in four (23.3%) reporting moderate to severe depressive symptoms, compared with one in eight beforehand ([The Guardian](#), 18<sup>th</sup> August)

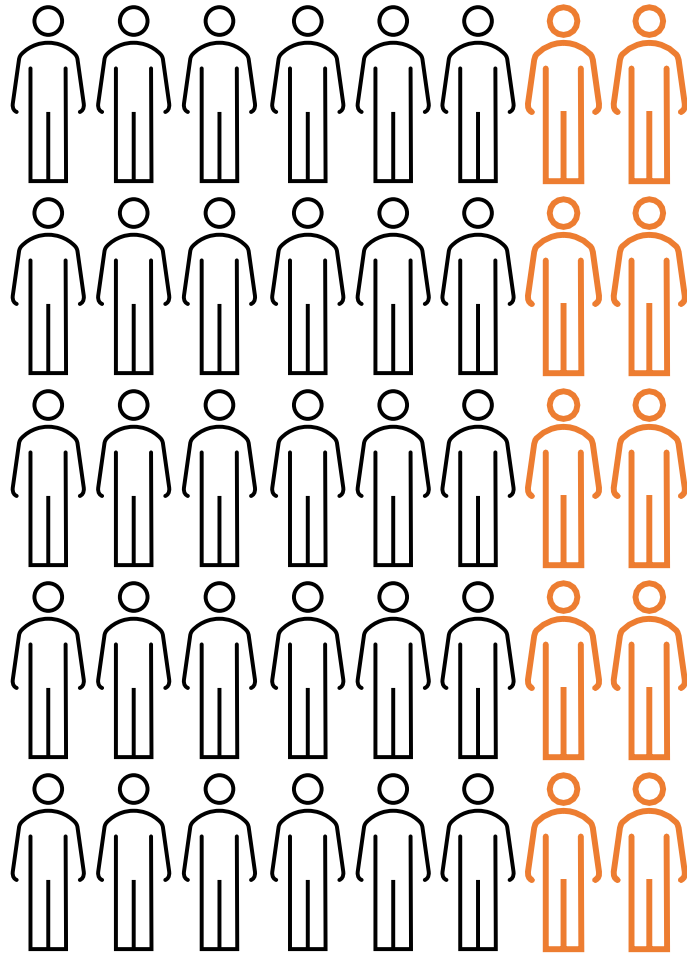
The impact on young people may have been aggravated by reduced access to in-person mental health services. The same study found that 58% of young people receiving mental health treatment had experienced some disruption to their service, with some reporting shifts to remote service models that are perceived to be less effective. Meanwhile, the number of people accessing online support via Kooth has increased, with BAME young people accessing it at disproportionately high rates, indicating greater levels of need ([The Guardian](#), 21<sup>st</sup> June)

A PHE surveillance report found that young adults and women were more likely to report experiencing mental distress than older adults and men. Similarly, adults with pre-existing mental health conditions, adults with low household income or socioeconomic positions, and adults with physical health conditions were disproportionately impacted by the pandemic in terms of their mental health ([PHE](#), 8<sup>th</sup> September)

Surveys suggest that LGBT+ people, BAME people, and BAME women in particular are likely to have experienced worse mental health during the Covid-19 crisis than either heterosexual people or white British people ([LGBT Foundation](#), May; [Fawcett Society](#), June)

Survivors of Covid-19 are likely to experience psychological impacts as a result of their experience. These may include anxiety, depression, and post-traumatic stress ([LGIU](#), June; [The Guardian](#), 3<sup>rd</sup> August)

## Pre-Covid



Experience of poor mental health has increased among the general population

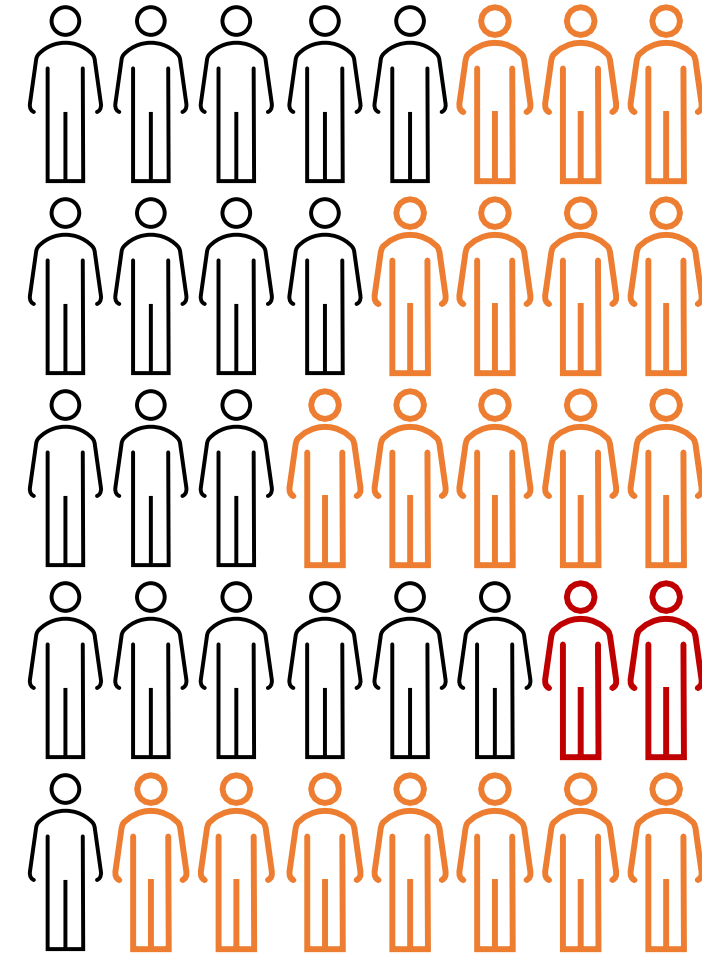
Mental health has worsened to a greater extent among already marginalised groups (e.g. BAME and LGBT+ people)

Young people have experienced an even greater increase in mental health symptoms

People who already had mental health conditions have generally experienced more severe symptoms

Survivors of Covid-19 and bereaved family members have a high incidence of depression, anxiety, and PTSD

## During Lockdown



= person experiencing symptoms of a mental health condition



## Alcohol

Survey data from a range of sources indicates that some adults have been drinking more alcohol and drinking alcohol more frequently during the Covid-19 crisis, while others have cut down.

Opinium/Alcohol Change UK have found that people are drinking differently as a result of Covid-19, with more than a third of people drinking less but a fifth drinking more. The survey found that people who are drinking more often are also drinking more on a typical drinking day, and vice versa. Nearly one in five (18%) daily drinkers have further increased the amount they drink since lockdown ([Alcohol Change UK](#), June). This accounts for a rise in the prevalence of people drinking at higher risk - at almost a fifth (19%) in June, up from 10.8% in February ([The Guardian](#), 15<sup>th</sup> September).

Similarly, a UCL study found that 17% of surveyed adults have reported drinking more than normal ([UCL](#), June). Across the two studies, people of working age, men, and people from BAME groups were found to be more likely to have drunk more alcohol than usual.

Among surveyed people with family members who have issues with alcohol use, two-fifths said that their family member's alcohol use had increased during lockdown, nearly a third said their family member had relapsed, and a quarter said their family member was becoming more unwell. 85% said that it had become harder to cope, with half reporting negative impact on their mental health ([Adfam](#), June)

Rising unemployment and reduced opportunities caused by the pandemic are likely to disproportionately affect the people most vulnerable to problematic alcohol use ([BMJ](#), 30<sup>th</sup> June)

## Tobacco

There are diametrically opposed findings on the effects of Covid-19 on tobacco use. On the one hand, UCL and YouGov have separately found that more people are smoking more than normal during lockdown, with use going up most among younger adults, women, and people from BAME groups ([UCL](#), June; [YouGov](#), May). On the other hand, ASH and YouGov have found increased numbers of people seeking help to quit or reduce their tobacco use ([The Guardian](#), 4<sup>th</sup> May). It is possible that there has been a polarised response to Covid-19 among smokers, with some smoking more and some smoking less.

YouGov's COVID tracker shows that 12% of smokers who live with children say they are smoking indoors more than they did before lockdown, raising the risk of health conditions among children associated with second-hand smoke (YouGov)

## Illicit Drugs

Demand for illicit drugs has not decreased. Supply of cannabis has remained stable and imports of illicit drugs from overseas (e.g. cocaine and heroin) have been more resilient than initially anticipated ([The Conversation](#), 22<sup>nd</sup> May). It is likely that organised criminal gangs will have altered their operating models during the pandemic to accommodate this picture and to comply with social distancing guidelines, thereby avoiding law enforcement attention. This adaptation may have included more localised drug dealing in lieu of county lines, supply of counterfeit goods, and provision of essential goods to vulnerable people that may lead to future exploitation ([The Conversation](#), 15<sup>th</sup> May).



The extent of food insecurity increased as a result of the Covid-19 pandemic.

At a local level, over 3,300 households have been provided by the Council with emergency food parcels. A disproportionately high number of food hub deliveries have been to households in the East of the borough, indicating a higher degree of food insecurity. The most overrepresented wards for food hub deliveries, relative to population share, are Northumberland Park (+5.2%), Tottenham Green, (+3.7%), and White Hart Lane (+3.6%). The main reasons for needing food deliveries were financial (31% reported not being able to afford food) and restrictions on movement (64% reported not being able to leave their homes). Households who reported not being able to afford food were concentrated in the East of the borough. Where household size is known, 13.5% were households larger than four – in line with the disproportionate impact of welfare reforms on households with more than two children.

The degree of food insecurity, measured by new referrals to Connected Communities, appears to have lessened as lockdown restrictions have eased. New referrals peaked at 587 on w/c 5<sup>th</sup> April, but progressively declined from this point.

At a national level, the number of food insecure adults in the UK is estimated to have quadrupled in April and May due to social distancing measures, with 1.5m people having gone a day without eating ([EHRC](#) 19<sup>th</sup> May). In London, 41% of people had struggled to get groceries or toiletries during April and May ([ONS](#), 26<sup>th</sup> May), 18% are estimated to have cut down their food intake because they could not afford food, 22% cut down their intake due to illness, and 34% cut down their intake due to inability to obtain food. Women, younger and larger households, and households on lower incomes and with fewer qualifications were disproportionately likely to report food insecurity ([FSA](#), 24<sup>th</sup> June).

More vulnerable people have become more food insecure:

- People aged 16-24, those with disabilities, and those with children aged under 18 are reported to have accessed food banks during the crisis at disproportionately high rates ([Centre for London](#), 24<sup>th</sup> June)
- School closures have placed children who are eligible for free school meals at increased risk of going hungry, among whom disabled children and BAME children are overrepresented ([EHRC](#) 19<sup>th</sup> May). This may account for a national increase in the number of children admitted to hospital for malnutrition ([The Guardian](#), 12<sup>th</sup> July)
- Many disabled people have experienced difficulties in securing food deliveries, including people with sensory impairments who have been left off the database of eligible people and are therefore less able to get deliveries ([EHRC](#), 19<sup>th</sup> May). A consequence of this has been that one in five people with visual impairments have rationed food during the pandemic ([Sky News](#), 23<sup>rd</sup> May).
- It has been reported that households with no recourse to public funds have been less able to afford and access food ([The Guardian](#), 7<sup>th</sup> June)
- Unpaid carers are twice as likely as the general public to have relied on a food bank. Younger carers were more likely to live in a household with someone who experienced hunger, according to Carers UK. This affected 55,153 (12.2%) of those aged 17-30, compared with 9,294 (0.7%) carers aged 66 or older ([Carers UK](#), 17<sup>th</sup> June)

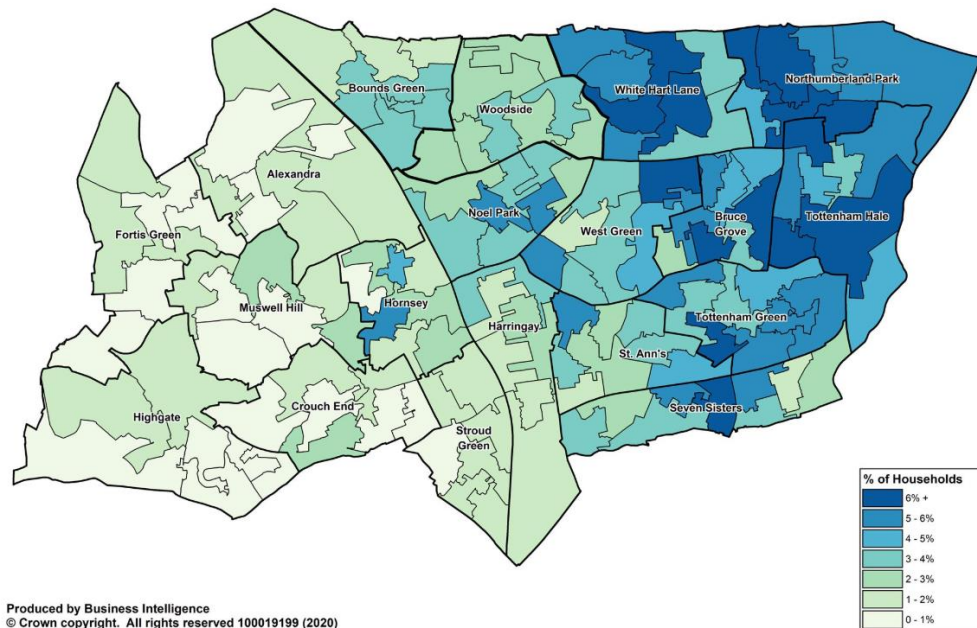
Experience of food insecurity is likely to have negative effects on physical and mental health. As Covid-19 appears to have increased food insecurity among vulnerable and marginalised people, it is likely that health inequalities will increase as a result.

The highest numbers of deliveries from the Tottenham Hotspur and Alexandra Palace food hubs were to families living in the east of the borough, with Northumberland Park, Tottenham Green, Tottenham Hale, and White Hart Lane overrepresented relative to shares of population.

Between April 3<sup>rd</sup> and June 5<sup>th</sup>, 65% of households in receipt of emergency food provision lived in the Tottenham parliamentary constituency and 35% lived in the Hornsey and Wood Green parliamentary constituency. The seven wards west of the train line accounted for just 15% of households.

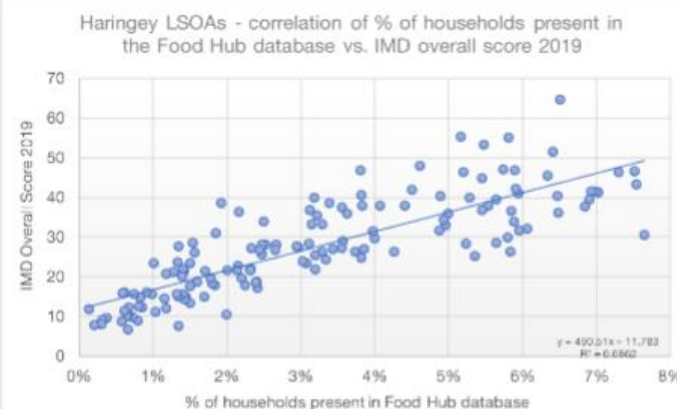
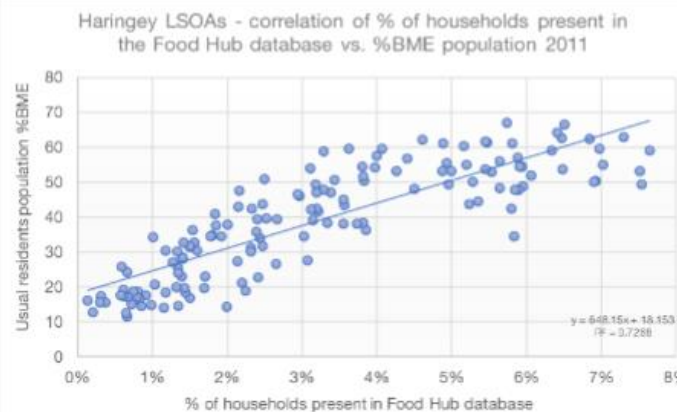
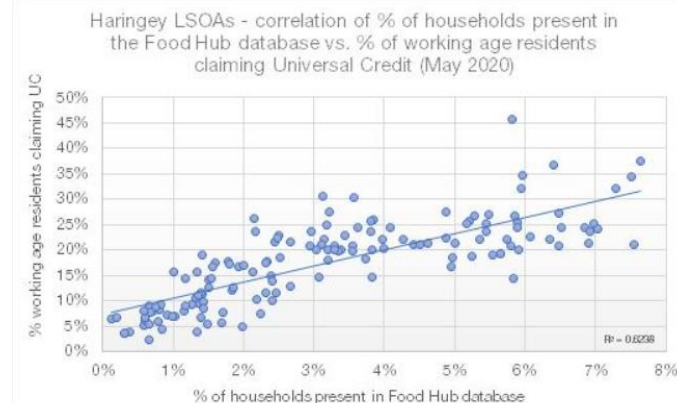
The reasons given for needing food packages indicate varying needs across the borough. Households in the east of the borough were more likely to cite financial reasons, whereas households in the west tended to cite lockdown measures restricting their abilities to leave the home. This indicates a higher level of financial precarity in the east of the borough and potentially a degree of social isolation in the west.

**Percentage of Households in the Foodhub Database (June 2020) by LSOA**



There is strong correlation between the percentage of households in a given area in receipt of emergency food and:

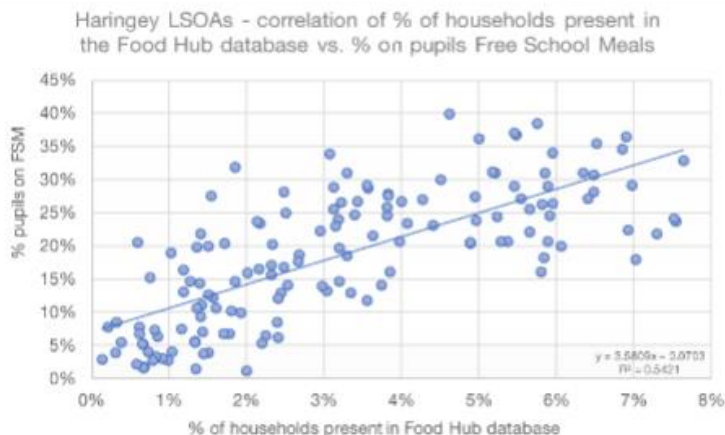
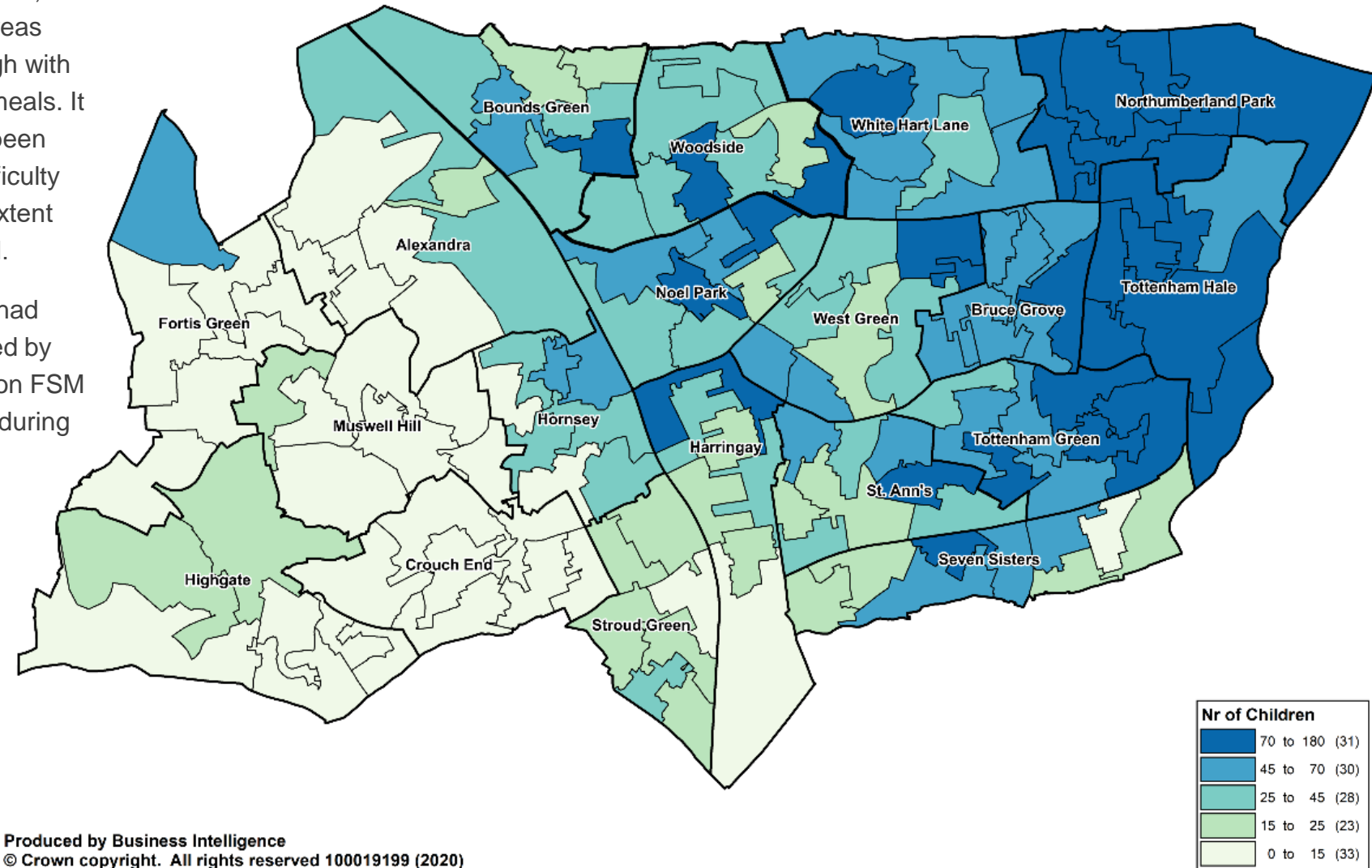
- Proportion of population that is BAME
- Index of Multiple Deprivation Score
- Percentage of working-age people claiming Universal Credit
- Percentage of children in low income families
- Percentage of children on free school meals



Families with children who are entitled to free school meals are concentrated in the east of the borough, notably in Northumberland Park, Tottenham Hale, Tottenham Green, and Bruce Grove wards. In addition, there are small areas within other wards in the centre and east of the borough with high numbers of families with children on free school meals. It is reasonable to suggest that these families will have been more severely affected by school closures and any difficulty accessing the government's voucher scheme, to the extent that they may have disrupted children's access to food.

Children who normally receive FSM are likely to have had less nutritious diets during lockdown. A study conducted by Northumbria University suggested that fewer children on FSM had eaten vegetables during a given three-day period during lockdown and more children on FSM skipped meals ([Northumbria University](#), 8<sup>th</sup> June)

**FSM Children - January 2020**



Primary and secondary schools closed on 20<sup>th</sup> March, causing significant disruption to pupils' education. Schools only remained open between this date and 1<sup>st</sup> June for children of keyworkers and vulnerable children. Nationally, around 84,000 children attended school on Friday 17 April, representing 0.9% of pupils who normally attend. Locally, between 500 and 1,000 children were attending Haringey schools during lockdown, including between 180 and 350 vulnerable children. There are 41,000 children on roll in Haringey, and so these figures represent school attendance of between 1% and 2.5%. From the first measures to re-open schools on 1<sup>st</sup> June, numbers of children attending Haringey schools increased to the point where 4,144 children attended school on w/c 18/06/20, representing 10% of Haringey pupils.

Most Haringey children were able to return to school in September. On Thursday 24<sup>th</sup> September 82% of Haringey pupils attended school, below the national figure of 86%.

The Office for National Statistics has published UK-level data on home-schooling between April and June to illustrate the experiences of children and parents during this time. Findings include:

- 77% of parents home-schooled their children during the Covid-19 outbreak. The rate was higher for parents of younger children, parents of two or more children, households with two adults, women, people not working, non-disabled people, people with degrees, and people in the lowest and highest income bands
- 82% of 16-18 year-olds were continuing their studies at home during the Covid-19 outbreak, spending an average of 13.6 hours per week studying
- 43% of parents felt that home-schooling was negatively affecting the wellbeing of their children. 25% of parents felt that home-schooling negatively affected their job and 28% felt that it negatively affected their wellbeing. Men and people in higher-income households were more likely to say that it had negatively affected their job, while women and people in lower-income households were more likely to say that it had negatively affected their wellbeing
- Between 7<sup>th</sup> May and 7<sup>th</sup> June the average child spent 13 hours per week learning at home. The average time was higher for secondary school-aged children and children in higher-income households
- 52% of parents said that their child was struggling to continue their education at home. The rate was significantly higher for lone parents, disabled parents, and parents with few qualifications. The most common reasons cited were lack of motivation, lack of guidance and support, and lack of knowledge on the part of the parent. A quarter lacked appropriate resources, 18% lacked space, and 9% lacked devices
- Differential patterns in the ways in which Covid-19 is affecting parents indicates a higher degree of vulnerability among parents of children who are not being home-schooled ([ONS](#), 22<sup>nd</sup> July)

Education is a social determinant of health. As Covid-19 appears to have disrupted disadvantaged pupils' learning to a greater extent, it is likely that it will widen health inequalities in the future.

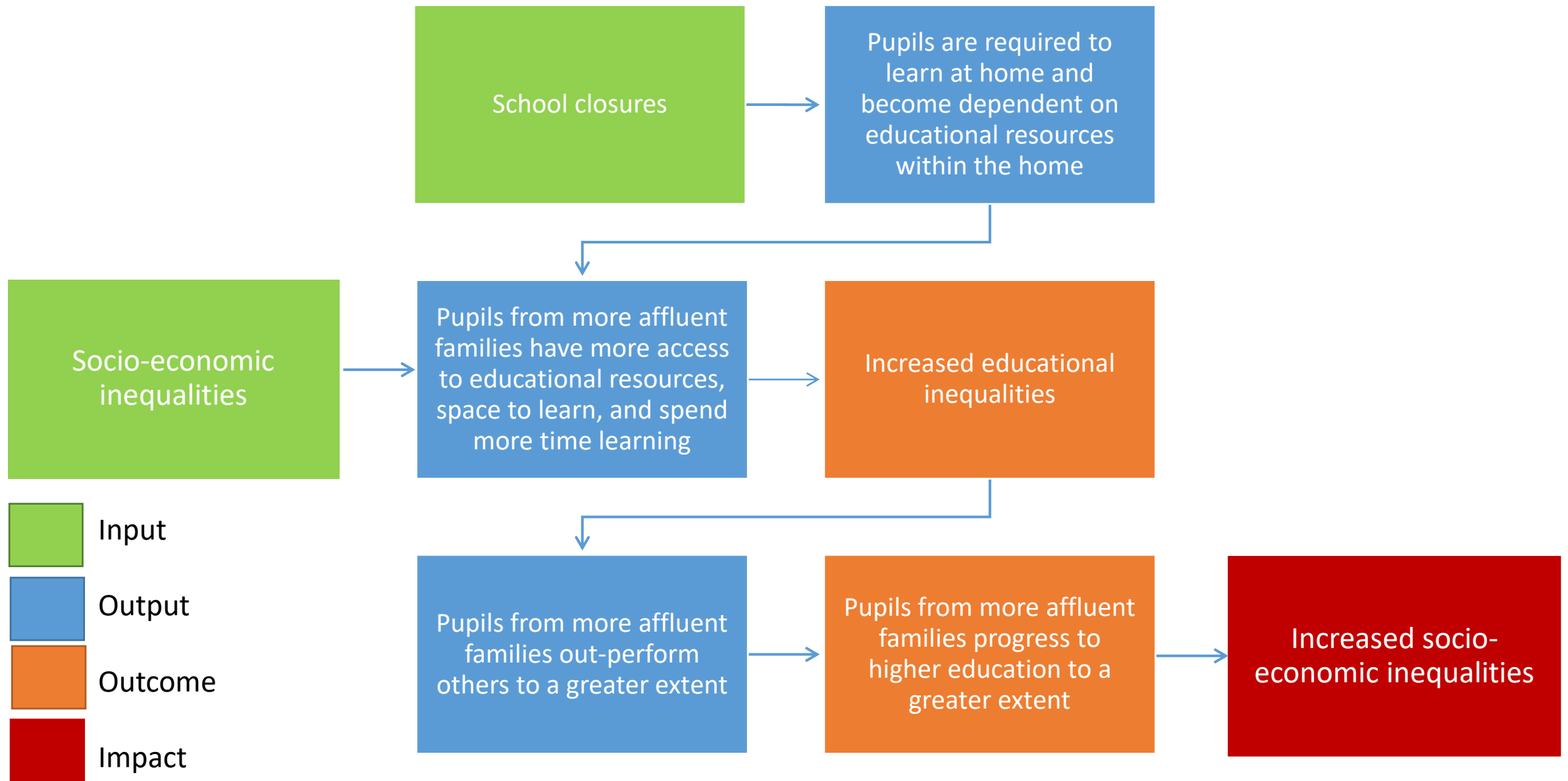


There is consensus that school closures have exacerbated inequalities:

- In the first six weeks of lockdown, children from better-off families spent 30% more time on home learning than those from poorer families. Children in the highest-income fifth of families spend 5.8 hours a day on educational activities, over 75 minutes more than their peers in the poorest fifth of households (4.5 hours). This could have substantial long-term consequences in light of evidence that even one extra hour a week of instructional time can significantly raise achievement ([IFS, 16<sup>th</sup> May](#))
- Higher-income parents are much more likely than the less well-off to report that their child's school provides online classes and access to online videoconferencing with teachers. 64% of secondary pupils in state schools from the richest households are being offered active help from schools, such as online teaching, compared with 47% from the poorest fifth of families. 82% of secondary school pupils attending private school are offered active help, with 79% being provided with online classes ([IFS, 16<sup>th</sup> May](#))
- Better-off students have access to more resources for home learning. More than half (58%) of children from the least well-off families don't have access to private study space ([IFS, 16<sup>th</sup> May](#))
- Pupils with SEND and those from Gypsy, Roma and Traveller communities are likely to face additional barriers to online learning ([EHRC 19<sup>th</sup> May](#))
- Children who are eligible for free school meals appear to be additionally disadvantaged during lockdown, with 15% receiving four or more pieces of offline schoolwork compared to 21% of children who are not eligible for support. This difference is reflected in the proportions spending more than four hours on schoolwork: 11% for those on free school meals, 19% among those not eligible. The disadvantage is compounded by digital exclusion, with one in five children on free school meals having no access to a computer at home ([UCL IoE, 16<sup>th</sup> June](#))
- Inequalities in access to educational resources and time spent learning are likely to disproportionately affect those pupils who tend to attain at a lower rate. In Haringey, this means Black and mixed race boys ([Department for Education, August 2019](#))
- Lack of motivation, lack of guidance and support, and limited parent or carer time to support have been the most common reasons for children to be struggling with education ([ONS, 17<sup>th</sup> July](#))

Pupils who were due to sit exams in 2020 have been assigned grades based on previous performance and teacher assessment. The grade allocation process caused significant amounts of stress and upset for many pupils, particularly those who received A-level grades. Some students missed out on university places because their algorithm-determined grades were lower than the grades they were predicted to attain by their teachers. Concerns have been raised that patterns of conscious or unconscious bias may have unfairly affected BAME children and those with SEND ([EHRC 19<sup>th</sup> May](#))

Education is a social determinant of health. As Covid-19 appears to have disrupted disadvantaged pupils' learning to a greater extent, it will widen health inequalities in the future.



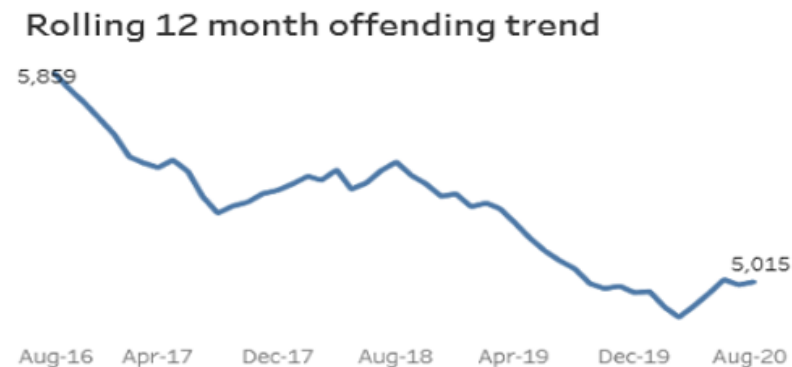
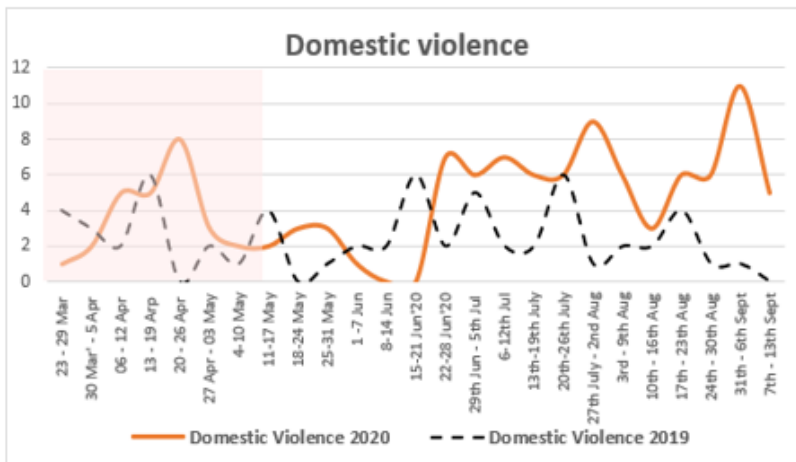
## Violence against Women and Girls

The impact of the Covid-19 pandemic has been detrimental to victims of VAWG, especially those who experience domestic abuse and coercive and controlling behaviours. Whilst services have still operated remotely, being in lockdown with perpetrators has meant limited or no access to any services. This has been a particular issue amongst those victims who have limited access to technology, victims who don't speak English, BAME groups, women with no recourse to public funds and those facing intersectional barriers. The domestic abuse refuges nationally have been fully occupied and finding a safe place to stay has been a concern for some victims. Staff within the VAWG service at LB Haringey have worked alongside providers and local communities to scope out plans to tackle these issues both now and in response to any expected surge in cases.

Data suggests that there was an increase in domestic abuse during the lockdown period. The Metropolitan Police have said charges and cautions for DVA were up 24% for the period 9<sup>th</sup> March to 24<sup>th</sup> April compared with the same period last year ([The Guardian](#), 24<sup>th</sup> April). IDVA referrals have increased in Haringey from 20 in April 2019 to 32 in April 2020, and MARAC referrals have increased in Haringey from 51 in April 2019 to 58 in April 2020.

This data from statutory agencies is validated by reports from VCS organisation. For example, contact with emergency advice services run by Refuge, have increased by around 66% in calls and over 950% in visits to its website since lockdown measures began ([Refuge](#), 28<sup>th</sup> May).

The increase in domestic abuse will have affected more vulnerable groups of women disproportionately. Homeless women, disabled women, women in BME communities who face greater barriers to protection and justice, migrant women, trafficked women and women in prostitution are all already disproportionately targeted for sexual violence by abusers who calculate that these women have less protection and are less likely to be believed if they report ([EVAW Coalition](#), 19<sup>th</sup> May; [EHRC](#) 19<sup>th</sup> May). In addition, migrant survivors, especially those with insecure immigration status and NRPF face particular challenges to accessing support that will be exacerbated during the coronavirus crisis ([EHRC](#) 19<sup>th</sup> May)



## Child Mistreatment

There is evidence that child mistreatment might have increased during the pandemic. Calls to the NSPCC helpline have increased by almost 20%, and calls to counselling provider Childline have increased five-fold. Some increase could be anticipated, given vulnerable children are now spending more time with their parents, and parents are responsible for a substantial proportion of child maltreatment. The risk may be greater still as parents are under additional stress, and those parents with their own issues may now not be receiving the specialist psychological or social support they need. Additionally, children will almost inevitably be spending more time on the internet, which may increase their risk of experiencing online bullying and sexual exploitation ([The Conversation](#), 26<sup>th</sup> May)

Children's Safeguarding and Support were operating at excess capacity during lockdown, handling 50+ more cases than usual at any given time. The number of child protection plans in Haringey increased from 161 in March to 311 in September 2020. These figures indicate increased need to safeguard children caused by lockdown.

## Vulnerable Adults

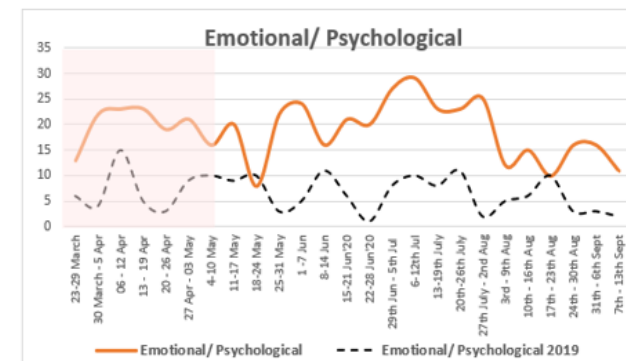
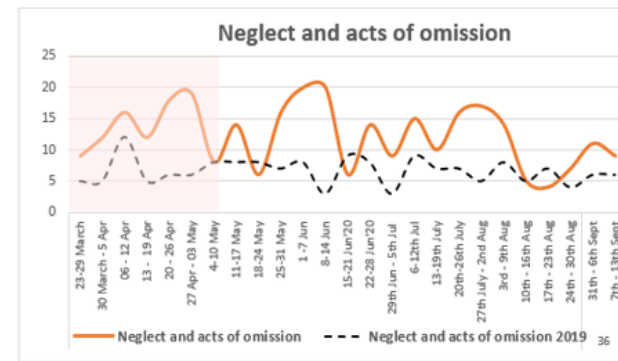
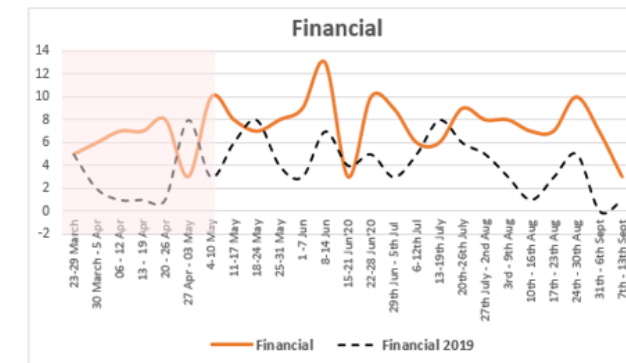
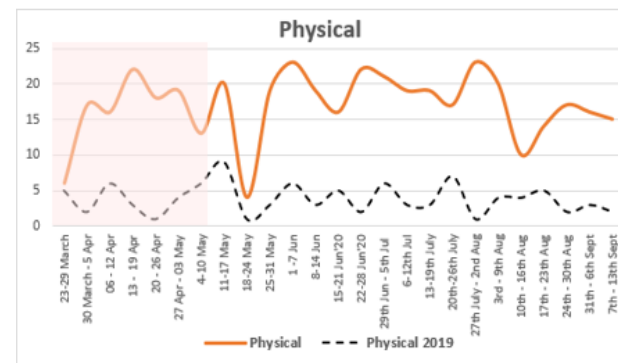
Safeguarding concerns during lockdown were 27% higher than the same period last year

Emotional and psychological abuse accounts for 31% of all abuse followed by physical abuse (24%), neglect (17%), and financial abuse (10%).

Levels of reporting of all abuse types were higher than the equivalent 2019 figures

82% of victims experienced abuse in their own home, 18% in supported living (including sheltered, extra care housing)

70% of victims were people from white ethnic backgrounds and 19% were from Black ethnic backgrounds





The Covid-19 pandemic has been documented to have caused strain on family relationships. Survey data suggests that 43% of Londoners have experienced strained relationships ([ONS](#), 26<sup>th</sup> May). It is likely that any rise in unemployment will strain relationships further ([The Conversation](#), May 21<sup>st</sup>).

However, this is not applicable across all families, as around a quarter of parents have reported improved relationships with their children ([The Guardian](#), 5<sup>th</sup> July). More research is required that looks into which relationships are more likely to have been negatively affected by the lockdown and why. Research from France suggests a funnelling effect, whereby some contacts were prioritised and strengthened through care, support and increased communication, while other connections have fizzled out or been damaged, but it is not known how applicable this is in the UK ([The Conversation](#), 3<sup>rd</sup> July)

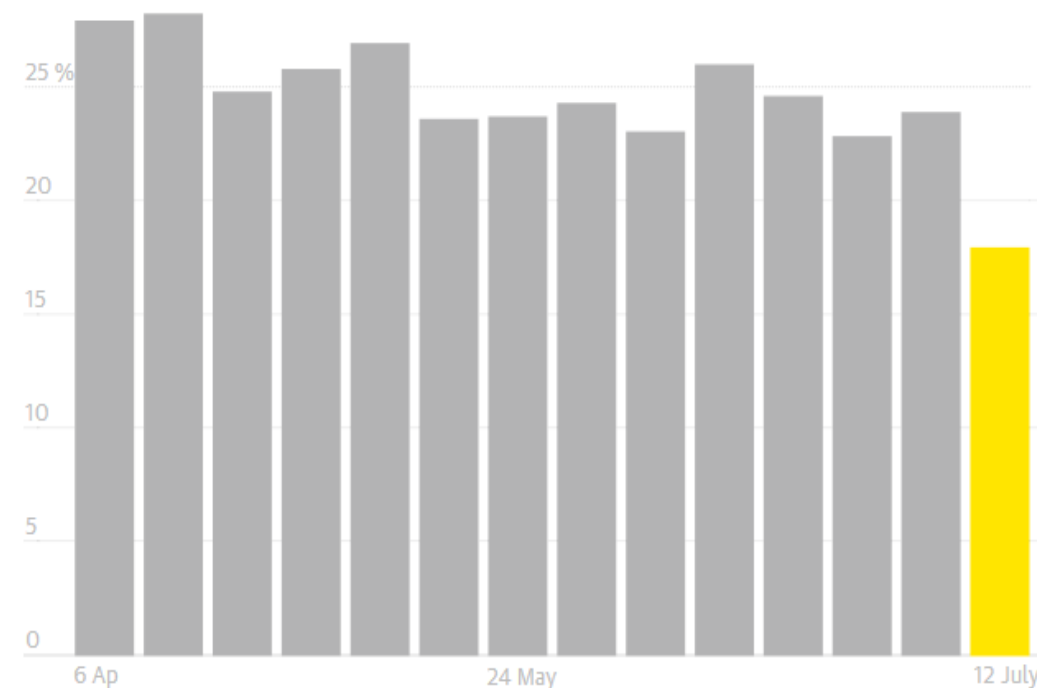
Overall, it is likely that the Covid-19 pandemic has heightened the importance of family relationships. Survey data suggests that 80% of Londoners believe that “staying in touch with family and friends remotely” was helping them to cope whilst staying at home ([ONS](#), 26<sup>th</sup> May). Women are more likely to report that remote contact with friends and family is helping them to cope whilst staying at home (85% to 74%). Moreover, 9.7% of Londoners care for someone who is sick, disabled, or over 70 years of age, demonstrating the importance of familial caring roles ([ONS](#), 26<sup>th</sup> May).

Particular issues have been documented within households where some members are LGBT+. The Albert Kennedy Trust has advised young LGBT+ people to ‘pause’ coming out due to the risks associated with strained family relationships during the lockdown ([Sky News](#), 9<sup>th</sup> April), and the LGBT Foundation has reported that LGBT parents are suffering homophobic and transphobic abuse from their own children during the lockdown, while young LGBT people are being thrown out by parents who discover their child’s sexuality or gender identity ([Buzzfeed News](#), 2<sup>nd</sup> May).

Positive relationships with family members is a social determinant of health. To the extent that Covid-19 has led to a deterioration in these relationships it can be expected to lead to wider health inequalities in the future.

### In early July 18% of respondents to an ONS survey said their relationships were being affected by the pandemic

Percentage of respondents who, when asked “In which ways is the coronavirus outbreak affecting your life?” responded “My relationships are being affected”



Guardian graphic. Source: ONS. Note: the date cited is the last day on which the survey was carried out. Survey windows were of varying lengths.

During the first weeks of lockdown (28 March to 26 April 2020), in households with children aged under 18 years, women were carrying out on average two-thirds more of the childcare duties per day than men. Women were delivering an average of 3 hours and 18 minutes of childcare, which includes time spent supervising children, while men contributed 2 hours.

This gender difference in total provision of childcare was mostly driven by the extra time women spent in carrying out non-developmental childcare such as washing, feeding and dressing children and supervision of children. For those with a child aged under 18 years in the household, the time women spent on non-developmental childcare eclipsed that of men by 77%. Women carried out 53 minutes of non-developmental childcare per day whereas men contributed 30 minutes. The time men and women spent with their children on developmental childcare (such as reading to children) was more balanced.

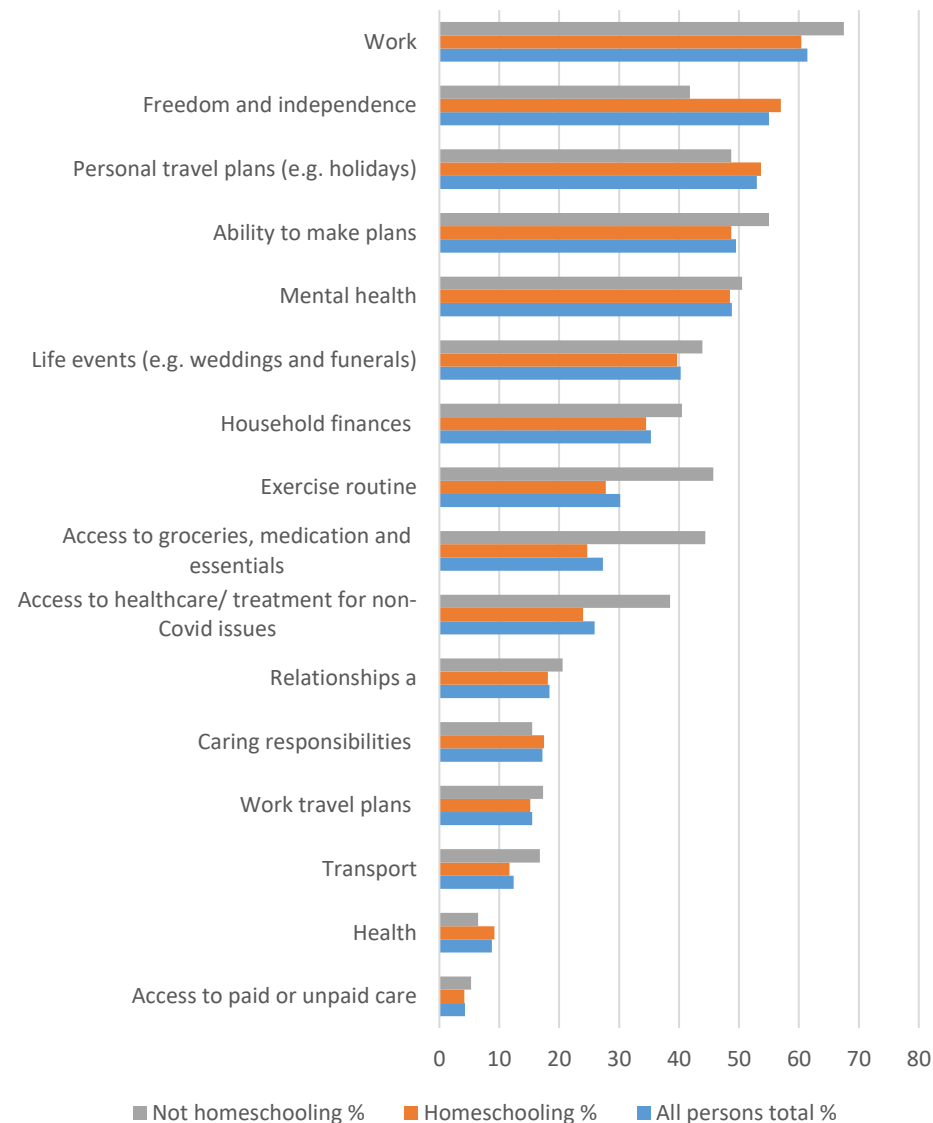
The amount of childcare provided, and the extent to which women or men provided it, depended greatly on the age of the child. Generally, women supplied a larger part of the childcare time in households with younger children. ([ONS](#), 22<sup>nd</sup> July)

Analysis of time use data has shown that many parents who were working changed their routines to accommodate their new childcare commitments ([ONS](#), 22<sup>nd</sup> July)

During the lockdown, parents were nearly twice as likely to be furloughed (13.6%) as those without children (7.2%). For working parents with school-aged children that said their work had been affected by the coronavirus, 20% said this disruption was at least in part because of having to work around childcare responsibilities. ([ONS](#), 22<sup>nd</sup> July)

Positive relationships with family members is a social determinant of health. To the extent that Covid-19 has led to a deterioration in these relationships it can be expected to lead to wider health inequalities in the future.

Impacts of Covid-19 outbreak on parents



Some people have reported that their caring responsibilities have been affected by COVID-19, with the majority spending more time caring for others. Carers UK estimate that there has been a 50% increase across the UK during the pandemic in the number of people who have become unpaid carers for sick, older, or disabled relatives. In Haringey this would mean an increase from 20,840 unpaid carers to 31,260. Approximately 600 of these will be under 18 ([Carers UK](#), 8<sup>th</sup> June).

Since the beginning of the pandemic, 48% of the UK population said they provided support to someone outside of the household. Although not directly comparable, 11% of people reported caring for a non-resident, before the pandemic. ([ONS](#), 9<sup>th</sup> July). One third (33%) of existing carers are giving more help during the pandemic than they had provided previously. Almost one third (32%) are also giving help to someone who they did not help previously ([ONS](#), 9<sup>th</sup> July).

In some cases, carers have reported being unable to see someone they usually would provide support for or having to organise alternate care where paid care has been reduced. Over 80% of people said that they had avoided physical contact with older and vulnerable people due to COVID-19 and some have had to avoid physical contact with those they have care responsibilities for ([ONS](#), 9<sup>th</sup> July).

The social distancing measures introduced to reduce COVID-19 transmission, whilst essential, may have adversely affected the well-being of care receivers and providers. A common concern throughout the pandemic was that people's access to paid or unpaid care was affected while others expressed concerns regarding their household finances due to care costs increasing. Unpaid carers, who provide support to someone they live with, are most likely to mention feeling worried about the future (36%), with 32% reporting feeling stressed and 16% concerned about the effect the pandemic has had on their personal relationships ([ONS](#), 9<sup>th</sup> April). Surveyed by Carers UK, more than 70% of the new, unpaid carers, the majority of whom are women, many already living in poverty, said the responsibility was the source of significant stress and that they were deeply concerned about how they would cope as the lockdown eased ([Carers UK](#), 8<sup>th</sup> June)

In Haringey, 120 additional volunteers have signed up to Reach and Connect, 88 volunteers are supporting the Food Hubs at Alexandra Palace and Tottenham Hotspur, and four volunteers have begun supporting Markfield with painting and maintenance.

Donations from the public and corporate donors to Haringey Giving have totalled over £100,000, which has enabled distribution of grants to over 20 organisations, providing support with a range of needs including food, mental health, and housing ([Haringey Giving](#), June)

Nationally, survey data indicates that there has been an increase in community-focused activity during the lockdown period ([ONS](#), 26<sup>th</sup> May)

- 63% of Londoners agreed that if they needed help, other local community members would support them, roughly in line with the rest of the UK
- 47% of Londoners will have checked on a neighbour who might need help at least once a week
- 76% of Londoners think people are doing more things to help others than before the coronavirus outbreak

In addition, Council Leaders and Chief Executives have reported record-high levels of community cohesion and trust. 96% of survey respondents have characterised community groups' roles in responding to Covid-19 as either significant or very significant ([New Local Government Network](#), 26<sup>th</sup> May)

Looking to the future, a plurality of respondents to an ONS survey think that the UK will become more united than it was before the pandemic. There is a minority belief that the UK will become more equal and a more prevalent belief that the UK as a whole will become more kind. Older people are more likely than younger people to be optimistic about the extent to which the UK will be a more equal, kinder, or more united country after the pandemic ([ONS](#), 29<sup>th</sup> May)

Relationships within communities can act to foster good health. Community activity, regardless of type, is therefore likely have an impact on future levels of health inequalities.

Across the UK, a survey conducted by the British Red Cross found that:

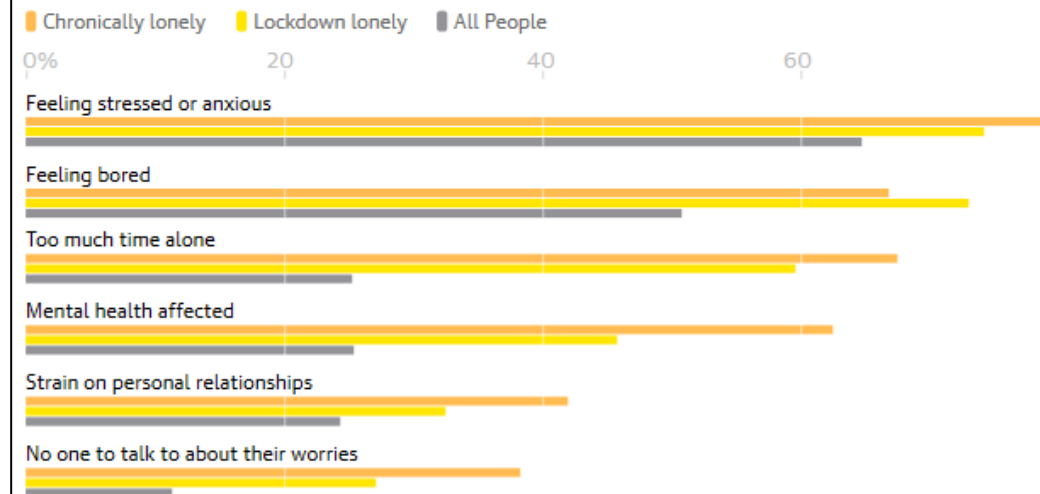
- 41% of adults have felt lonelier during the lockdown
- 28% worried that no-one would notice if something happened to them
- 37% said that they did not know their neighbours at all
- 31% said they had no-one to turn to when dealing with a problem
- 33% had not had a meaningful conversation in the last week
- 33% said they feared their feelings of loneliness would get worse
- People living in urban areas are more likely to feel lonely
- People from BAME backgrounds, parents, young people, people with long-term health problems and those on low incomes were more likely to feel lonely ([British Red Cross](#), 19<sup>th</sup> June)

In London, single adults have been most likely to feel lonely at 75%, compared to 56% of cohabiting couples and 29% of adults with children ([ONS](#), 26<sup>th</sup> May). A longitudinal study conducted by UCL has found that Covid-19 has induced loneliness particularly acutely among young adults, women, people with lower education or income, the economically inactive, people living alone, and people living in cities ([UCL](#), May 20<sup>th</sup>). People with conditions that limit their independence have also been more affected by loneliness, for example 56% of those with dementia, and 80% of those who live alone with the condition have been completely isolated since the coronavirus lockdown began in March ([The Guardian](#), 14<sup>th</sup> July).

People who report feeling lonely are more likely to also report lower personal wellbeing and more difficulty in coping during the lockdown period ([ONS](#), 8<sup>th</sup> June). Loneliness is therefore detrimental to physical and mental health. To the extent that Covid-19 has caused more loneliness, particularly among vulnerable and marginalised groups, it can be expected to increase health inequalities.

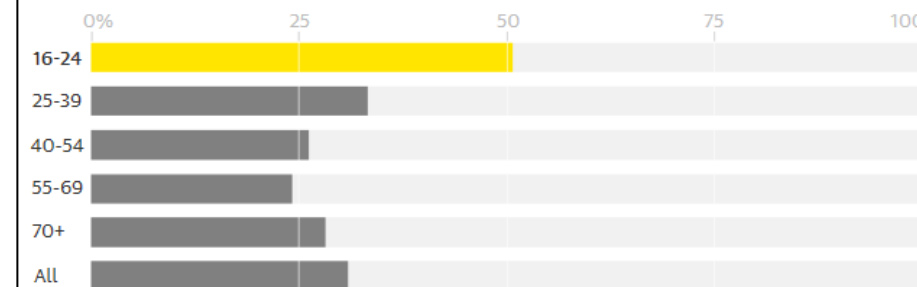
## Both the chronic and 'lockdown lonely' were more likely to say they felt stressed and anxious in April

Percentage of respondents who, when asked "In the past seven days, how has your wellbeing been affected?" chose the following options



Guardian graphic. Source: ONS, 3 April to 3 May 2020.

## More than half of 16-to 24-year-olds who felt their wellbeing was affected by lockdown said they felt lonely



Guardian graphic. Source: ONS. Base: 2,440 adults aged 16 and over in Great Britain who, when asked "In the past seven days, how has your well-being been affected?" reported feeling lonely.

## 3.3. Place

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The following slides set out how:

- Unequal access to green space will have made experiences of government stay-at-home instructions more challenging for disadvantaged people
- Air pollution and carbon emissions are likely to have decreased to a small extent during the lockdown, but these decreases are likely to be unsustainable in the context of decreasing public transport use and increasing private car use
- Restrictions on public transport are likely to have affected residents living in Tottenham and Wood Green to a greater extent than others due to the configuration of TfL services, the higher representation in those areas of workers in essential occupations who will have continued to need to commute, and the pattern of private car ownership in Haringey
- Although local data is not available, it is very likely that levels of active travel (walking and cycling) have increased. However, these increases may fall back as private car use increases
- Recorded volumes of most crime types have fallen during the lockdown period, with the exceptions of domestic abuse. It is not yet known how sustainable these decreases will be, especially given the economic context
- The use of Stop and Search has increased during the pandemic and there are indications of disproportionate policing of Black communities

These findings indicate that the ways in which Haringey residents interact with their local areas and their experiences of those areas have been affected during the Covid-19 crisis. These will have been both positive and negative. The challenges for Haringey Council and local partners will be to ensure that the positive trends are sustained and address the inequalities we know exist in order to create environments in which all local people can live healthy lives.

A safe, clean, and green environment with a well functioning transportation system and opportunities to engage in physical activity is a social determinant of health. Such an environment can mitigate the extent to which the Covid-19 crisis leads to long-term negative impacts on local residents' health.



Google mobility data showing the change in the number of people frequenting different public settings in the UK, compared with a February base



Source: Google - COVID-19 Community Mobility Report

Lockdown measures introduced to slow the spread of Covid-19 precipitated a huge change in people's lifestyles, habits, and their experience of their local areas.

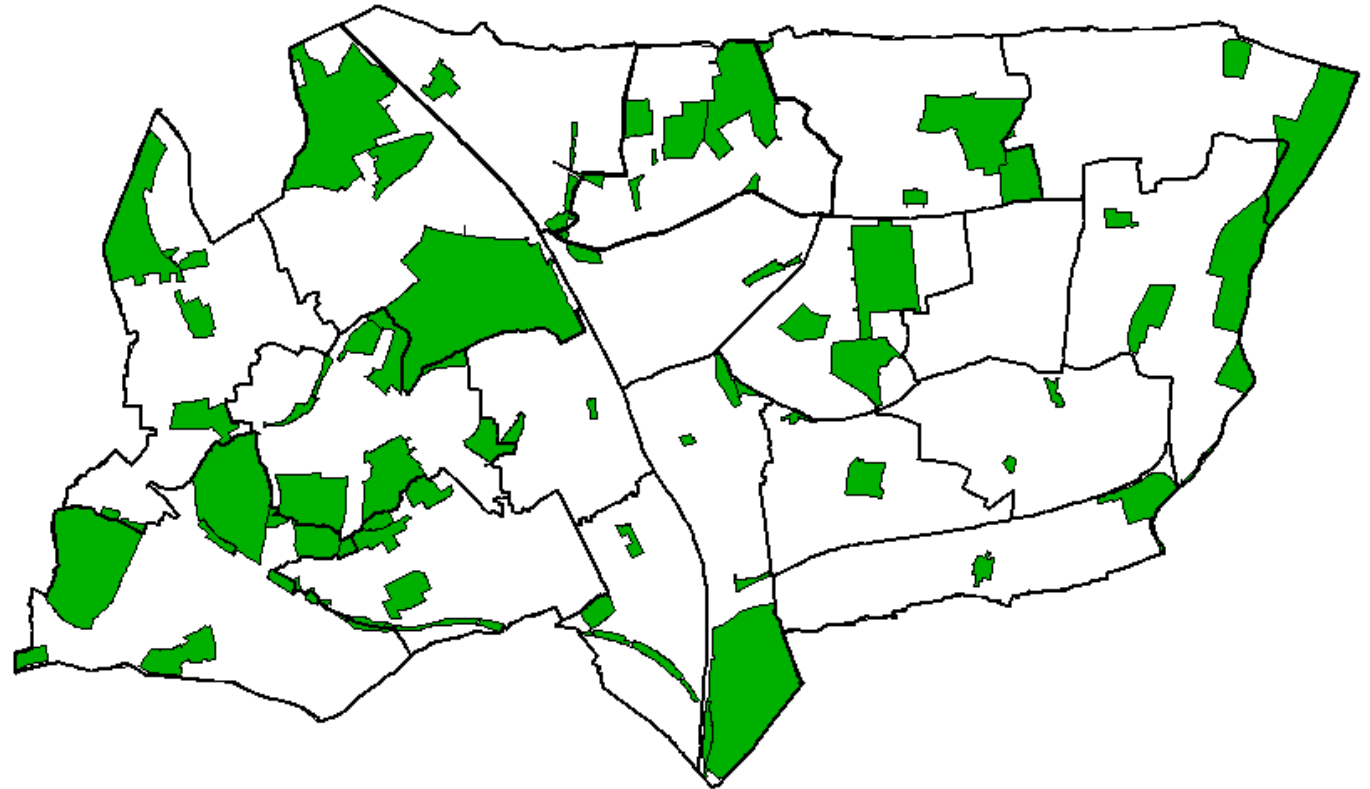
The number of people in the UK spending time at transport hubs, in workplaces and on high streets dropped precipitously in April and May but has since been on an upward trend, remaining below pre-pandemic levels, according to Google mobility data.

People are continuing to spend more time around their homes and in public parks. It is likely that Haringey residents will have been spending more time in the borough rather than commuting to jobs in Central London or leisure/recreation venues.



[ONS](#) figures suggest that 21% of households in London have no access to a private or shared garden. In England, Black people are nearly four times as likely as White people to have no access to outdoor space at home, whether it be a private or shared garden, a patio or a balcony (37% compared with 10%). Even when we compare people of similar age, social grade and living situation (similar area, with or without children), those of Black ethnicity are 2.4 times less likely than those of White ethnicity to have a private garden. People in unskilled manual occupations, casual workers and those who are unemployed are almost three times as likely as those in managerial, administrative, professional occupations to be without a garden (20% compared with 7%) ([ONS](#), 14<sup>th</sup> May)

The map of public green space in Haringey indicates that the residents of wards in the east of the borough such as Bruce Grove, Noel Park, Northumberland Park, and Tottenham Green are less likely to have accessible green space close to their homes that may alleviate issues associated with the requirements to only exercise once a day and socially distance while outdoors that were in place during lockdown



## Public Transport

TfL services were suspended for all but essential journeys. However, following progressive easing of lockdown there has been an uplift in the number of people using TfL services. As of May 22<sup>nd</sup>, tube travel was down 92% year-on-year and bus travel in London was down 85% ([The Guardian](#), 22<sup>nd</sup> May). Survey data suggests that there is widespread public reluctance to use public transport in the near future ([BBC](#), 27<sup>th</sup> April).

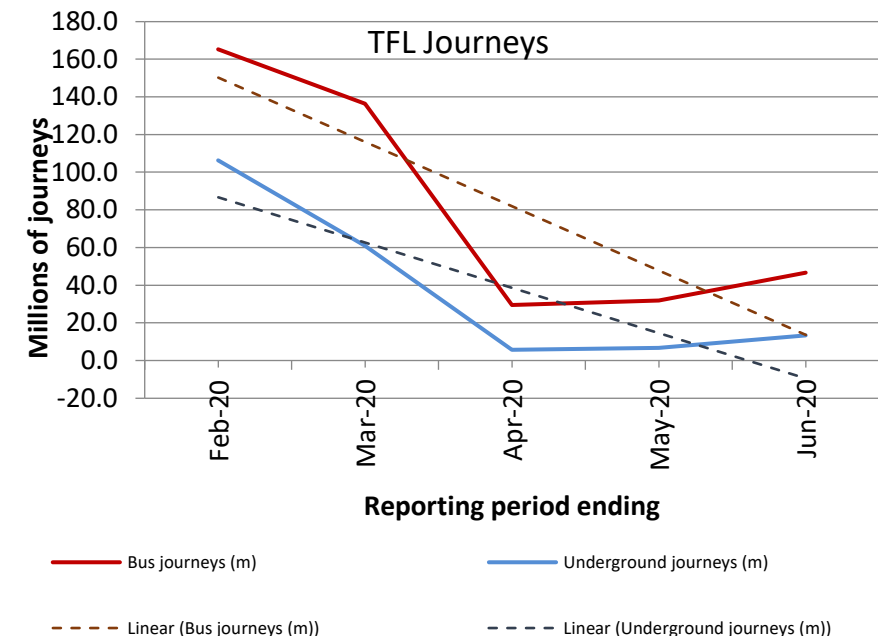
Transport for London has concluded that the tube will only be able to carry 13-15% of normal passenger numbers with social distancing. The challenge is likely to be felt most acutely by workers with the lowest household incomes. In London, 44% of workers in the poorest fifth of working households commute using public transport, while over 64% cannot work from home. In contrast, over half of workers in the richest fifth of working households commute on public transport, but only 20% cannot work from home ([GLA](#), May)

Restrictions around public transport and the higher exposure of Covid-19 to passengers has affected certain groups more. Disabled people have experienced a lack of accurate and accessible information about operation of services and availability of passenger assistance ([EHRC](#) 19<sup>th</sup> May) and people who are continuing to go to work are more likely to travel by bus, among whom people with lower incomes, BAME communities, and women are overrepresented ([The Guardian](#), 18<sup>th</sup> May)

## Road Transport

Road traffic volumes have fallen by 60% across central London during the lockdown period ([University of Reading](#), 19<sup>th</sup> May). However, car use has increased as lockdown restrictions have eased to the point of being only 22% lower than pre-lockdown levels nationally ([The Conversation](#), 4<sup>th</sup> June).

20% of Londoners report using their car more, while 41% reported using their car less or not at all during the lockdown period ([Centre for London](#), 4<sup>th</sup> June). If car use increases on pre-pandemic levels it will be reasonable to expect higher levels of air pollution and therefore worse health outcomes for residents.



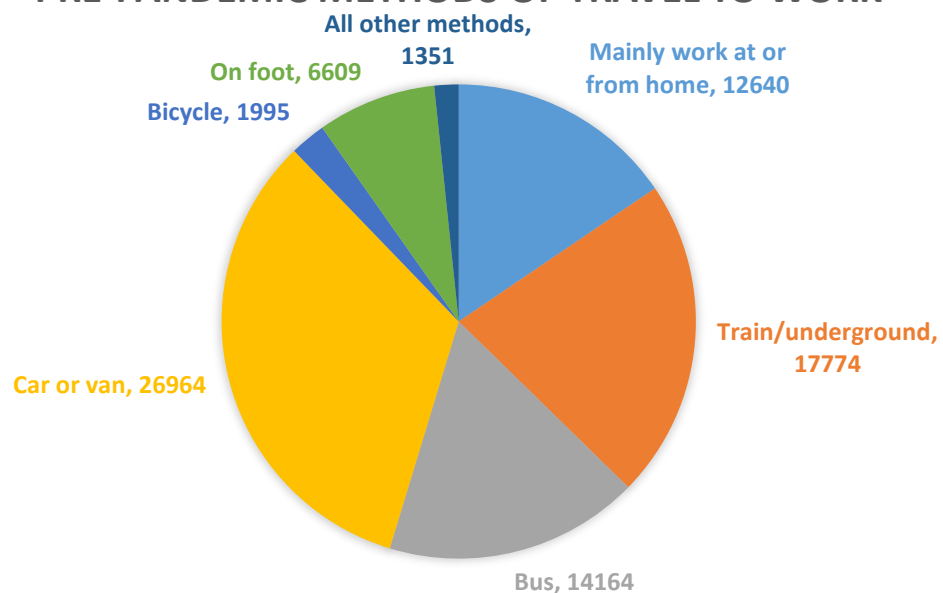
## Methods of Transport

Data on methods of travel to work ([ONS](#), 25<sup>th</sup> June) indicates that a large minority (39%) of workers living in Haringey travelled to work on public transport before the pandemic. These people are likely to have been impacted by disrupted public transport services to a greater extent than the 33% of workers who travelled by car or the 11% of workers who travelled on foot or by bike.

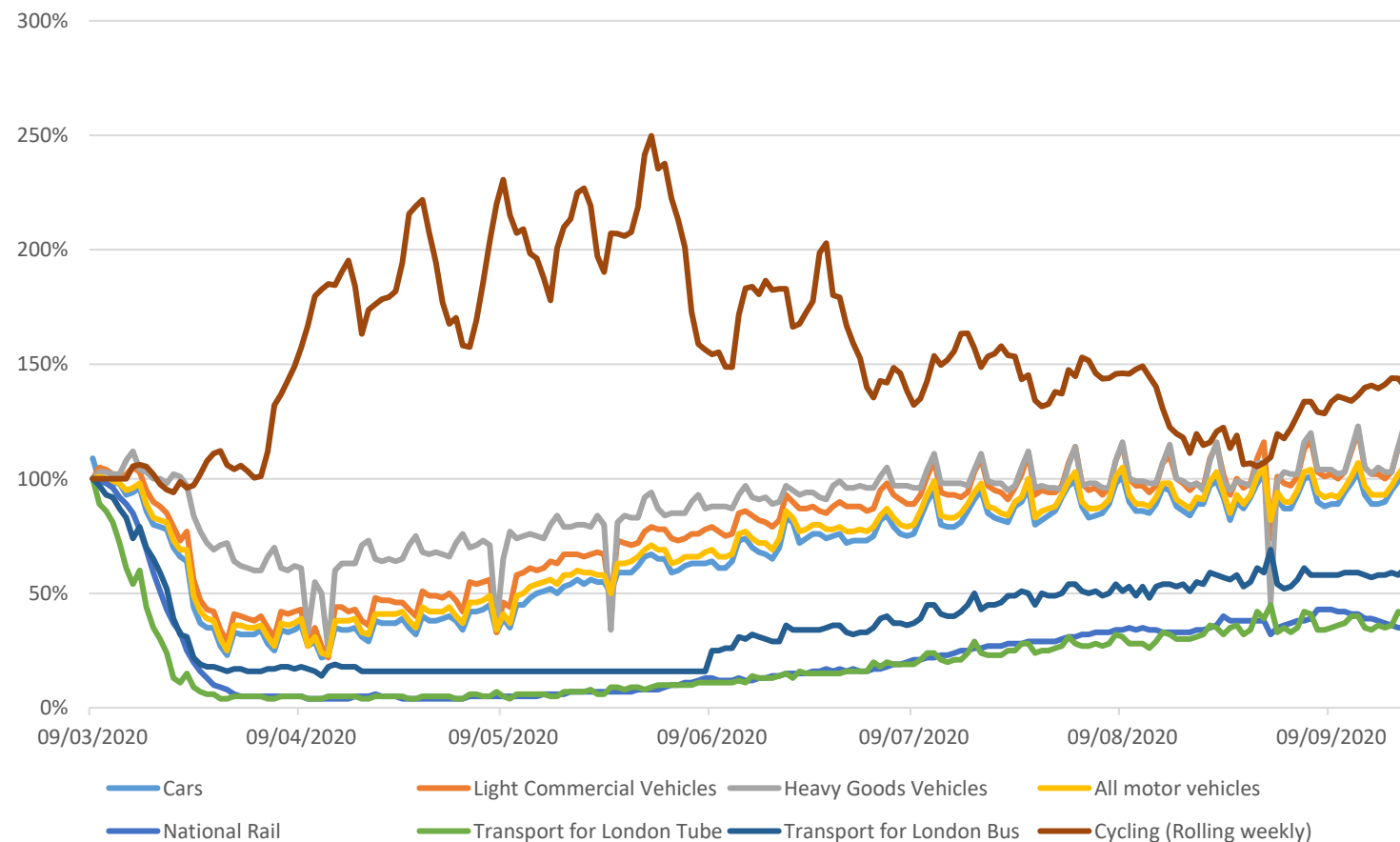
Levels of car use have remained at a proportionately higher level than public transport. This indicates that people with cars have been able to carry out normal day-to-day activities more than people who would have relied on public transport ([DfT](#), 29<sup>th</sup> July).

Levels of cycling increased as use of public transport decreased, but decreased as motor vehicle use increased

## PRE-PANDEMIC METHODS OF TRAVEL TO WORK

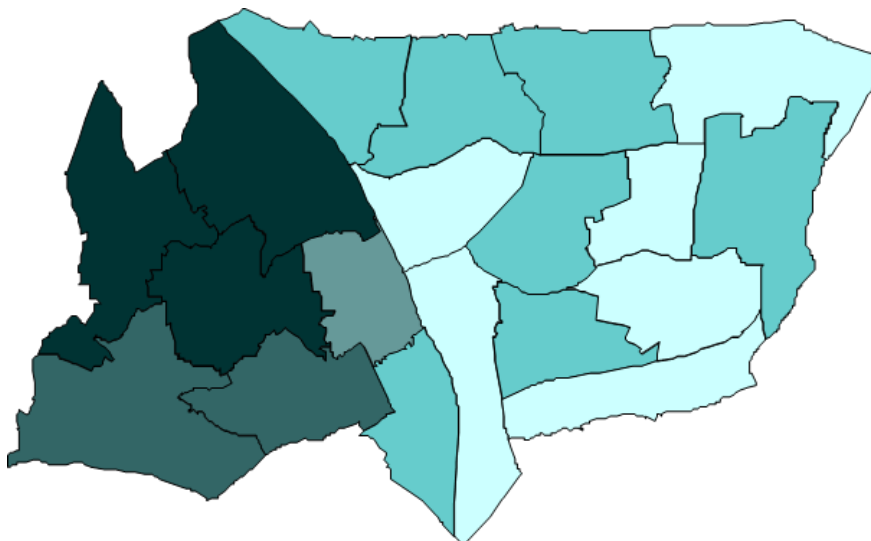


Changes in transport usage (UK and TfL, 3-day rolling average indexed at 100% on 9th March)

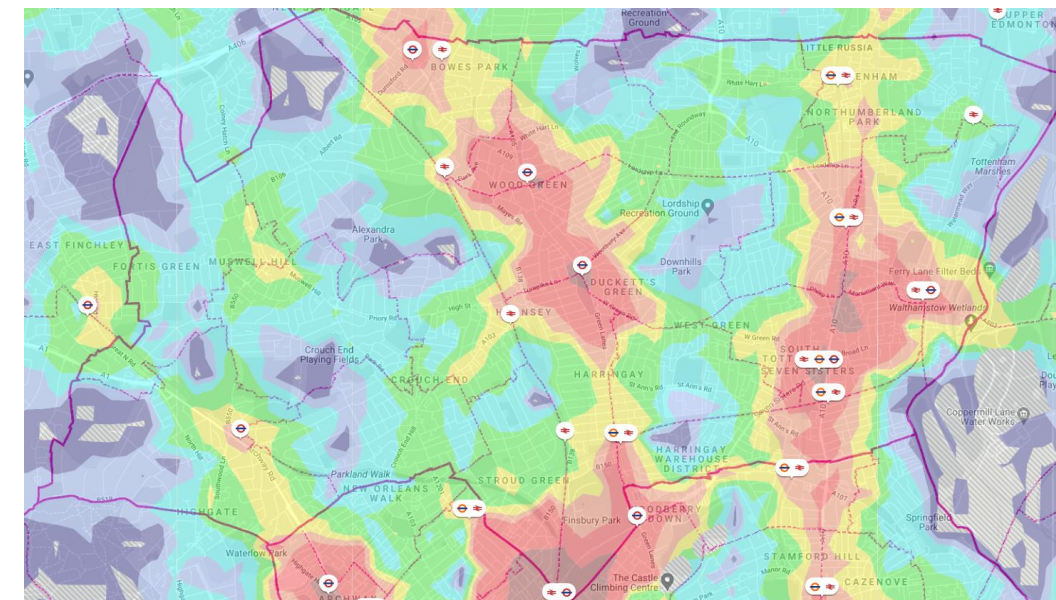


Car Ownership (% of households with one or more cars, Census 2011)

Alexandra	72.8
Bounds Green	47.8
Bruce Grove	41.4
Crouch End	60.3
Fortis Green	65.3
Haringey	38.2
Highgate	58.9
Hornsey	50.7
Muswell Hill	66.4
Noel Park	37.9
Northumberland Park	38.2
St. Ann's	42.5
Seven Sisters	40.4
Stroud Green	46.8
Tottenham Green	34.9
Tottenham Hale	43.0
West Green	43.4
White Hart Lane	49.9
Woodside	45.6

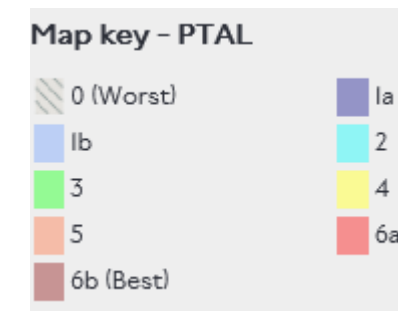


Public Transport Access Level



These maps demonstrate that car ownership tends to be lower in the Haringey wards with better levels of access to frequent public transport services, and vice versa. In the context of the Covid-19 pandemic, this dynamic is likely to have led to two differential impacts:

- Households who do not have access to a car because they live in areas that have had good levels of access to public transport are likely to have experienced restricted mobility. While this will have had a limited impact in the first phase of lockdown, this may have limited these households' abilities to commute, provide support to vulnerable family members, and/or form 'bubbles' from June onwards.
- Households who have access to a car are likely to have been more able to move around without the risk of exposure to the Covid-19 virus that may have otherwise been present on public transport and are likely to have had relatively uninterrupted abilities to commute and provide support to vulnerable family members



## Air Quality

The requirement under the lockdown imposed by the government on 23<sup>rd</sup> March to only travel for essential purposes is likely to have had a positive effect on air quality in Haringey, associated with fewer journeys being made and therefore fewer vehicles on the roads. Air quality readings from Central London provide an indication: pollutant concentrations reduced significantly at busy roadside sites during the first four weeks of the lockdown period due to reductions in traffic flows. Overall, the mean reduction in NO2 concentrations was 21.5% across the London roads. ([King's College London](#), 1<sup>st</sup> May). However, the level of improvement in air quality is likely to have been lower in Haringey and for a shorter time than Central London due to a higher concentration of residents as opposed to businesses and workspace.

The biggest reductions in exposure to pollutants were among children, tube users, professional drivers, and hospital staff ([King's College London](#), 1<sup>st</sup> May). Given the nature of air pollution in Haringey, we can also expect BAME communities and households on lower incomes to have had a reduction in exposure to pollutants. This will have had a positive health impact due to the known links between air pollution and serious health conditions.

Reduced exposure to pollutants may have temporarily lowered risk of transmission of Covid-19. Initial research suggests that air pollution may act as a vehicle for viral transmission (i.e. the worse the air pollution the more Covid-19 can spread), making those communities who live in areas with higher levels of air pollution more vulnerable to Covid-19 ([BBC](#) 27<sup>th</sup> April). Lower levels of air pollution would mean lower vulnerability to Covid-19.

Air pollution also suppresses the immune system, which indicates that people living in neighbourhoods with higher levels of air pollution could be more susceptible and find it harder to recover regardless of any temporary decrease in pollutants ([European Public Health Alliance](#), 20<sup>th</sup> April). Several studies have already suggested that poor air quality can leave people at greater risk of contracting the virus, and at greater risk of serious illness and death. A study of the US found that even a small increase in PM2.5 concentrations of 1 microgram per cubic metre is associated with an 8% increase in the COVID-19 death rate ([The Conversation](#), 13<sup>th</sup> July). In Haringey, this means that residents living near major roads such as Wood Green High Road, Green Lanes, Seven Sisters Road, and Tottenham High Road, as well as wards in the centre and east of the borough, could be more susceptible to Covid-19 as a result of long-term exposure to air pollution.

## Climate Change

Some early data suggests that carbon emissions in London reduced during the lockdown period due to lower volumes of car traffic and lower levels of emissions associated with businesses and workspace. While this may be positive in environmental terms, it is unlikely to be sustainable in the short-term as businesses re-open and car traffic increases ([University of Reading](#), 19<sup>th</sup> May)

There are also indications that the Covid-19 pandemic has shifted attitudes towards climate change. 23% of UK adults are reported to feel more concerned about climate change as a result of the pandemic and there is majority (90%) support for embedding changes that have had a positive environmental impact ([ONS](#), 29<sup>th</sup> May)

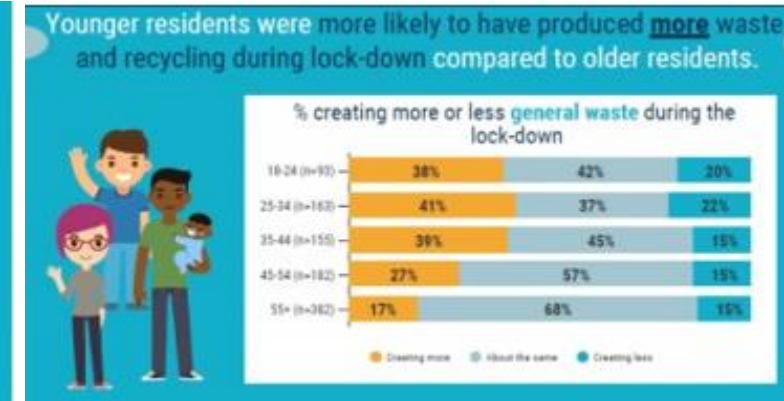
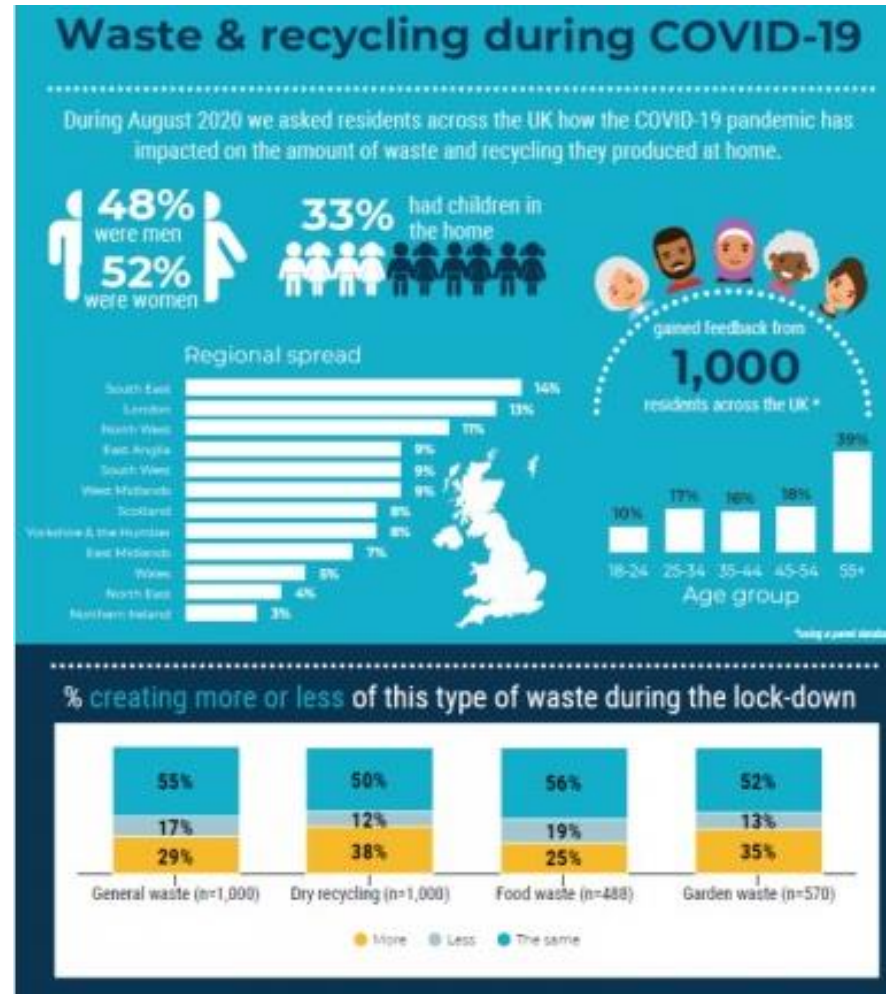


## Waste

M·E·L Research Insights asked 1,000 people across the UK about how lockdown impacted them on the amount and types of waste and recycling they produced during the period of April, May and June 2020, compared to what they usually produce at home before lockdown.

The survey was representative of the UK by region, age and gender and asked questions on overall waste and recycling streams as well individual materials, and highlighted the following results:

- 30% of residents claimed that their general waste increased, and 40% say their recycling waste increased during lockdown
- Due to more young people being at home and not at school, the amount of plastic bottles and food waste rose by 38%
- Thanks to an upsurge in the undertaking of DIY projects, residents indicated that their DIY waste increased by at least 40%
- With charity shops and re-use avenues temporarily unavailable, 'clear-outs' contributed to a huge increase in textile waste
- Cardboard waste increased due to a rise in online purchasing
- 89% of residents said their garden waste increased



### What materials were residents creating more of during lock-down:



## Active Travel

In a survey commissioned by Centre for London, 48% of Londoners reported walking more and 20% reported cycling more during lockdown than before. However, 42% of London adults have said they find it difficult to keep socially distant from other people when on a high street, and a quarter have said the same for parks and residential streets (26% for both). 46% believe that they will walk or cycle more after the pandemic than they did before ([Centre for London](#), 4<sup>th</sup> June)

The Mayor of London has launched a Streetspace programme of pavement widening and cycling infrastructure to encourage active travel so that people don't have to take public transport. ([Transport for London](#)). The Department for Transport has also issued guidance for local authorities to give over more road space to walking and cycling ([Department for Transport](#), 9<sup>th</sup> May). Accordingly, Haringey Council has planned and sought funding for a number of measures to facilitate walking and cycling, which can be viewed here: <https://www.haringey.gov.uk/parking-roads-and-travel/travel/transport-strategy/haringey-s-streetspace-plans>. It remains to be seen how much these measures will affect walking and cycling in Haringey.

## Sport and Physical Activity

Gyms, leisure centres, and sports facilities in parks have been closed during the Covid-19 crisis, in accordance with government guidance. This, alongside government instructions to limit outdoor exercise during the first phase of the lockdown, can be expected to have caused a decrease in levels of outdoor physical activity. This may have compromised residents' abilities to manage their physical and mental health.

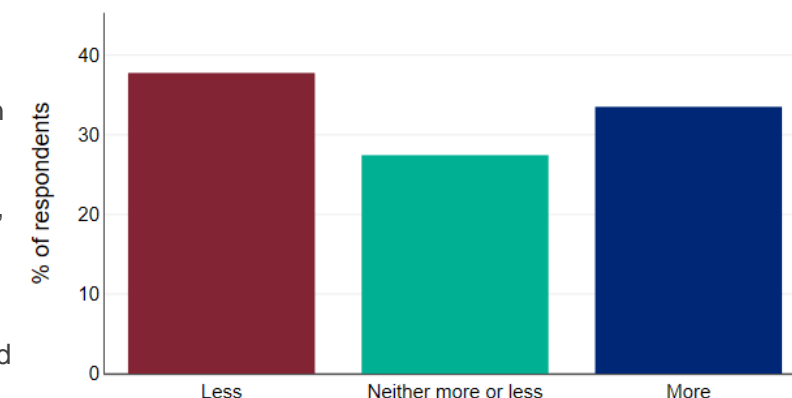
Haringey Council and Public Health England have disseminated guidance for staying active at home through its communications channels. The extent to which these resources have been used by local residents to stay physically active is not known.

Survey data suggests approximately 40% of UK residents have been less active during lockdown. Nevertheless, there are some positive trends emerging in relation to sport and physical activity:

- Survey data suggests that overall levels of physical activity have remained stable through the lockdown period, despite dipping at the beginning ([Sport England](#))
- Sport England report that 59% of people have been walking for exercise, 13% have been cycling, and 45% have been active within their homes ([Sport England](#), 22<sup>nd</sup> May)
- 40% of girls and young women are estimated to have increased their levels of physical activity during lockdown ([The Conversation](#), 4<sup>th</sup> August)

However, those from disadvantaged socio-economic groups, older people, BAME groups, and women are all less likely to have been active during the Covid-19 crisis ([Sport England](#), 22<sup>nd</sup> May). Any decrease in physical activity is likely to be detrimental for physical and mental health and therefore risk wider long-term health inequalities.

**Percentage of adults doing more or less physical activity than usual in England - pooled survey wave from 03/04/2020 to 11/05/2020**



## Criminal Activity

Recorded volumes of most crime types have fallen during the lockdown period (see following slides).

Demand for illicit drugs has not decreased, while supply of cannabis has remained stable and imports of illicit drugs from overseas (e.g. cocaine and heroin) have been more resilient than initially anticipated ([The Conversation](#), 22<sup>nd</sup> May). It is likely that organised criminal gangs will have altered their operating models during the pandemic to accommodate this picture and to comply with social distancing guidelines, thereby avoiding law enforcement attention. This adaptation may have included more localised drug dealing in lieu of county lines, supply of counterfeit goods, and provision of essential goods to vulnerable people that may lead to future exploitation ([The Conversation](#), 15<sup>th</sup> May).

There have been reports of racist incidents and racially-aggravated offences targeting people perceived to be Chinese or East Asian, and incidents of violence and abuse against LGBT+ people in connection with the pandemic. There are also materials being circulated online falsely suggesting that Muslim communities are not following social distancing measures and various forms of antisemitism connected to the pandemic ([EHRC](#) 19<sup>th</sup> May). Locally, there has been a small increase in recorded hate crime.

## Community Policing

The Metropolitan Police had issued 973 fixed penalty notices (FPNs) up to the end of May. This is the highest number among English police forces, but it indicates that proportionally fewer Londoners were fined than nationally ([NPCC](#)). Between 27 March and 14 May, 26% (253) of fixed penalty notices issued in London were issued to Black people, who make up 12% of the population. Asian people, who represent 18% of Londoners, were given 23% of fines (220) out of a total of 973 issued. 774 arrests have been made for breaches of Covid-19 legislation. Of those arrested, 31% were black and 14% were Asian ([BBC](#), 3<sup>rd</sup> June). BAME people were 1.6 times more likely to be fined than white people, but young black and Asian men between 18 and 34 were over-represented by around twice the rate of young white men ([The Guardian](#), 27<sup>th</sup> July)

The number of stop and searches in Haringey increased from 1,087 in February 2020 to 1,193 in March, then 1,424 in April and 1,950 in May, indicating increased use of the tactic during the lockdown period. This fell to 1,092 in June. The majority of stops and searches related to drugs. Between February and May 2020, the rate of Black people stopped and searched in Haringey increased from 9.5 to 17.2 per 100,000 while the rate of white people being stopped and searched increased from 2.8 to 4.8 per 100,000. The rate of Black people being stopped and searched increased marginally faster than for white people, and Black people were over three times more likely to be stopped and searched than white people in May 2020 ([MPS](#), 7<sup>th</sup> July)



Since lockdown began, overall crime levels in Haringey have remained consistently below the same period in 2019.

Most non-domestic violent crime types have reduced since March 2020, with some reductions in Haringey exceeding 50%.

As lockdown measures have eased, violent crime and robbery have begun to increase.

The key hotspots for offending have largely remained the same as prior to lockdown, with some slight shifts based on changes to usage of urban amenities. For example, hotspots shifted away from schools and transport hubs toward retail areas during the period in which schools were closed and public transport was discouraged. This reversed at the beginning of September as schools re-opened.

## 3.4. Economy

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The following slides set out how:

- Unemployment in Haringey has increased dramatically. This partially accounts for a 138% increase in Haringey residents claiming Universal Credit. These figures are despite high levels of take-up of the Government's Coronavirus Job Retention Scheme (CJRS) locally, with over 50,000 jobs being furloughed
- A third of all jobs in Haringey are estimated to be at risk
- The nature of Haringey's economy - with a high number of SMEs and large hospitality, arts, and retail sectors - means that it is very exposed to the negative economic shock associated with Covid-19
- Average household incomes will have reduced across Haringey. However, this will not have been felt equally. Drawing on data on unemployment, Universal Credit, the CJRS, and households affected by the benefit cap, it is clear that young adults, BAME communities, people with disabilities, and people who were already on lower incomes will experience more severe reductions in income than average

It is clear that Haringey will have experienced a very severe economic shock during the Covid-19 crisis. This will continue to unfold for the foreseeable future. This economic shock will increase levels of poverty locally and is therefore also likely to:

- Increase long-term health inequalities
- Increase all forms of insecurity, including in relation to housing, food, and incomes
- Lead to increased levels of crime
- Put more children's life chances at risk
- Increase reliance on local public services

Good work and sufficient income are social determinant of health. To the extent that the Covid-19 crisis leads to unemployment and lower household incomes, it can be expected to have a long-term negative impact on local residents' health.

Business closures do not appear to have yet increased as a result of the coronavirus (COVID-19) pandemic; this is because of the time it takes for a business to close, delays in the reporting process and government support for businesses ([ONS](#), 6<sup>th</sup> August) In June and July this year there were 7 insolvencies/dissolutions in Haringey. In the same period for 2019 there were 622, and 590 in 2018.

## Impact by Sector

87% of London businesses were continuing to trade at the end of May 2020, compared to a UK average of 84%. Arts, entertainment and recreation businesses were least likely to be trading (29%), followed by accommodation and food services (34%). 8.4% of London businesses had paused trading and did not intend to re-start in June. 40% of London businesses report that their turnover has reduced by more than 20% ([ONS](#), 18<sup>th</sup> June)

The vast majority of businesses are expected to experience a reduction in turnover as a result of Covid-19. The following industries are expected to be significantly heavily hit: Accommodation and food services, Construction, Manufacturing, Education, Arts and recreational activities, and Wholesale and retail ([GLA](#), 11<sup>th</sup> June). However, 17% of Wholesale and retail and 10% of Transportation and storage businesses have recorded an increase in turnover ([ONS](#), 18<sup>th</sup> June)

Industrial estate businesses have experienced a significant drop in turnover, evidenced to be up to 60-70% for larger manufacturing businesses. Impact is higher for suppliers of retail, hospitality and arts sectors. Prior to covid Haringey had one of fastest industrial growth rates in London, but this has now halted.

A DCMS/YouGov survey has found that 71% of creative industry businesses are 'at risk'. This figure is higher for tourism businesses (82%), performing arts businesses (81%), event and exhibition businesses (88%), and sport-based businesses (82%). Approximately two thirds of creative industry businesses estimate that they will be able to continue to trade or remain viable for a maximum of six months, compared to 40% of all businesses ([DCMS](#), 17<sup>th</sup> June). In Haringey, 80% of local creatives have lost at least half of their income due to Covid-19, and 40% have lost 100% of their income. Only 20% are confident they will still be trading in 2021.

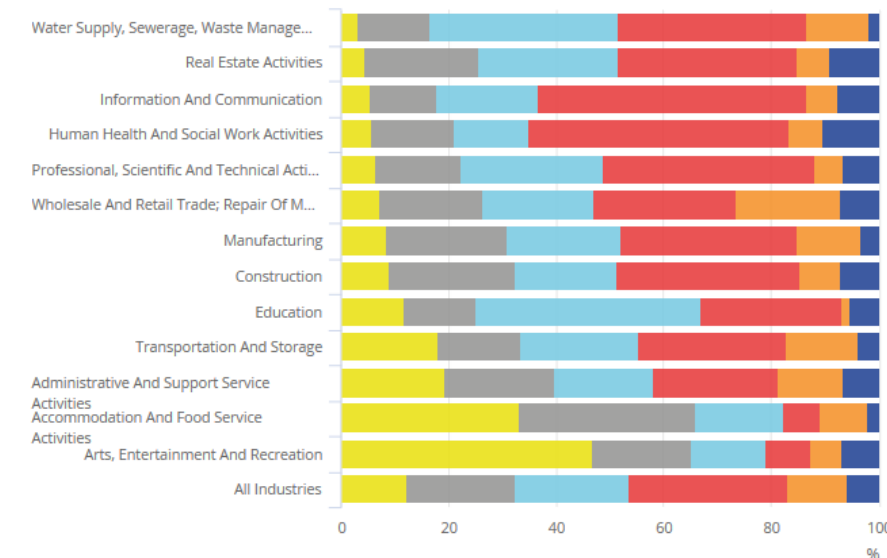
## Impact by Size

Similar proportions of SMEs and large businesses have suffered negative impacts in terms of sales, revenue and cash flow (sometimes more so for large businesses), but what distinguishes SMEs is the degree of impact. For example, for businesses that had faced a negative impact on revenue the average fall for SMEs was 53%, and for large businesses 36% (comparing January-March 2020 with the previous quarter). 33% of SMEs have furloughed staff compared with 61% of large businesses, but where this has happened in SMEs 72% of staff have been furloughed compared with 45% for large businesses ([GLA](#), May)

**Figure 3: Of businesses that are continuing to trade, 54% reported a decrease in turnover outside of normal range while 11% reported that turnover had increased**

Effect on turnover, businesses that are currently trading, broken down by industry, UK, 13 to 26 July 2020

- Not sure
- Turnover has increased
- Turnover has not been affected
- Turnover has decreased by up to 20%
- Turnover has decreased between 20% and 50%
- Turnover has decreased by more than 50%



The [Haringey Business Impact Survey](#) ran from 26 March to 24 April 2020. The purpose of the survey was to better understand the initial impact of the pandemic on businesses in the borough and inform our response to business support both in the immediate and longer term.

## Respondents

- A total of 267 business owners responded to the survey.
- Most respondents were micro-businesses, with 80% of respondents having five or less employees. 57% of businesses stated that they were self-employed. Only one business with over 40 employees responded
- The highest proportion of respondents were in the retail sector (32%), followed by creatives (21%) and hospitality (20%).
- The town centres of Wood Green and Tottenham provided the highest number of responses, with high streets in the west of the borough (Crouch End / Muswell Hill / Highgate) also forming a significant proportion.
- Most respondents were leaseholders (61%) with a small proportion of freeholders (8%). The remainder were mainly made up of businesses in co-working space and licensees. 16 of the business owners (7%) were Council tenants

## Key Findings

- The survey supports analysis that the local Haringey economy is highly exposed to the impact of COVID-19. Over three-quarters of respondents had closed or temporarily ceased operations, with 99% stating that they would need financial support between March and June.
- Over three quarters of businesses (79%) expected to need financial support over the summer months to remain viable, either through additional grant payments, an extension of the Job Retention Scheme and SEIS, or alternative measures. A further 8% expressed serious concerns around their survival regardless of further financial support.
- While most businesses stated that they were aware of the package of Government support measures (91%), only around three quarters of businesses expected to benefit from at least one of the supports.
- Just under half of respondents believed they were eligible for a grant scheme, with clear gaps in support evident for shared workspace occupiers, suppliers of the retail, hospitality and leisure sectors, and businesses operating from premises above the defined rateable value parameters.
- Around a tenth of suitable businesses intended to access the Coronavirus Business Interruption Loan (CBIL) and the Self-Employed Income Support Scheme (SEIS), echoing wider feedback around the limitations of these schemes (e.g. for self-employed workers who have only recently started to earn an income).
- There is a clear demand for other forms of support and guidance as we move into the post-lockdown period, including adapting to social distancing measures and moving to digital platforms.

RAG	Assessment	Percentage
Green	Expect to be stable with the Government financial support currently in place	13%
Amber	Will require additional support, either through an extension of the current Government measures (e.g. an extended Job Retention Scheme and/or additional grant) or alternative measures	79%
Red	Serious impact on viability of business regardless of further financial support	8%

78% of surveyed London businesses reported applying for the Coronavirus Job Retention Scheme, 13% for government-backed loans, and 10% for business grants. Of those businesses furloughed workers, 42% reported providing top-ups to furloughed workers' pay. 30% of London businesses have taken advantage of business rates holidays, 66% have deferred VAT payments, and 22% are using the HMRC Time to Pay scheme. 68% of businesses who used one or more of these initiatives reported that they helped them continue trading ([ONS](#), 18<sup>th</sup> June) To date, 72 rent deferrals have been granted to a range of council tenants, primarily retail and hospitality businesses and suppliers to these sectors.

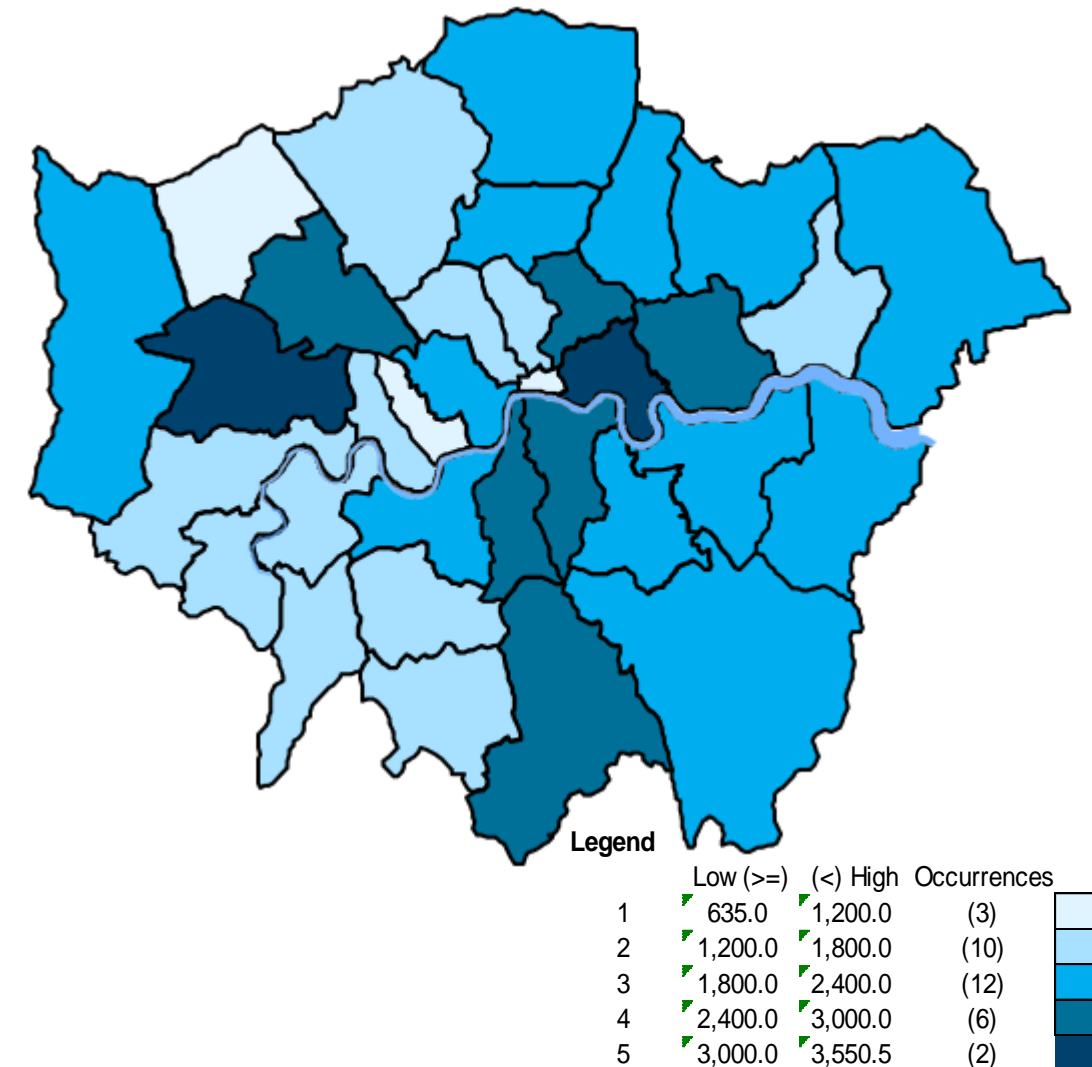
There is evidence of a disproportionate number of businesses in Haringey not benefiting sufficiently from government grant support due to the large local micro-business base, many ineligible for main two grant schemes. DGF grant payments are smaller than other schemes and will not reach all.

As of 5<sup>th</sup> July, Haringey Council had paid 2,001 small business grants of a value of £20,010,000, the 13<sup>th</sup> highest number of grants paid out by a London borough. 1,215 of these were paid out to businesses in Tottenham and 786 to businesses in Hornsey and Wood Green, meaning that Tottenham ranks 10<sup>th</sup> out of the 73 London parliamentary constituencies for the number of small business grants paid out ([Gov.uk](#), 7<sup>th</sup> August)

The Council has paid out 1,219 retail, hospitality, and leisure business grants of a value of £27,655,000. The Council has agreed 72 rent deferrals/payment arrangements.

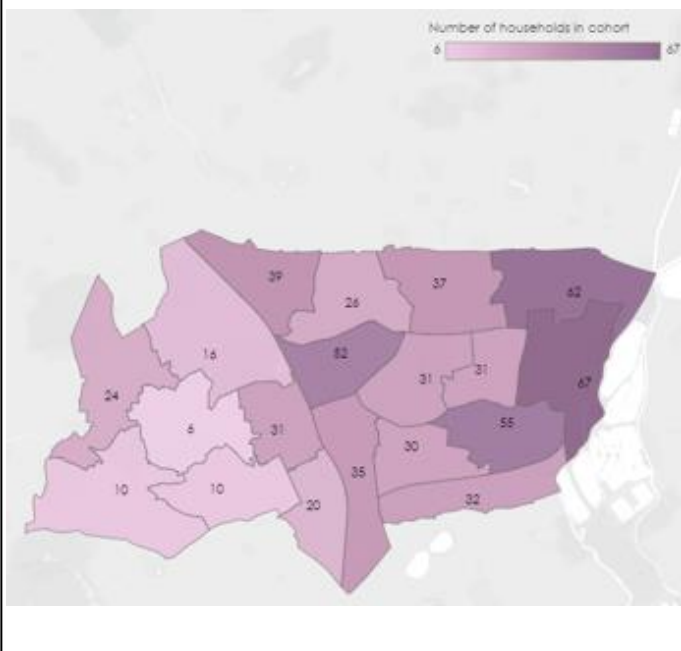
Arts Council England have awarded 201 grants to cultural organisations in Haringey, totalling £466,746. Haringey is in the top 5 of all London boroughs for the number of ACE grants, and the only borough of the top 5 to be mostly in zone 3.

Number of Small Business Grants paid by London Boroughs as of 5<sup>th</sup> July

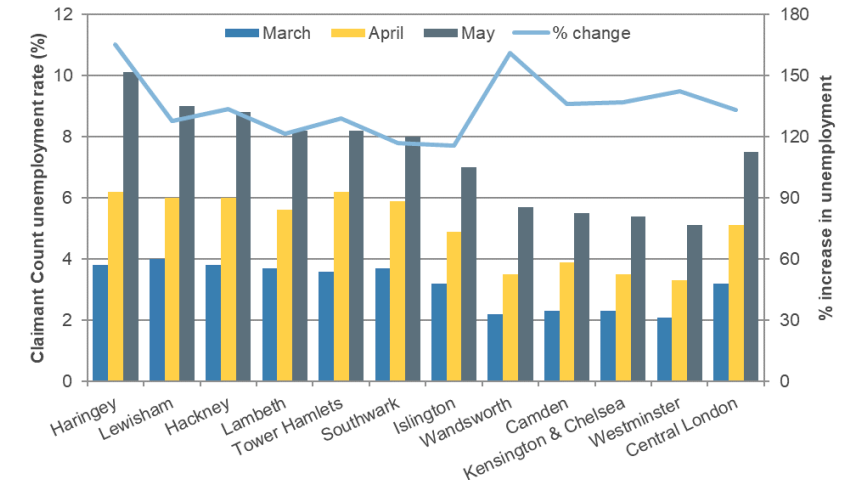


In terms of unemployed claimants for benefits, Haringey experienced the largest increase among the 11 Central London boroughs (members of Central London Forward). Within Central London, unemployment has risen fastest in Haringey. Haringey now has the highest rate of claimants in Central London and the sixth highest in the UK, having risen from 3.8% to 10.1%. This is demonstrated in the graph on the right-hand side of this page.

Of those who were in work in February, 6% (660 households) had lost their job by May. Tottenham Hale and Noel Park were particularly badly hit relative to the working age population of those wards. The map below shows where the households who lost their jobs are.



[Research from the Institute for Fiscal Studies](#) has shown that younger workers and women are more likely to have lost work. This accords with data showing that sectors which have been entirely shut down (such as hospitality) disproportionately employ those groups. Employment is a social determinant of health, and so periods of unemployment are likely to be detrimental to health and risk long-term health inequalities.



The [Institute for Fiscal Studies](#) has also noted the possibility of long-term scarring effects for young people entering the job market during a recession caused by the pandemic.

There is an income gradient to job losses, with the Resolution Foundation finding that close to one-third (30 per cent) of the lowest-earning fifth of employees have been furloughed or lost their job, compared to less than one-in-ten (8 per cent) of the top fifth of employee earners pre-coronavirus ([Resolution Foundation](#), 28<sup>th</sup> April)

The number of vacancies in Haringey relative to the working age population reduced by 25% year-on-year by July ([IES](#), July). Proportionally, the number of vacancies in the lower income brackets has fallen the most. ONS data demonstrates that vacancies have fallen across all industries ([ONS](#), 3<sup>rd</sup> June). The Joseph Rowntree Foundation estimates that there are 72 people out of work per vacancy in Haringey ([JRF](#), 7<sup>th</sup> August)



COVID-19 has caused a sectoral crisis in the economy. Tactile services have been hardest hit. Hospitality, leisure and tourism rely on face-to-face transactions and profits depend on high frequency, low margin transactions. Public health restrictions that limit the number of covers in restaurants, for example, will mean some businesses cannot be profitable for as long as public health restrictions remain in place

Haringey's economy is highly exposed due to the high number of employees in sectors adversely affected by social distancing: arts and entertainment (7,500 people); accommodation and food (6,000); retail (9,500). As a share of employees in the borough, at-risk sectors are overrepresented in Haringey when compared to London.

- Retail (c.20% of Haringey employees vs. c.11% of London employees)
- Arts and Recreation (8% Haringey vs. 3% London)
- Creative industries: severely affected. Among employees in the creative industries in Haringey who responded to a business survey, 80% had lost at least half of their income

Sectors which have been spared the worst effects of the virus are underrepresented in Haringey as a share of employees per sector when compared to London.

- Professional, scientific, and technical (c.8% of Haringey employees vs. c.15% London)
- Information and communication (4% Haringey v. 9% London)
- Financial and insurance activities (1% Haringey v. 6% London)

In the period between February to April 2019 and February to April 2020 the largest percentage decrease in vacancies was recorded in the accommodation and food services industry (-41.5%). The next most affected sectors were construction, education, information/communication, and arts entertainment and recreation ([ONS](#), 3<sup>rd</sup> June).

People who have been furloughed are most likely to have worked in the accommodation and food services industry (84%); arts, entertainment and recreation (74%); and construction (46%), compared to a UK average of 38%. Across all industries, 6% of employees have been furloughed and subsequently returned to work ([ONS](#), 18<sup>th</sup> June)

Data for Haringey employment broken down by sector and ethnicity is not available. Using London-wide data, Black, Asian and minority ethnic groups are overrepresented in the two most impacted sectors, making up 45% of employees working in retail and 43% of employees working in accommodation and food services. The third most impacted sector, arts and recreation, has relatively fewer Black, Asian and minority ethnic employees than the average across all sectors.

Workers in shutdown sectors are likely to be disproportionately exposed to the economic shock of the lockdown. Typical pay for workers in shutdown sectors is less than half that of those able to work from home – £348 a week compared to £707 a week. Those in shutdown sectors are younger – their average age of 39 is four years below the average age of those who can work from home. Differences are even more pronounced at the very bottom of the age distribution: nearly two in five of every 16-24-year old who works are in these sectors and for those born after 2000 this figure is over three-fifths ([Resolution Foundation](#)).

**Certain groups in society have been disproportionately impacted in comparison to others due to the closure of particular sectors**



## Young people

...under 25 are about two and a half times as likely to work in a sector that has been shut down vs. other age groups



## Women

...are approximately one third more likely to work in a sector that has been shut down than men



## Low earners

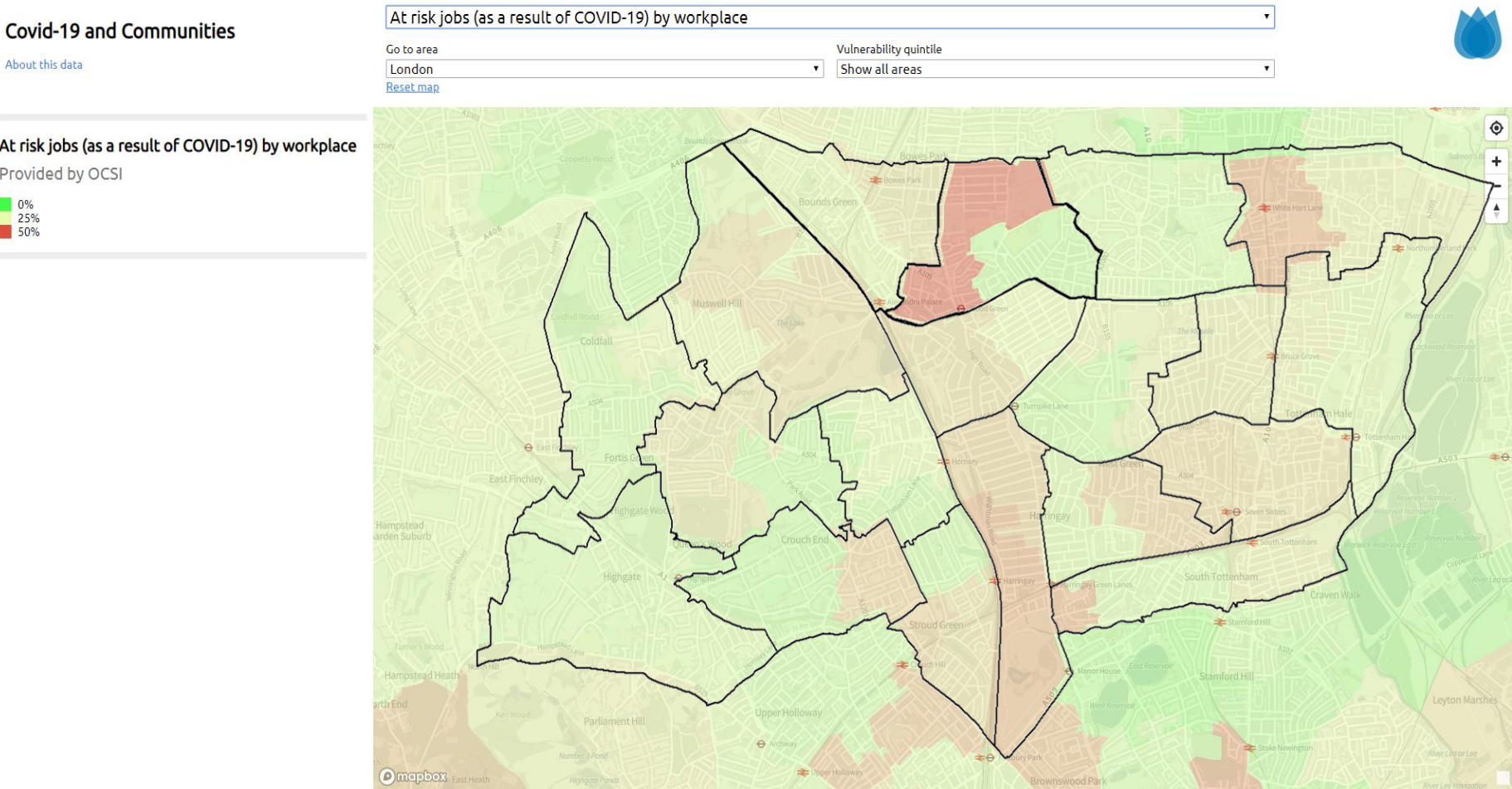
...are seven times more likely than high earners to work in a sector that has been shut down



## SMEs

Almost 2 in 10 SMEs have closed permanently or plan to do so in the next month

## Jobs at Risk as a Result of COVID (by Workplace)



Analysis by Oxford Consultants for Social Inclusion concluded that up to 1/3 of all Jobs are at risk due to COVID-19, based on Furlough data published from the ONS at the end of April.

The map for Haringey shows the most at risk area being Wood Green North (45.3% of jobs at risk), White Hart Lane (36%), and Harringay Ladder South (35.7%).

All areas have at least 19% of jobs at risk.

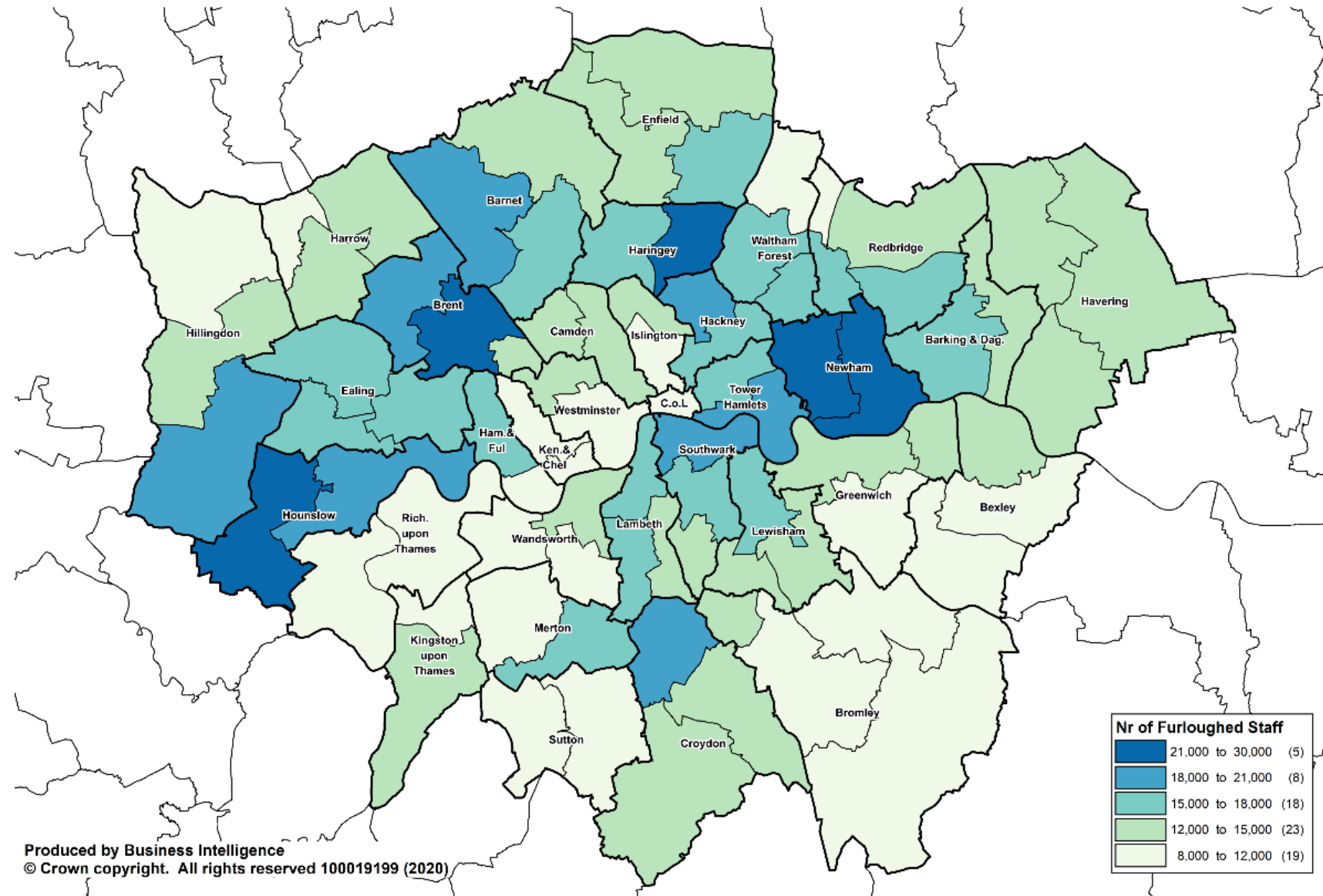
## Furlough

By 11th August, 54,000 employees living in Haringey had been furloughed, a rate of 38% of all eligible employments. This puts Haringey 8<sup>th</sup> among London boroughs in absolute terms and 4<sup>th</sup> in percentage terms.

21,400 of furloughed employments were in Hornsey and Wood Green and 32,500 in Tottenham. The Tottenham figure is the second highest for any parliamentary constituency, and represents 42% of all jobs. Hornsey and Wood Green ranks 30<sup>th</sup> among parliamentary constituencies and has a rate of 33% of jobs ([HMRC](#), 15<sup>th</sup> August)

39% of businesses that had workers furloughed were providing top-ups to the CJRS payments ([ONS](#), 7<sup>th</sup> August)

**Furloughed Staff by Parliamentary Constituency**

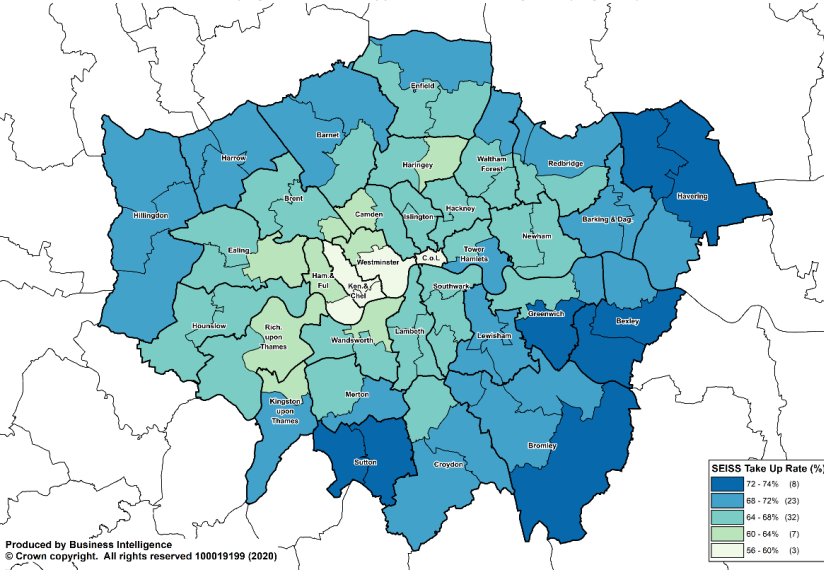




## Self-Employment

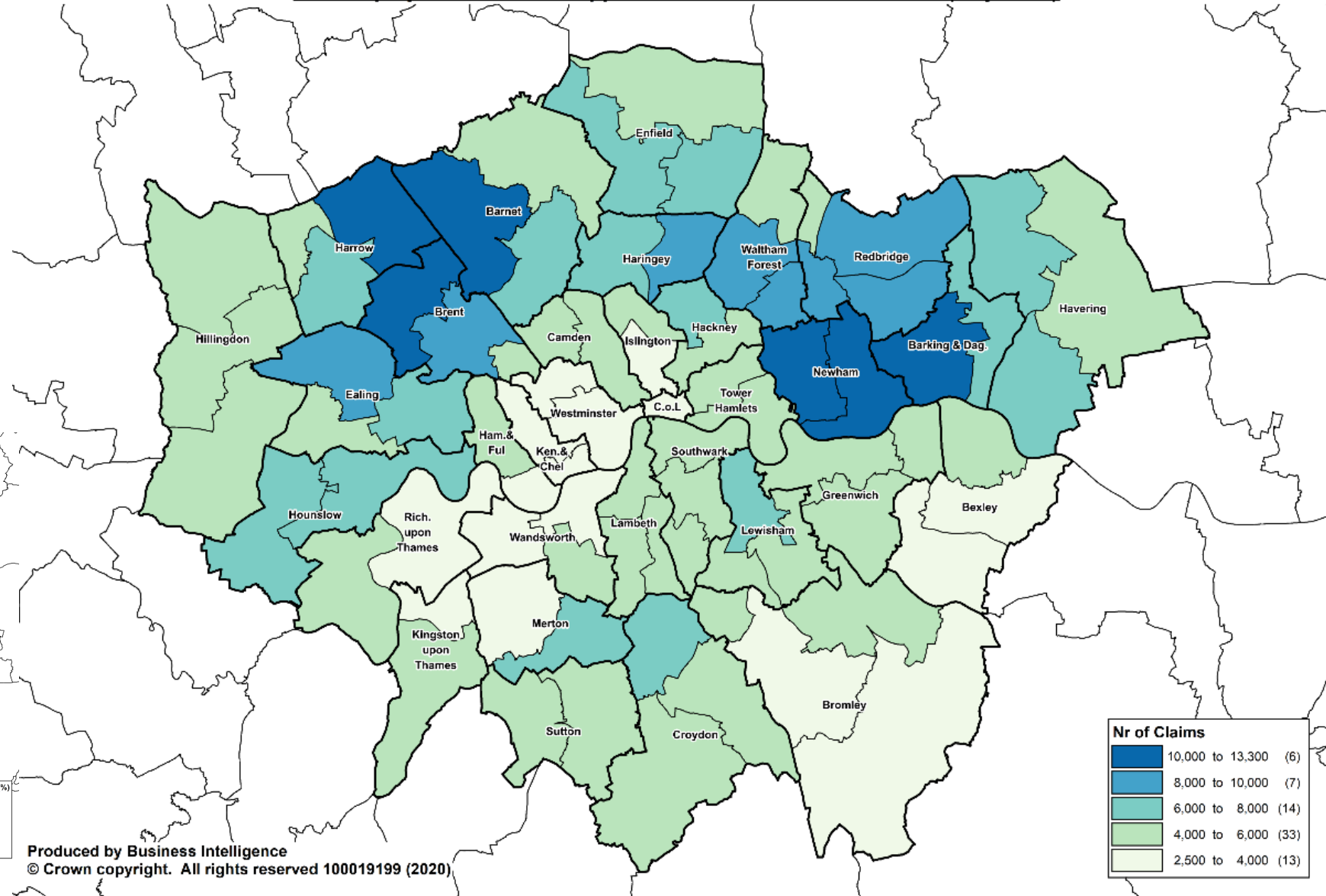
By 1<sup>st</sup> June, 17,200 Haringey residents had made claims under the Self-Employment Income Support Scheme (9<sup>th</sup> highest absolute number), a take-up rate of 63% of all eligible people (6<sup>th</sup> lowest rate compared to London average of 67%). 7,600 claims were in Hornsey and Wood Green and 9,600 were in Tottenham (9<sup>th</sup> highest among 72 London parliamentary constituencies but sixth lowest take-up rate at 62%) ([HMRC](#), 11<sup>th</sup> June)

Self Employment Income Support Scheme: Take up Rate (May 2020)



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Self Employment Income Support Scheme: Nr of Claims Made (May 2020)



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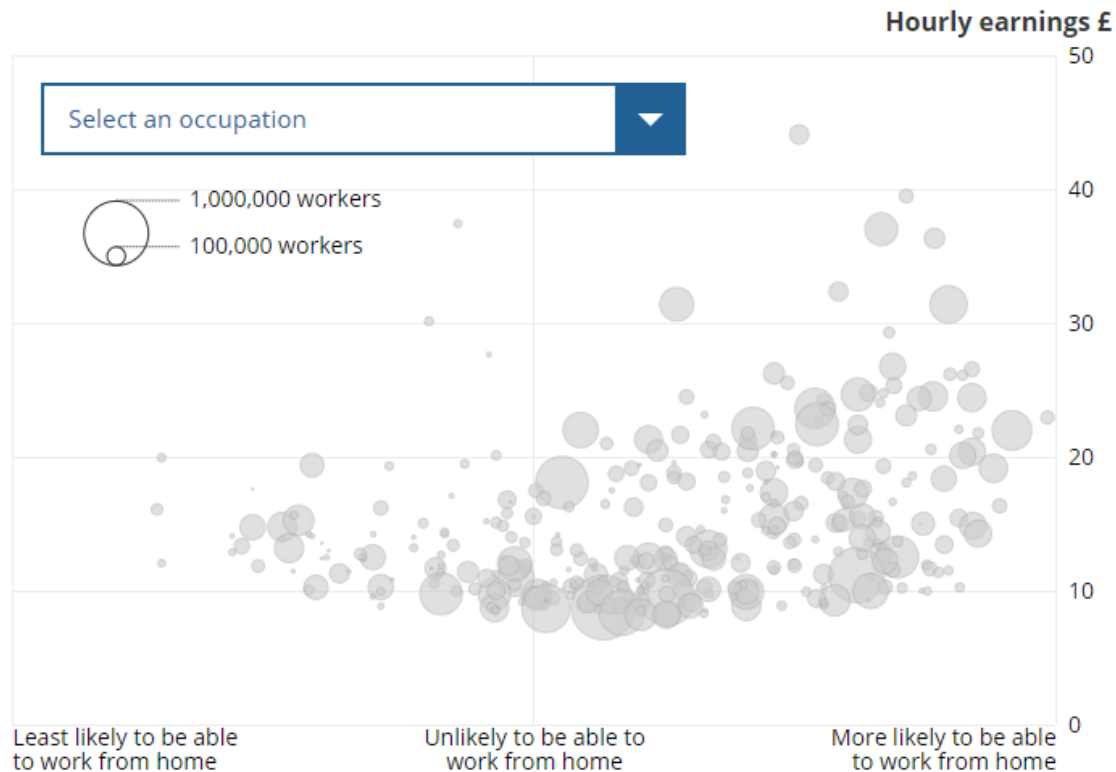
People in certain jobs have been more exposed to Covid-19 in the course of their work and have consequently been more likely to contract the virus. Jobs that have been found to have high death rates include security guards, health and care workers, construction workers, plant operatives, cleaners, taxi drivers, bus drivers, chefs and retail workers ([ONS](#), 14<sup>th</sup> May). As an illustration, the rate of Covid-19 deaths among male social care workers was 23.4 deaths per 100,000 men, compared with 9.9 deaths per 100,000 for the male population. The respective rates for females were 9.6 and 5.2 deaths per 100,000 women. People working in patient-facing roles like NHS professionals and nursing home or care home workers had a higher positive COVID-19 test rate than those who work in non-patient facing roles ([ONS](#), 9<sup>th</sup> July)

Certain groups of people are more exposed to Covid-19 than others through their work. 75% of workers in health and social care roles are female and 20% are BAME. In London 44.9% of all NHS trust staff are BAME, as are 67% of the adult social care workforce ([ONS](#), 14<sup>th</sup> May). These figures indicate that women and BAME people have been more likely to contract Covid-19 while at work in health and care settings. Parents are also more likely to be key workers than non-parents, and mothers even more so; 39% of working mothers were key workers before the crisis began, compared to 27% of the working population as a whole ([Resolution Foundation](#), 28<sup>th</sup> April).

Shortcomings in protective equipment for keyworkers who may be at risk of contracting the virus in the course of their employment have been well documented ([Health Foundation](#), 7<sup>th</sup> May)

60% of Londoners have worked from home due to the coronavirus outbreak, a higher proportion than any other region of the UK. ([ONS](#), 26<sup>th</sup> May). However, those in lower-paid jobs have been less likely to have been able to work from home ([Institute for Fiscal Studies](#), May). In particular, workers in the gig economy have had relatively limited means of working in such a way as to avoid contact with other people ([The Guardian](#), 12<sup>th</sup> May). Haringey has a higher proportion than London of workers in sectors unable to work from home. Inequalities in terms of ability to work from home are likely to contribute to health inequalities.

Jobs that pay higher hourly wages are more likely to be adaptable to working from home



Source: ONET - US Department of Labor, Annual Population Survey and Annual Survey of Hours and Earnings - Office for National Statistics

Workers least able to work from home are mostly men



Source: ONET - US Department of Labor, Annual Population Survey and Annual Survey of Hours and Earnings - Office for National Statistics



## Pre-Covid

LIFT data suggests there were 3,413 households in Haringey who were financially struggling or in crisis before Covid-19. This is a conservative estimate as LIFT does not include non-housing benefit recipients, of whom a limited number will be in need. There is a high risk that more residents will fall into crisis as redundancies increase, people await UC payments, more people experience irregular/reduced hours and in-work poverty, the job retention scheme ends, and savings become exhausted.

## Impact of Covid-19

Estimates of the proportion of Londoners who have experienced reduced household income during the Covid-19 crisis range from 45% ([Centre for London](#), 24<sup>th</sup> June) to 72% ([ONS](#), 26<sup>th</sup> May). Sufficient household income to provide for essentials is a social determinant of health, and these figures raise the prospect of income drops contributing to health inequalities.

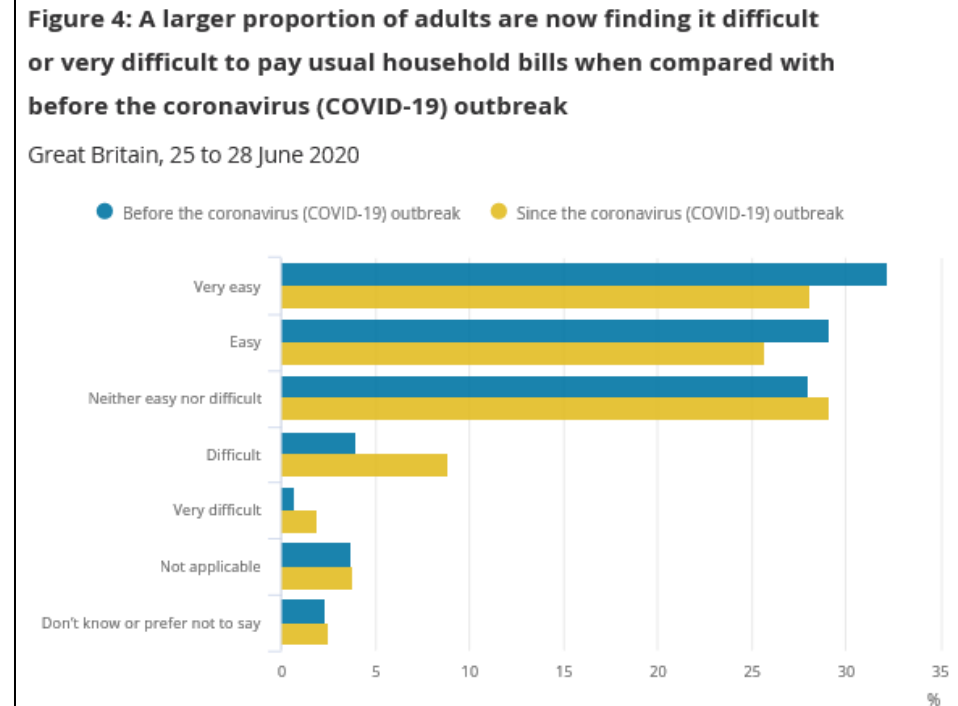
Estimates of the proportion of Londoners struggling to pay bills range from 15% ([ONS](#), 26<sup>th</sup> May) to 28% ([Centre for London](#), 24<sup>th</sup> June). There is consistency in findings of the groups affected: these groups include people with a disability (45%), those who have children aged under 18 (38%), and those who are renting (36%) ([Centre for London](#), 24<sup>th</sup> June) as well as BAME households (46% compared to 28% of white British families) ([The Independent](#), 15<sup>th</sup> April) and people who have experienced a mental health problem (40%). To the extent that financial difficulties can damage mental health, these figures indicate potential widening of health inequalities.

Typical non-pensioner household incomes were 4.5% lower in May 2020 than in 2019-20. The labour market impact of this crisis has fallen most heavily on low earners, but the £9 billion boost to welfare announced in March 2020, combined with the fact that many adults in low-income households do not do paid work, means that incomes in the bottom 10 per cent of the non-pensioner distribution were slightly higher in lockdown than in 2019-20. However, for many low-income families – particularly those without children – the reduction in earnings from job losses, hours reductions and furlough will not be compensated by the boost to welfare payments. For example, the typical income for a couple without children in May 2020 was 6.7 per cent lower than in 2019-20 ([Resolution Foundation](#), 21<sup>st</sup> July)

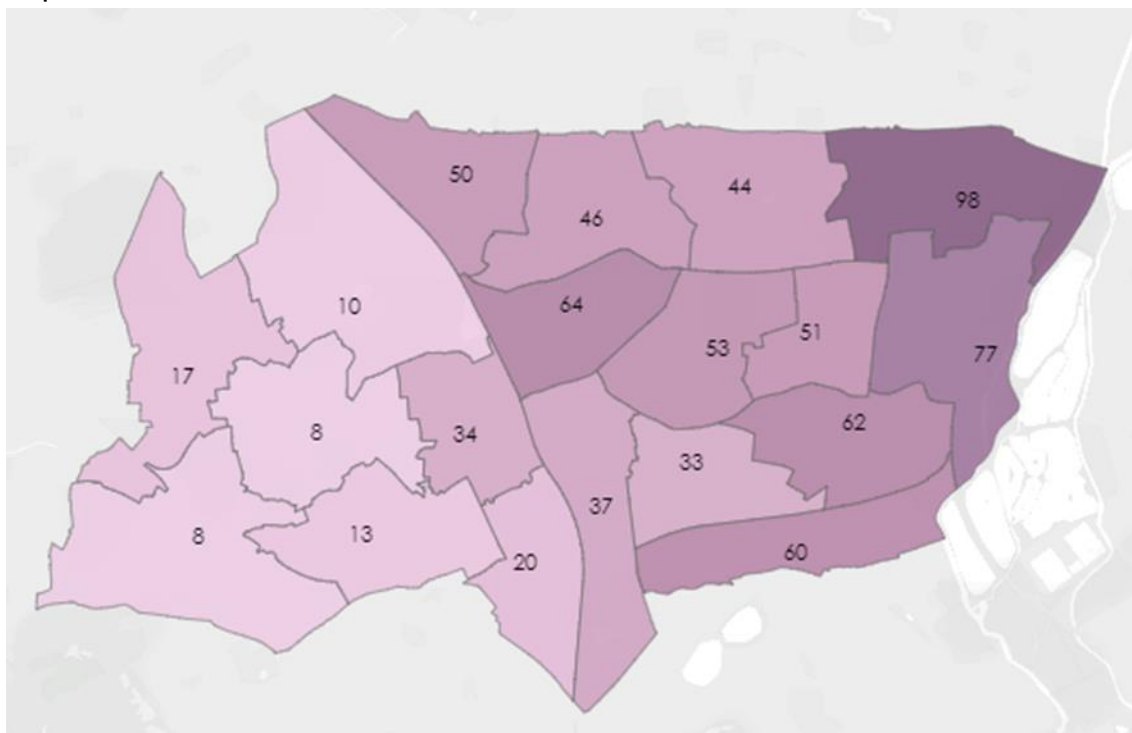
People who have been less able to benefit from the government's job retention and self-employment income support schemes include those newly in employment, those newly self-employed, and freelancers or those on short-term contracts ([Treasury Select Committee](#), 15<sup>th</sup> June)

## Post-Covid Expectations:

Survey data suggests that 48% of Londoners expect their household's financial position to get worse over the next 12 months (from May 2020). ([ONS](#), 26<sup>th</sup> May)



There are 854 residents who were managing to make ends meet before the crisis, but were facing a cash shortfall by May. You can see their geographical spread here:



Of these 854:

- 374 moved into a large cash shortfall of over £250
- 223 moved out of work recently
- 147 moved onto Universal Credit recently

Those in temporary accommodation are overrepresented within this group (123 households), while council tenants (122) are underrepresented.

1,680 who were previously not in debt are now in either rent or council tax arrears

79% of those who started claiming Housing Benefit or Council Tax Support for the first time since the crisis are out of work. This is a much higher proportion than those who have been claiming since before the crisis, where 66% are out of work.

Those claiming for the first time are much less likely to have children than those who already claimed prior to COVID-19 – 30% of the new claimants have children, compared to 38% of the pre-crisis claimants

New claimants tend to be worse off than existing claimants. One in four (24.5%) residents claiming for the first time is facing a cash shortfall. This is compared to 18.2% among those who claimed pre-crisis.

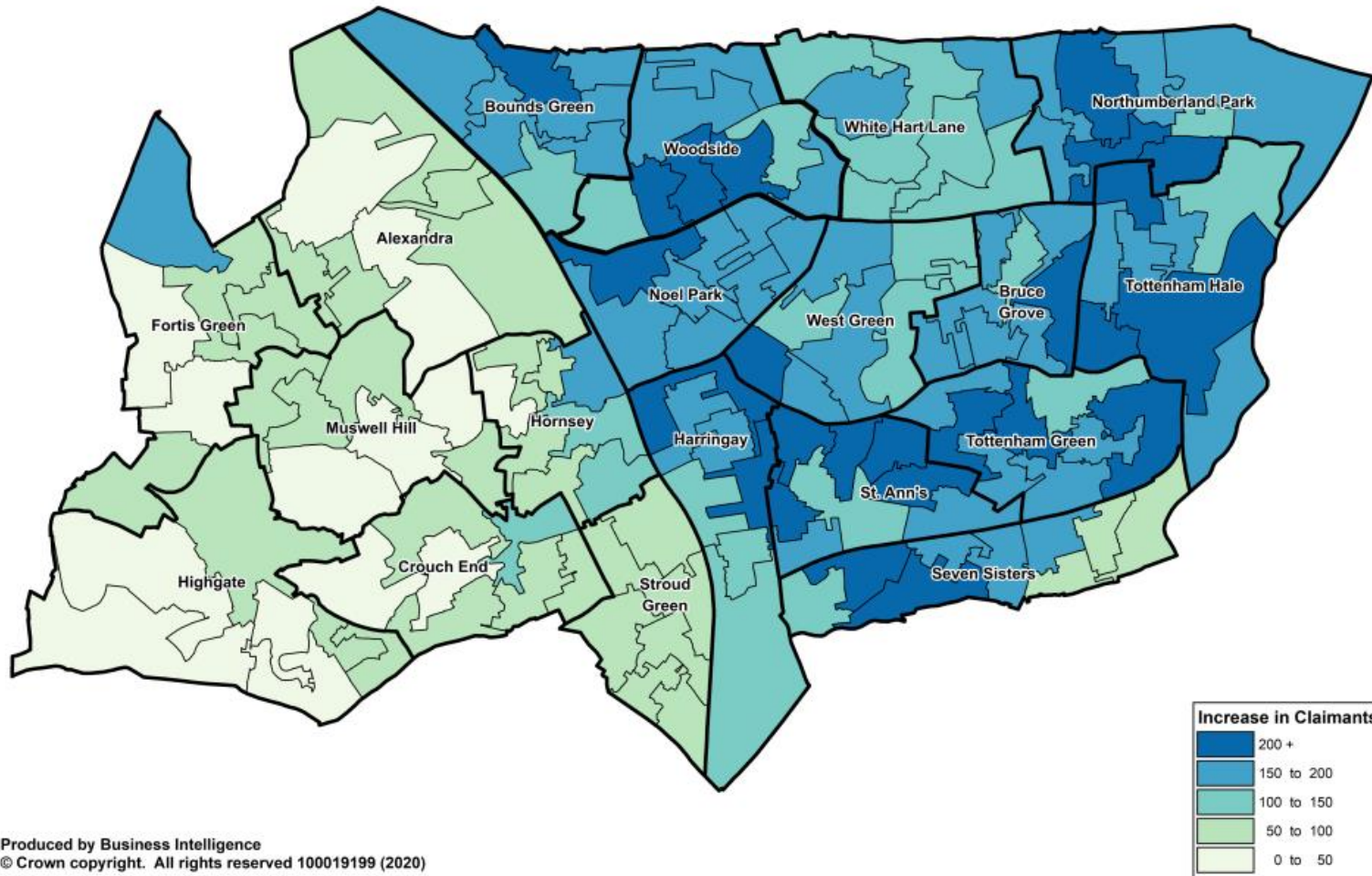
Those households in receipt of Universal Credit and not affected by the benefit cap will have experienced an uplift in their income. On average, this will have provided £95 per household per month after household costs. This has helped reduce debt severity for this group ([Policy in Practice](#), 2<sup>nd</sup> July)

The benefit cap limits the maximum amount that an out of work household can receive, regardless of its size, to £23,000 in London (and slightly less for single people. Policy in Practice have been commissioned by the GLA to analyse the interaction between the benefit cap and the April 2020 COVID-19 increase in benefits. Their analysis found the following key London wide findings:

1. Approximately 11,700 households across London in receipt of Housing Benefit were affected by the benefit cap before April 2020, and so would see no increase in income as a result of April 2020 COVID-19 increases.
2. The number of households affected by the benefit cap increased by 94% as a result of the April 2020 COVID-19 increases. This represented an additional 11,000 households across London.
3. 10,500 additional children across London became affected by the benefit cap as a result of the April 2020 benefit changes (a 46% increase).
4. In Haringey, we expect 696 additional households (553 additional children) to become affected by the benefit cap as a result of the new COVID-19 measures. This represents an increase of 150.3% in the number of capped households
5. Large numbers of lone parents (7,000) and couples with children (1,700) were already capped prior to the implementation of COVID-19 measures and so saw lower increases in the proportion capped. The largest proportional increase in capped households was for single person households without children, which saw a 450% increase as a result of the new measures (5,800 additional households across London).
6. Benefit cap deductions more than tripled for households already capped before the April 2020 changes, rising from £101 to £320 on average across London. Households newly capped as a result of the April 2020 COVID-19 increases saw average deductions of £185 as a result of the benefit cap.

422 households in Haringey were impacted by the benefit cap before Covid-19, the majority of whom (282) are single parent households with dependents. This figure is likely to have doubled ([Gov.uk](#), February 2020)

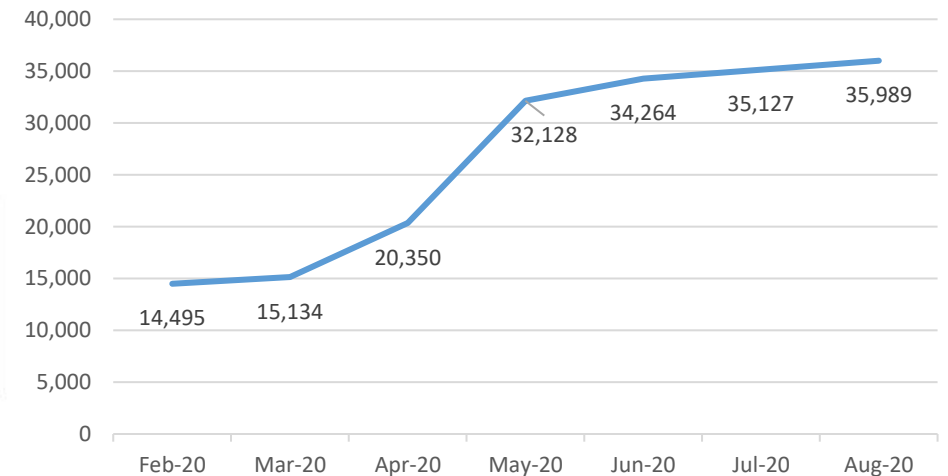
Increase in UC Claimants by LSOA - March to July 2020



The number of individuals claiming Universal Credit has **increased by 20,249** from 15,134 in March 2020 to **35,989 in August 2020**. This represents an increase of **138%**.

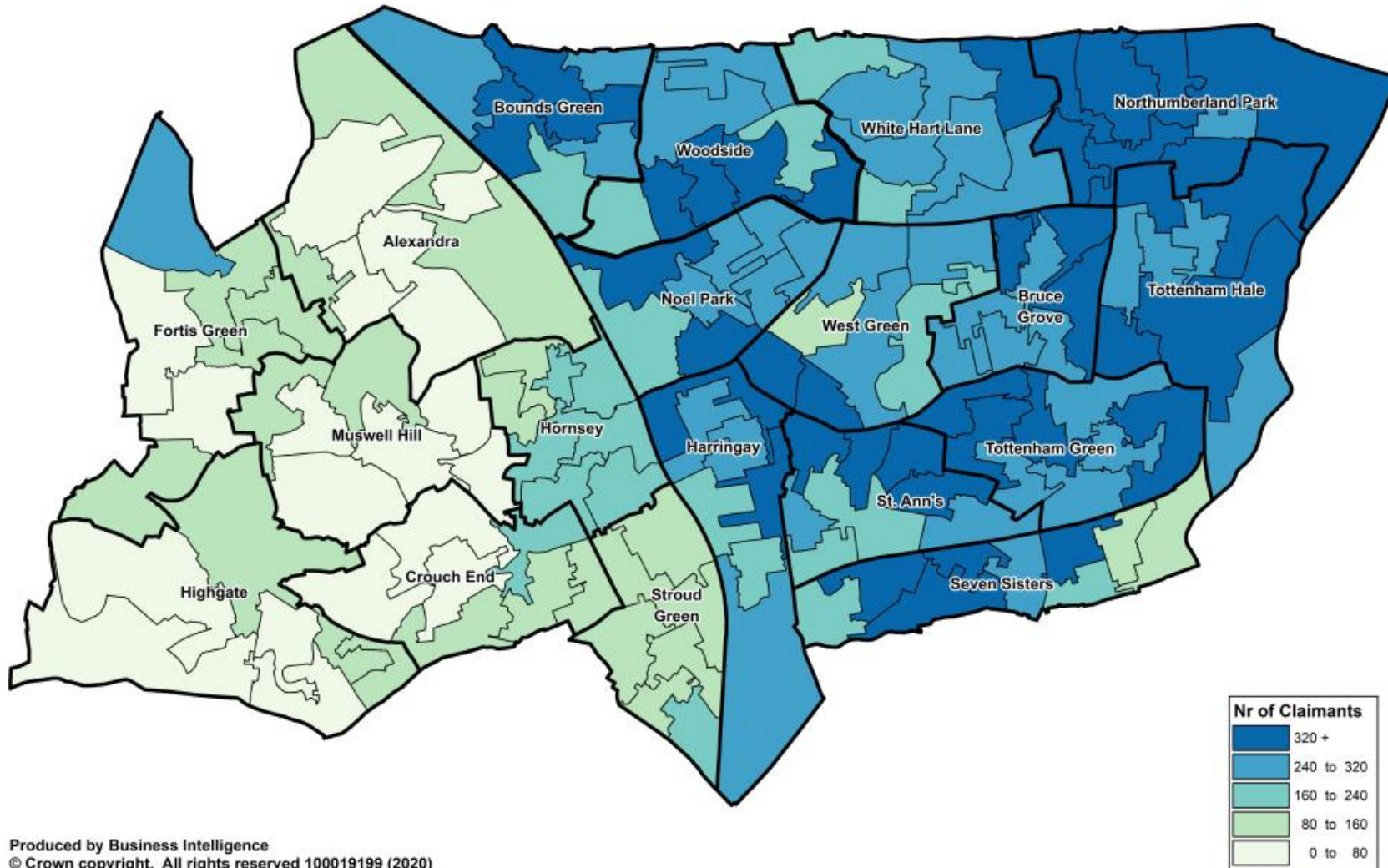
The wards in Haringey with the largest increases in claims are Tottenham Green, Tottenham Hale, Seven Sisters, St Anns, Bounding Green, Woodside, Northumberland Park, and Noel Park

Universal Credit Claimants (Haringey)



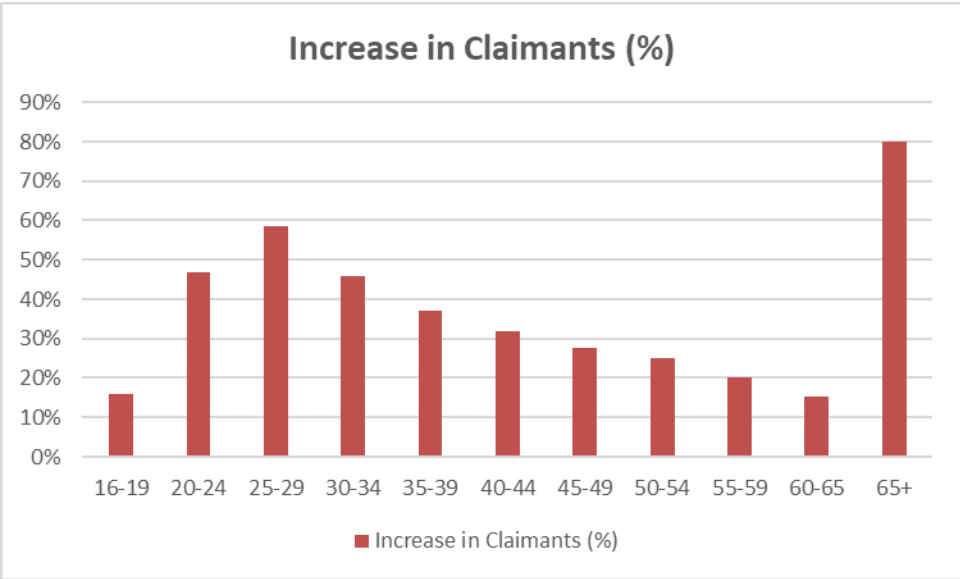
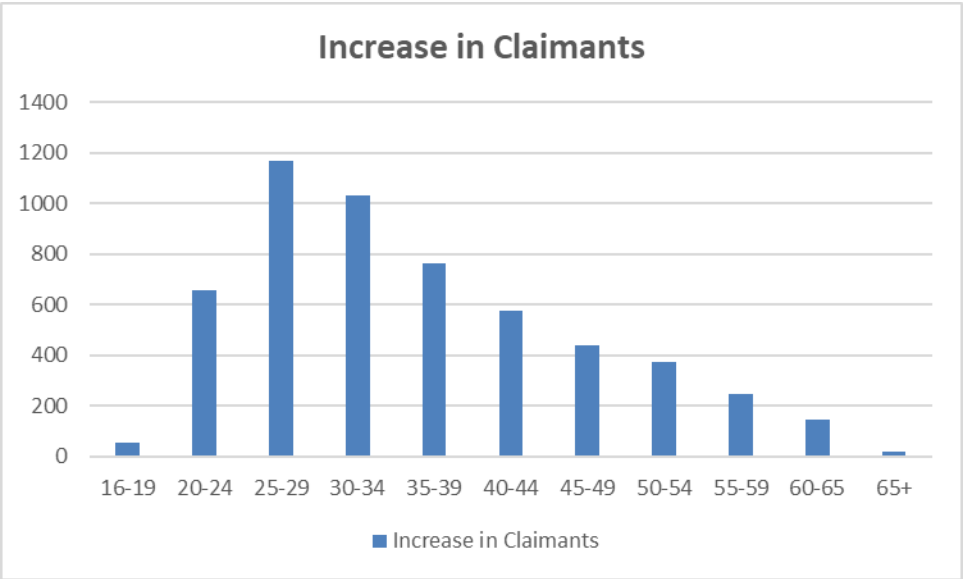


UC Claimants by LSOA - July 2020



Despite the significant increases in central locality, the majority of UC claimants are still in the East of the Borough with Northumberland Park, Tottenham Hale, Tottenham Green, Bruce Grove and St Anns recording the highest numbers of claimants

## UC Claimants by Age and Gender



UC claimants have increased the most amongst 25-35 year olds, both in numbers and as a percentage (excluding 65+ which has a significant percentage due to low numbers of claimants). These age groups now account for 31% of all claimants (up from 28%).

By gender the percentage increase has been slightly higher in Females compared to Males, although this only makes a 1% difference in the overall proportion split between the two.

Citizens Advice Haringey have seen a 15% increase in under 30s accessing the service since the beginning of lockdown, primarily with Universal Credit claim queries and issues

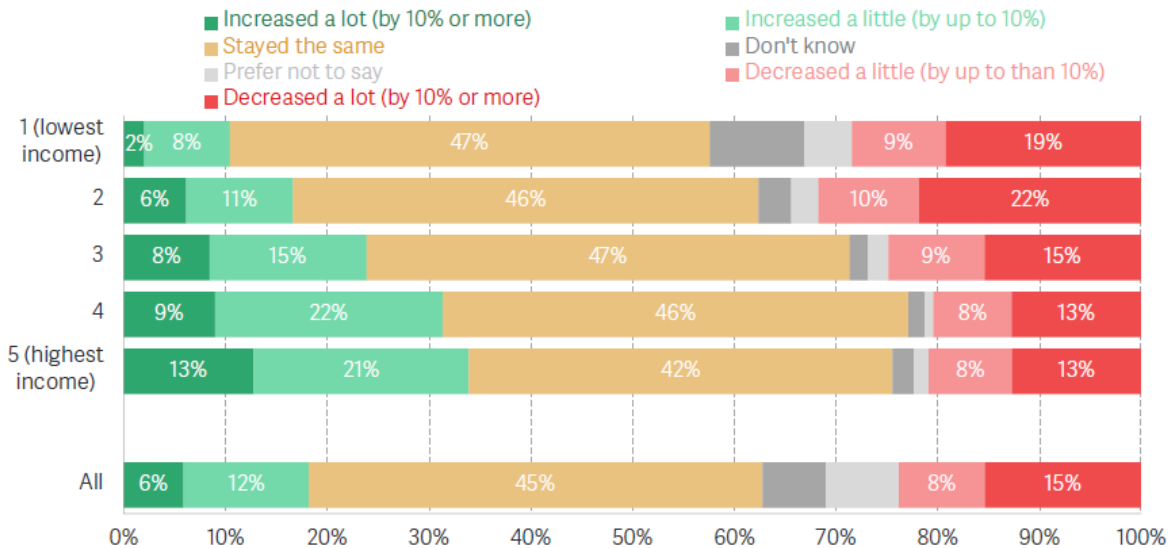
Those households in receipt of Universal Credit before the pandemic and not affected by the benefit cap will have experienced an uplift in their income. On average, this will have provided £95 per household per month after household costs. This has helped reduce debt severity for this group ([Policy in Practice](#), 2<sup>nd</sup> July)

Overall, the ONS estimates that 11% of UK adults have taken on additional debt during the coronavirus crisis. Of these, 30% took on debt in excess of £1,000 ([ONS](#), 3<sup>rd</sup> July)

People on higher incomes have had limited opportunities to spend disposable income during the period in which much of the leisure, arts, culture, transport, and tourism sectors have been shut down. This has enabled more rapid accumulation of savings and paying down of debts than would otherwise be expected. However, lower income households who are more likely to have been made redundant or been furloughed have taken on increased levels of debt and have been less able to save on average. Lower income households have also reported drawing more on gifts and borrowing from friends and family, with those in the lowest income quintile being six times more likely to rely financially on friends and family than those in the highest income quintile ([Resolution Foundation](#), 22<sup>nd</sup> June).

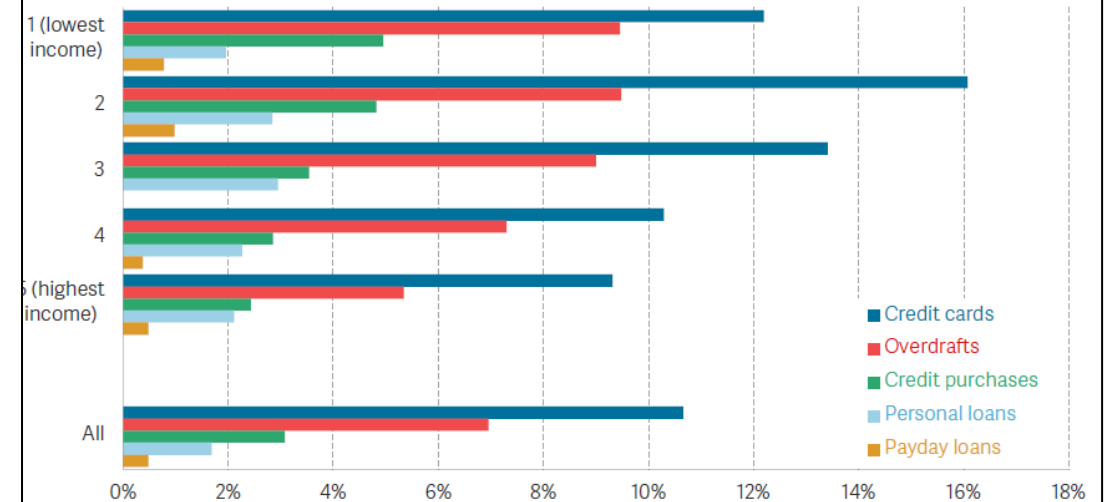
**FIGURE 40: During the lockdown, one-third of low-income households are saving less, while one-third of high-income households are saving more**

Proportion of people whose family saving rate have changed since the coronavirus outbreak, by family income quintile prior to the outbreak: UK, 6-11 May 2020



**FIGURE 43: Higher-cost consumer debt products (overdrafts and credit purchases) show a stronger concentration among low-income families**

Proportion of respondents increasing use of consumer debt products compared to before the coronavirus outbreak began, by type of consumer debt product and 18-65-year-old family income quintile before coronavirus (exc. retired and students): UK, 6-11 May 2020





## 4. Equalities Impact

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Haringey Council has a Public Sector Equality Duty under the Equality Act 2010 to have due regard for the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

This duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex, and sexual orientation.

In all aspects of decision-making, engagement, and service delivery, Haringey Council is committed to reducing inequality. This involves working to address systemic and structural facets of society and the economy that cause differential outcomes for different groups of people. As a Council, we also seek to promote fairness and equity in our borough.

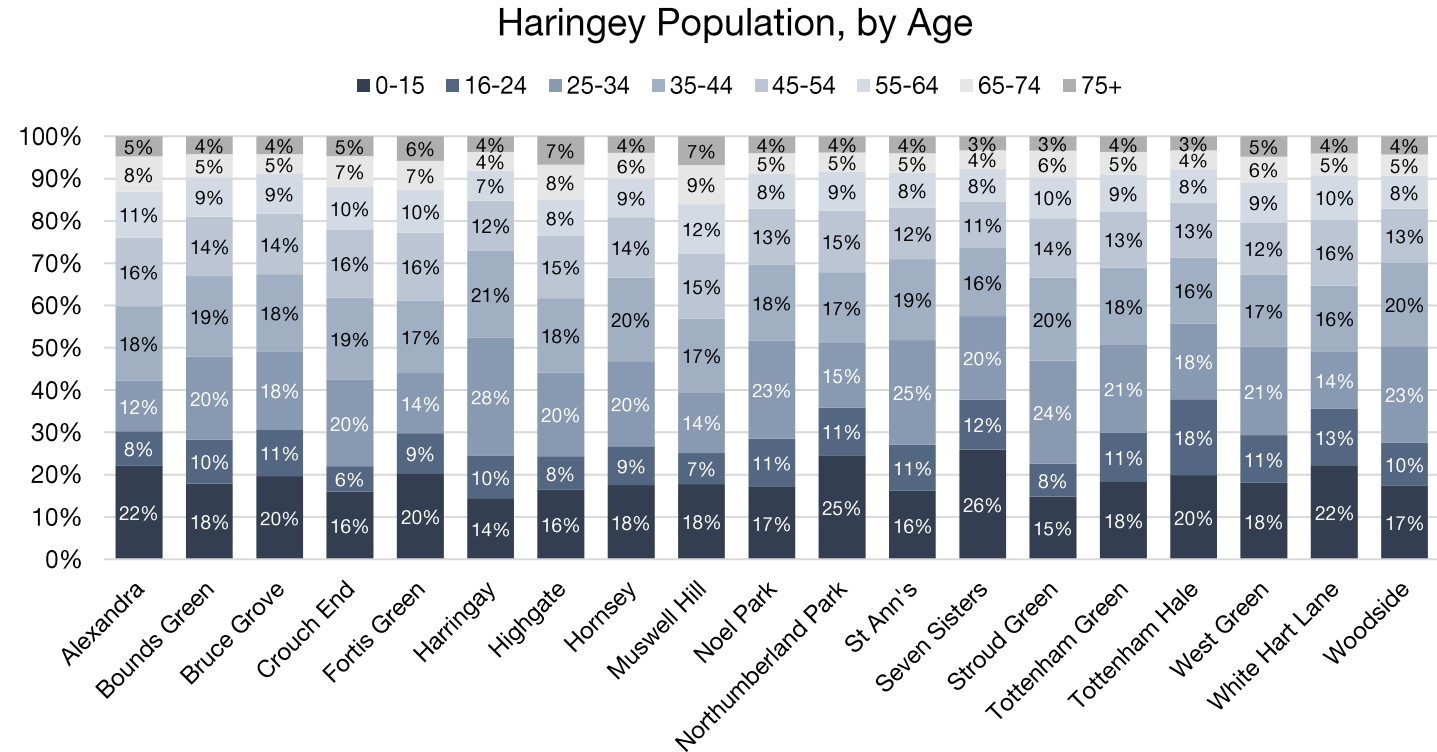
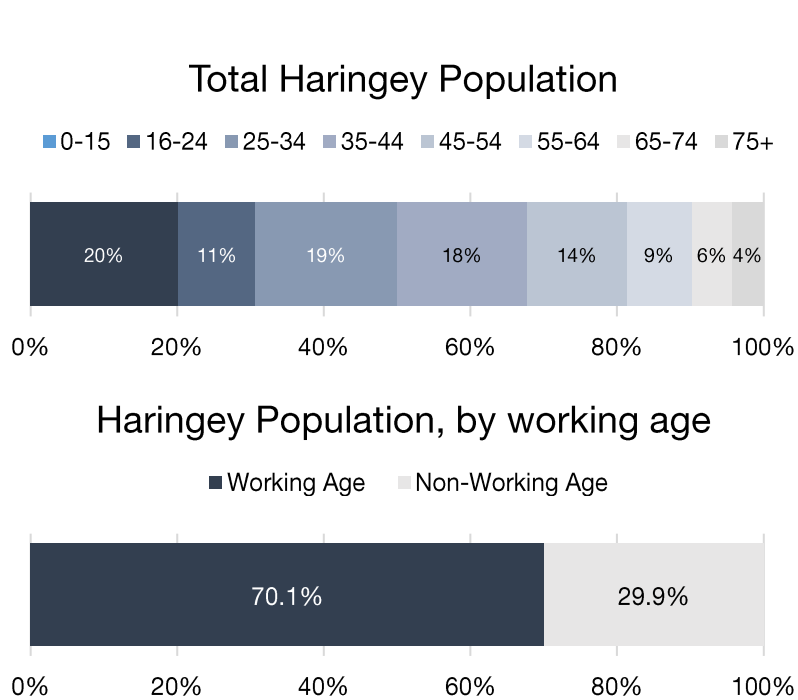
This section sets out how the Covid-19 crisis has had differential effects on different groups of people, including those protected by the Equality Act (2010) as well as different socio-economic groups. The information contained here should be used to inform the Council's strategic responses to Covid-19 as well as programmes and projects that may be implemented to address the issues highlighted in the previous sections. By doing this we can:

- Prevent harmful long-term inequalities
- Promote equality and equity more effectively, preventing harmful long-term inequalities
- Design and deliver better services

Training on the Public Sector Equality Duty and Equality Impact Assessments is available from the Policy Team. Please email [equalities@haringey.gov.uk](mailto:equalities@haringey.gov.uk) if you are interested.

## Profile of Haringey Residents: Age

- Overall Haringey has a relatively large child population with 20% of the population being under 16 years old.
- The age population of Haringey is similar in most wards. However, Seven Sisters and Northumberland Park wards have a larger than average proportion of under-16 year olds at 26% and 25%.
- These wards also have the 3<sup>rd</sup> (Seven Sisters) and 5<sup>th</sup> (Northumberland Park) smallest proportion of working age population.
- Over two thirds of the Haringey population are of working age (70.1%).



## Key Impacts

### Health

- The rate of Covid-19 cases and deaths increases with age and so children and young people appear to be the least directly impacted by the virus.
- YouGov's COVID tracker shows that 12% of smokers who live with children say they are smoking indoors more than they did before lockdown, raising the risk of health conditions among children associated with second-hand smoke ([YouGov](#))

### Housing

- Children living in temporary accommodation are likely to face additional challenges during the pandemic, including having insufficient space to play or study, having limited access to private hand-washing and hygiene facilities; and being more at risk of physical and mental health harms due to increased and prolonged proximity to harmful adult behaviours ([Childhood Trust](#), 21<sup>st</sup> June)
- Young adults are more likely to live in the private rented sector and less likely to own their own homes, and are therefore more exposed to sub-standard housing and at risk of evictions due to loss of income.
- Young people and renters are least likely to be satisfied with their living conditions and to therefore be negatively impacted by the requirement to stay at home. 84% of people aged 55 or over reported that they were satisfied or very satisfied with their homes, compared to just 56% of young people between 18–24 years old. This fell to just 48% for 18–24 year olds living in towns. 23% of renters are dissatisfied with their living conditions compared to only 10% of those who own their homes ([Quality of Life Foundation](#), 19th May)
- Young people aged 16-24 in England were locked down in homes with, on average, half the floor space of older people, and are more than one-and-a-half times as likely to have no garden. Nearly 40% of under-16s from black and minority ethnic households have no obvious garden, compared with 17% of white children ([The Guardian](#), 3<sup>rd</sup> July)

### People

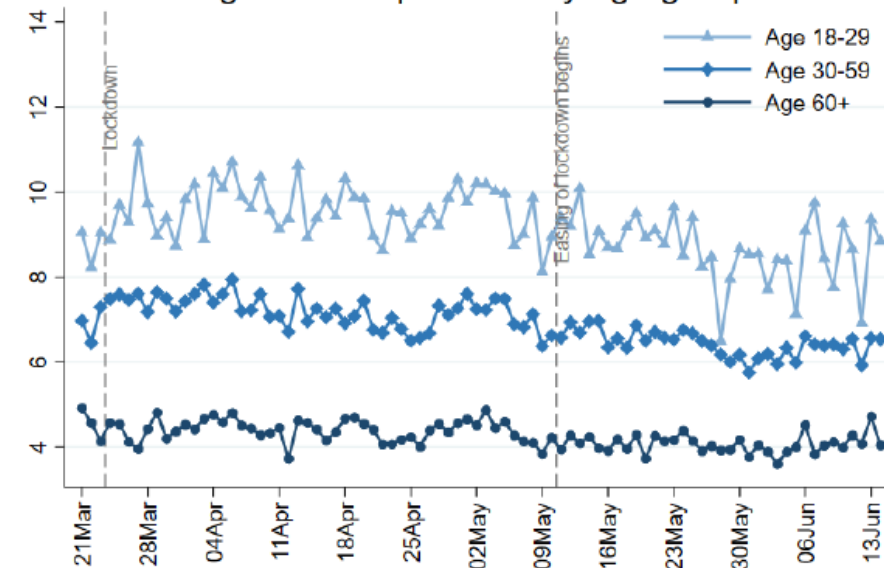
- Several studies have found a particularly severe impact on the mental health of young people. Oxford University research found that 35% of young people were reporting high levels of loneliness as well as higher than average rates of anxiety ([LGIU](#), June). A study undertaken by UCL, Imperial College London, and the University of Sussex found that six in 10 young people with pre-existing mental health issues and four in 10 without reported higher levels of stress, almost half of 16- to 24-year-olds without previous mental health problems reported high levels of depressive symptoms, and one in three saying they experienced moderate to severe levels of anxiety (You-COPE, June 2020). The impact on young people may have been aggravated by reduced access to in-person mental health services. The same study found that 58% of young people receiving mental health treatment had experienced disruption to their service, with some reporting shifts to remote service models that are perceived to be less effective. Meanwhile, the number of people accessing online support via Kooth has increased, with BAME young people accessing it at disproportionately high rates, indicating greater levels of need ([The Guardian](#), 21<sup>st</sup> June)
- Among young people (aged 16 to 29 years) who were worried about the effect the coronavirus (COVID-19) was having on their lives, their main concerns were the effects on schools or universities (24%), their well-being (22%), work (16%) and household finances (16%). Young people who reported that their well-being was being affected were much more likely than either those aged 30 to 59 years or those aged 60 years and over to report being bored (76%) and lonely (51%); they were also much more likely to say the lockdown was making their mental health worse (42%). ([ONS](#), 22<sup>nd</sup> June).
- The number of emergency admissions, GP appointments, outpatient appointments, and 111 calls for 0-4 year-olds in North Central London has fallen faster and further than for other age groups

**A&E attendances by children aged 0-4, NCL providers**



Source: Emergency Care Data Set

**Figure 6a Depression by age groups**



## People (cont.)

- School closures will have had a severe impact on children and young people. Between 500-850 children were attending Haringey schools during lockdown, between 1.2% and 2.1% of the usual school cohort. The loss of routine may be particularly challenging for some children with special educational needs as will the transition back into formal learning ([ACDS](#), July)
- Disrupted access to early education may lead to developmental delays in the youngest children and impact on their readiness for school. The cancellation of formal exams may yet disrupt young people's further study or work plans, most notably for those already at risk of becoming 'NEET' ([ACDS](#), July)
- School closures will increase educational inequalities. Pupils from better-off families are spending longer on home learning, they have access to more individualised resources such as private tutoring, they have better home set-ups for distance learning, and their parents report feeling more able to support them ([IFS, 16th May](#)). School closures are also likely to have exacerbated other risks to young people. This is illustrated by a drop in referrals to Children's Social Care during the lockdown period
- In June, the Prime Minister announced a £1 billion catch up plan to address the impacts of lost learning. However, this funding is not earmarked for use in further education or early years settings. The lack of access to provision during lockdown means a further widening of the attainment gap may be occurring and that children's development is being significantly compromised ([ACDS](#), July)
- Young carers are missing out on the routine and respite that school provided, support groups have been disrupted during this period and friends, family and other key workers may not be able to make face-to-face visits due to shielding restrictions ([ACDS](#), July)
- Young people who would have sat exams in summer 2020 may have been assigned grades that were lower than their performance or their teachers' assessments would have indicated they would achieve. Pupils from more deprived areas appear to have been marked down more than pupils from more affluent areas, and so there is a risk that high-performing pupils from the east of the borough are among those who have been assigned unduly low grades ([Ofqual](#), 13<sup>th</sup> August)
- Children in care's face-to-face contact with birth families has been interrupted. Moving on placements may have been disrupted or delayed during this period and options severely limited. This is also the case for children being discharged from hospital placements ([ACDS](#), July)
- Care leavers may feel more isolated during lockdown due to disruption to their work or studies and limited access to public transport and therefore their support networks ([ACDS](#), July)

## Key Impacts

### Place

- Children and young people are among the primary beneficiaries of reductions in air pollution associated with lower volumes of traffic during the lockdown period
- Serious youth violence decreased by 61% during March–April 2020

### Economy

- The Covid-19 pandemic is likely to have had a disproportionately severe economic impact on young people. In terms of employment, employees working in shutdown sectors such as accommodation, leisure, and arts/culture are younger on average. Differences are pronounced at the very bottom of the age distribution: nearly two in five of every 16-24-year old who works are in these sectors and for those born after 2000 this figure is over three-fifths ([Resolution Foundation](#), 16th May). The consequence of this is that young workers aged 16 to 24 years experienced the largest fall in average actual hours (negative 5.9%) compared with other age groups ([ONS](#), 3<sup>rd</sup> June). In addition, young people are more likely to be on zero-hours contracts, not on PAYE, and not entitled to government support ([The Independent](#)). Consequently, the IFS has noted the possibility of long-term scarring effects for young people entering the job market during a recession caused by the pandemic ([Institute for Fiscal Studies](#))
- For those young people (aged 16 to 29 years) who reported that the coronavirus was affecting their work, the most commonly reported impacts were a reduction in hours worked (21%), concerns about health and safety at work (18%) and having been asked to work from home (19%) ([ONS](#), 22<sup>nd</sup> June)
- Younger households are less likely to have savings to cover a loss of income and are less likely to be able to cut back on spending due to proportionately higher expenditure on housing, food, and other essentials ([ONS](#), 11<sup>th</sup> June)

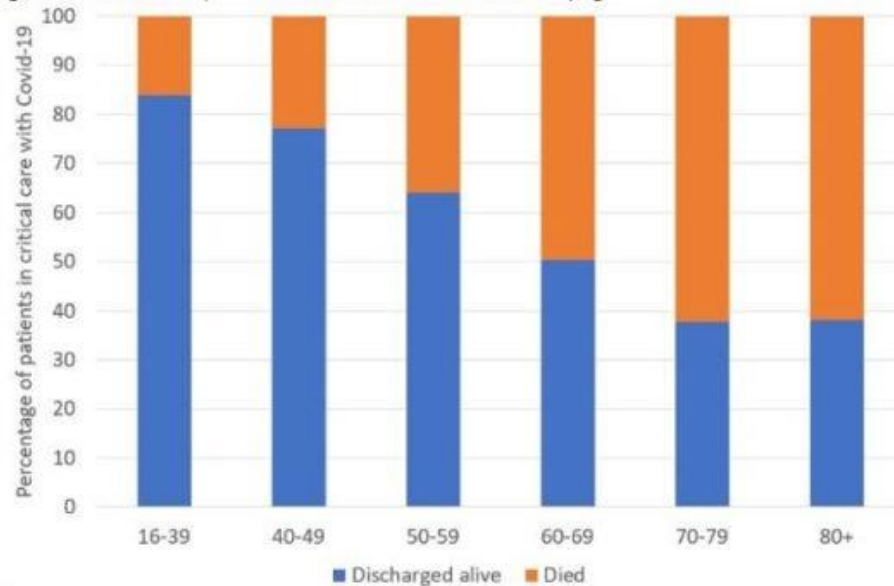


### Key Impacts

#### Health

- Risk of dying of Covid-19 increases with age. Among people diagnosed with Covid-19, over 65s are 34 times more likely to die than working-age people ([ONS](#), May 14<sup>th</sup>) and people who were 80 or older were seventy times more likely to die than those under 40 ([PHE](#), June 2<sup>nd</sup>). The proportion of people dying with COVID-19 in Haringey increases with age and is particularly high among people aged 80-89 years (30% of covid deaths). This is similar to the proportion of people dying from all causes as generally deaths under 40 is rare.
- About half the people admitted to intensive care were aged 60+, though this group make up only a quarter of the UK population. About two of every five patients who receive critical care for coronavirus die and the risks rise with age. While one out of five patients aged under 50 died, around two out of five patients in their 50s, half in their 60s and about three out of five patients aged 70+ died ([LGIU](#), 14<sup>th</sup> July)

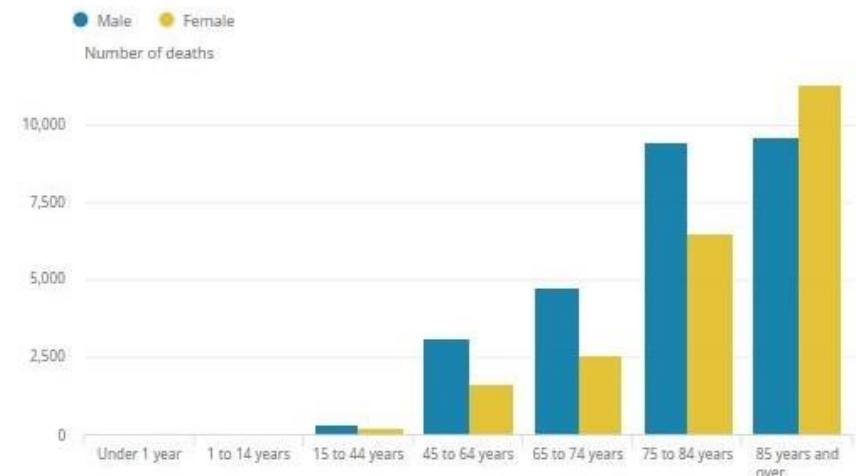
Figure 2 Outcomes for patients in critical care with Covid-19 by age



Source: Age UK Research, June 2020

Figure 1

Deaths involving COVID-19 registered between Week 1 and Week 25 of 2020 by sex and age group, England and Wales



Source: Office for National Statistics - Deaths registered weekly in England and Wales

## Key Impacts

### Housing

- 27% of deaths from COVID-19 up to May 8<sup>th</sup> were in care homes, disproportionately among older people. In care homes the number of COVID-19 deaths is equivalent to 46.4% of the excess. This is consistent with figures reported by ONS (39) and suggests that there has been an increase in deaths from other causes over this period in care homes or an underreporting of COVID-19 on death certificates. Deaths in care homes were around 2.3 times the number expected in this period ([PHE](#), June 2<sup>nd</sup>).

### People

- Among older people (aged 60 years and over) who were worried about the effect the coronavirus (COVID-19) was having on their lives, their main concerns were being unable to make plans in general (64.5%), personal travel plans such as holidays (53.4%) and their own well-being (51.4%). Of those who said their well-being had been affected by the coronavirus, the most common ways older people said it had been affected were being worried about the future (70%), feeling stressed or anxious (54.1%) and being bored (43.3%) ([ONS](#), 22<sup>nd</sup> June)
- There is evidence that socially isolated older people are at increased risk of physical and mental health problems, including cardiovascular disease, stroke, depression, anxiety, dementia and premature death, requiring additional health and social care support. Self-isolation and shielding will have prevented infections but at the cost of physical, mental and emotional wellbeing due to lack of exercise, limited access to the outdoors, reduced social interaction, and loss of personal autonomy ([LGIU](#), 14<sup>th</sup> July)
- A large survey by the Alzheimer's Society found that about 56 per cent (510,000) of those with dementia, and 80 per cent (96,000) of those who live alone with the condition have been completely isolated since the coronavirus lockdown began ([LGIU](#), 14<sup>th</sup> July)

### Place

- No specific impacts recorded to date

### Economy

- Older people are most likely to be digitally excluded. During this crisis older people risk being unable to tap into formal and informal support now delivered online. Those aged over 65 are least likely to be online, meaning they are more likely to encounter issues accessing information and support ([Citizens Online](#))
- Those aged 60 years and over were most likely to say they expect the financial situation of their household to stay the same over the next 12 months and more likely to say this than younger age groups; this is probably because older people are less likely to be working and more likely to be on fixed pension incomes ([ONS](#), 22<sup>nd</sup> June)

### Key Impacts

#### Health

- Certain occupations are more exposed to Covid-19, including health and care workers, taxi drivers, public transport workers, security guards, retail workers, and people working in construction.

#### Housing

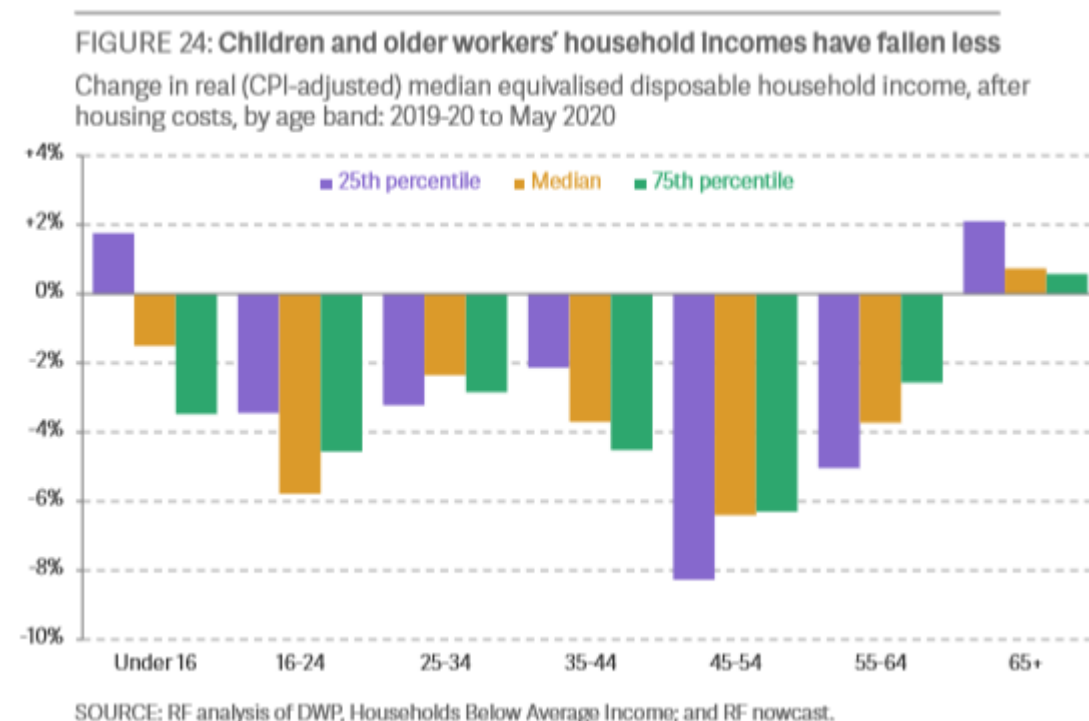
- People living in the private rented sector are more likely to be working age adults and are therefore more likely to be exposed to substandard housing and to be at risk of eviction and homelessness

#### People

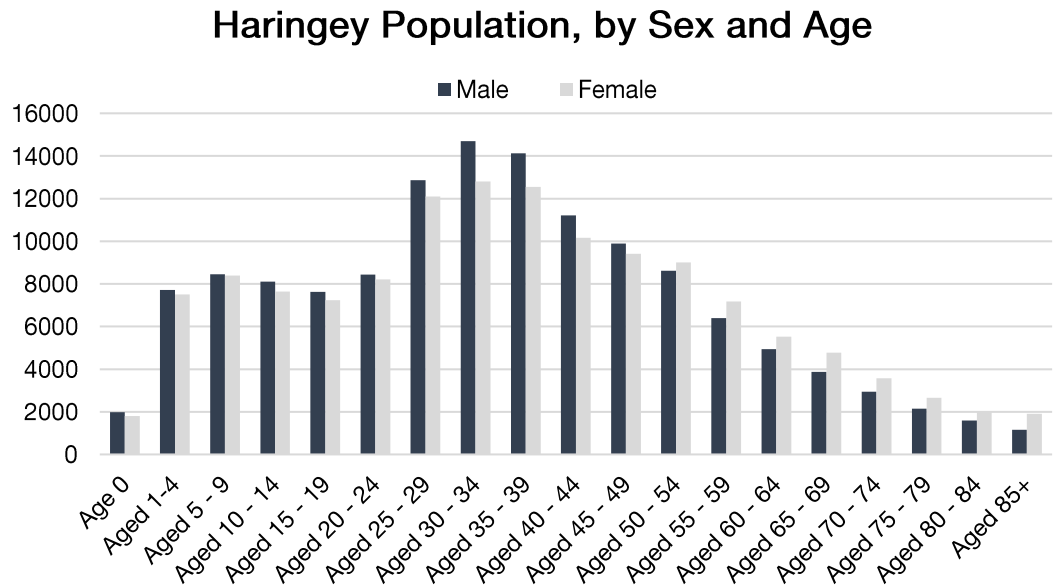
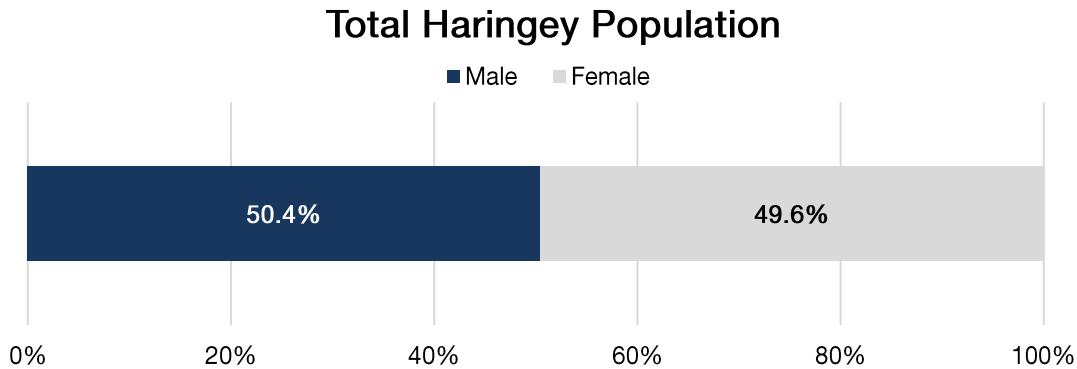
- First-time mothers in the UK are typically 29 years old, which means that working parents in their early- to mid-30s will, on average, be facing the biggest changes in their childcare responsibilities ([Resolution Foundation](#), 28<sup>th</sup> April)
- Working-age adults living alone are the most likely cohort to report feeling lonely during the lockdown period ([ONS](#), 8<sup>th</sup> June)

#### Economy

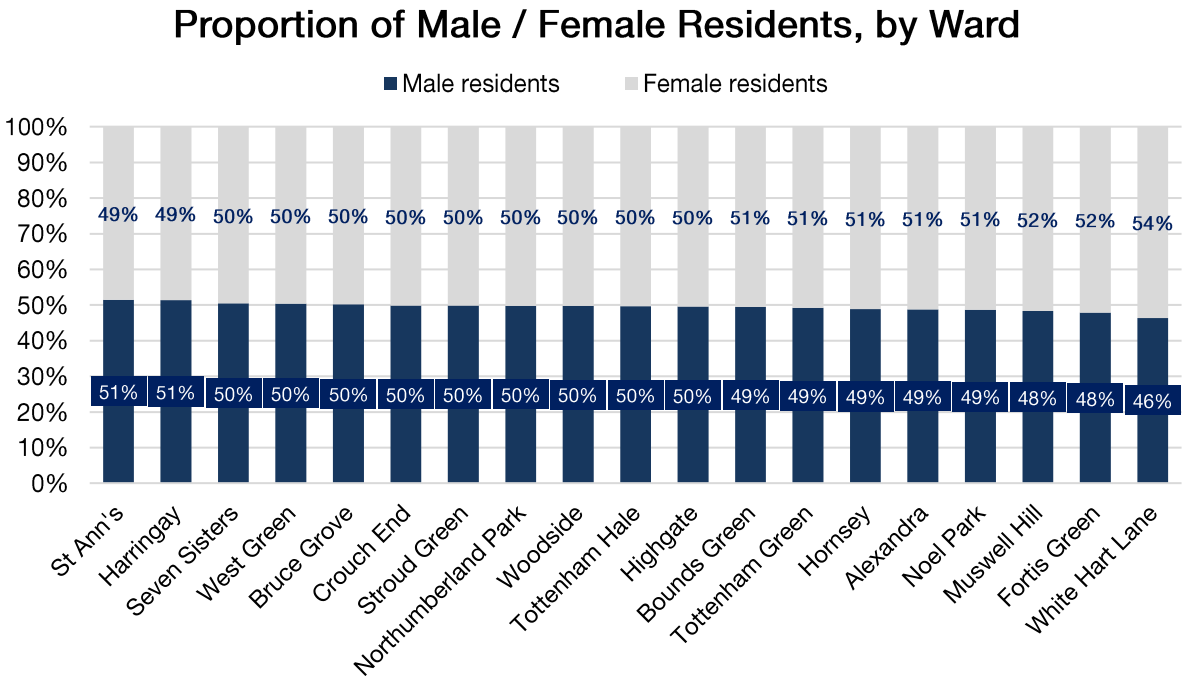
- The crisis has had a considerable economic impact on working-age people, illustrated by the number of employees who have been furloughed, the drop in working-age households' income, and the rise in the number of new UC claimants.
- Citizens Advice Haringey have seen a 15% increase in under 30s accessing the service since the beginning of lockdown, primarily with Universal Credit claim queries and issues



## Profile of Haringey Residents: Sex



- Although there are slightly more male residents than female residents in Haringey, there is a roughly 50/50 split;
- In all age groups up to age 49, males outnumber females, however at aged 50+ this trend is reversed and females outnumber males in each bracket. This is particularly evident among those aged 85+, where 62% of residents are female and 38% of residents are male;
- In most wards the roughly 50/50 trend of males to females is repeated. White Hart Lane stands out as an exception, with 54% female residents and 46% male residents.



## Key Impacts

### Health

- In Haringey, there is a significantly higher proportion of females shielding from COVID-19 (54%) than there are females in the general population (49%).
- Analysis of ONS figures released on 1 May 2020 suggests the socioeconomic gradient of the COVID-19 death rate could be steeper for women than men. For men, the age-standardised rate in the least deprived decile was 35.9 deaths per 100,000 population and in the most deprived decile the rate was 114% higher at 76.7 per 100,000. For women, the age-adjusted rates were lower at 17.0 deaths per 100,000 population in the least deprived decile and 39.6 per 100,000 in the most deprived decile, but the percentage difference (133%) was larger. Whatever factors are contributing to the greater risk of dying with COVID-19 in more deprived areas could be operating more strongly for women ([Health Foundation](#), 21<sup>st</sup> May)

### Housing

- No specific impacts recorded to date

### People

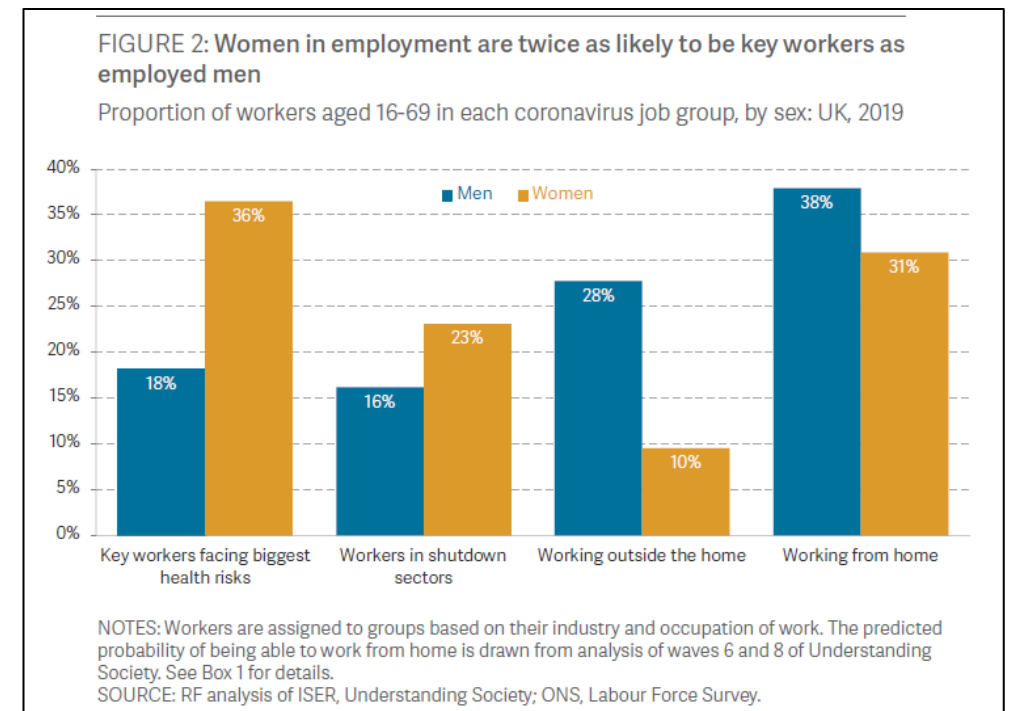
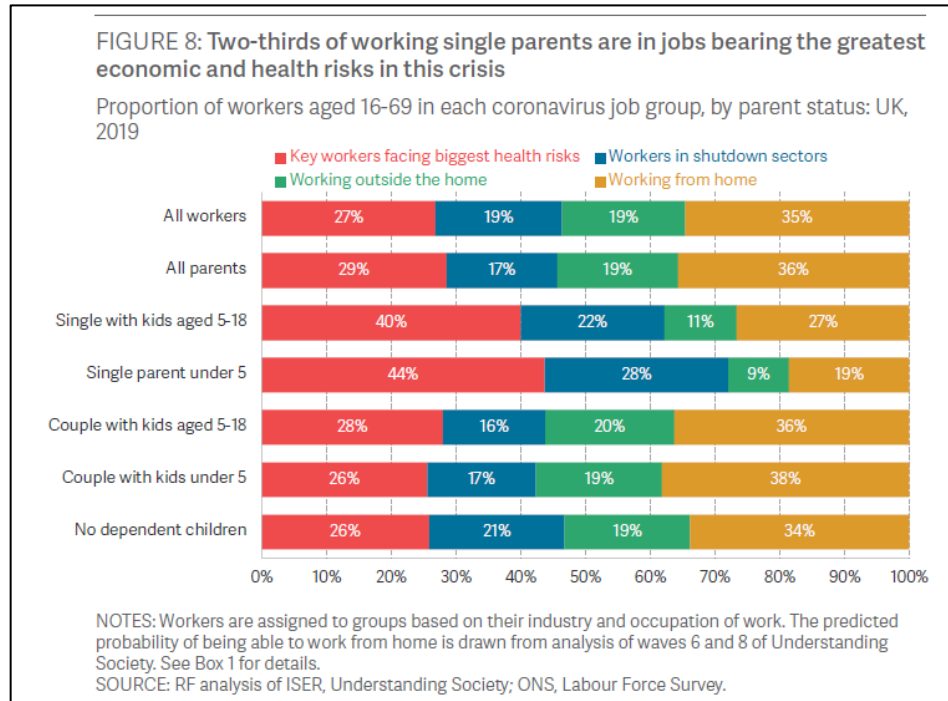
- In terms of non-Covid health impacts, women are likely to have been impacted in terms of reduced access to health services and impact on mental health. It is notable that NHS screening services have ceased, which may increase the likelihood of women suffering more severe forms of breast and cervical cancer. In addition, a survey conducted by King's College London showed that, since the lockdown began, 57% of women say they are feeling more anxious, compared to 40% of men ([KCL](#), 9<sup>th</sup> April). Women were also more likely than men to have experienced depression during the pandemic, with almost one in four (23.3%) reporting moderate to severe depressive symptoms, compared with one in eight beforehand ([The Guardian](#), 18<sup>th</sup> August)
- The [World Economic Forum](#) have noted that women still bear the majority of caring responsibilities for children and older relatives. Schools and nursery closures, caring for sick relatives, and upkeep of households under stay at home orders will disproportionately affect women (World Economic Forum, 12<sup>th</sup> March). Data from the ONS indicates that while men have taken up proportionately more housekeeping and childcare responsibilities, a significant gender gap still exists that sees women spend over an hour a day more on these tasks ([ONS](#), 29<sup>th</sup> May). Caring responsibilities are likely to have increased during the period in which schools were closed.
- Domestic abuse has increased during the pandemic, disproportionately affecting women ([EHRC](#) 19<sup>th</sup> May). Haringey police have reported a 35% increase in domestic violence call outs and the Metropolitan Police have said charges and cautions for DVA were up 24% for the period 9<sup>th</sup> March to 24<sup>th</sup> April compared with the same period last year ([The Guardian](#), 24<sup>th</sup> April). IDVA referrals have increased in Haringey from 20 in April 2019 to 32 in April 2020 and 18% across London, and MARAC referrals have increased in Haringey from 51 in April 2019 to 58 in April 2020 and 23.1% across London.

### Place

- Women are more reliant on public transport, and therefore more likely to be affected by disrupted services ([LGIU: The Gender Effect](#), 2<sup>nd</sup> June)

## Economy

- Key workers are disproportionately likely to be female, with employed women more than twice as likely to be in this group as employed men. Women in these occupations are therefore more likely to be exposed to the virus in the course of their employment than most men. 39% of working mothers were key workers before this crisis began, compared to just 27 per cent of the working population as a whole.
- Women are more likely to have been furloughed, made redundant or have quit work than men. This is largely because women are overrepresented in shutdown sectors including retail and hospitality. Where women are working during the lockdown, they are spending fewer hours doing paid work than men and more hours on childcare and housework ([LGIU: The Gender Effect](#), 2<sup>nd</sup> June)
- A larger proportion of coupled parents are able to work from home, whereas single parents, the vast majority of whom are women, are more likely to work in frontline or public-facing roles ([Resolution Foundation](#), 28<sup>th</sup> April)
- The earnings of single parents fell by more than double the amount experienced by households with children and more than one adult (-£73 per week vs -£36 per week) between February and April ([University of Essex](#), May)





## Health

- Men represent 2/3 of Haringey’s COVID-19 related deaths
- Working age males diagnosed with Covid-19 were twice as likely to die as females. This does not take comorbidities or occupation into account, which may explain some of the differences ([PHE](#), June 2<sup>nd</sup>).
- Men make up 46% of diagnosed Covid-19 cases but 60% of deaths and 70% of ICU admissions ([PHE](#), June 2<sup>nd</sup>).

## Housing

- No specific impacts recorded to date

## People

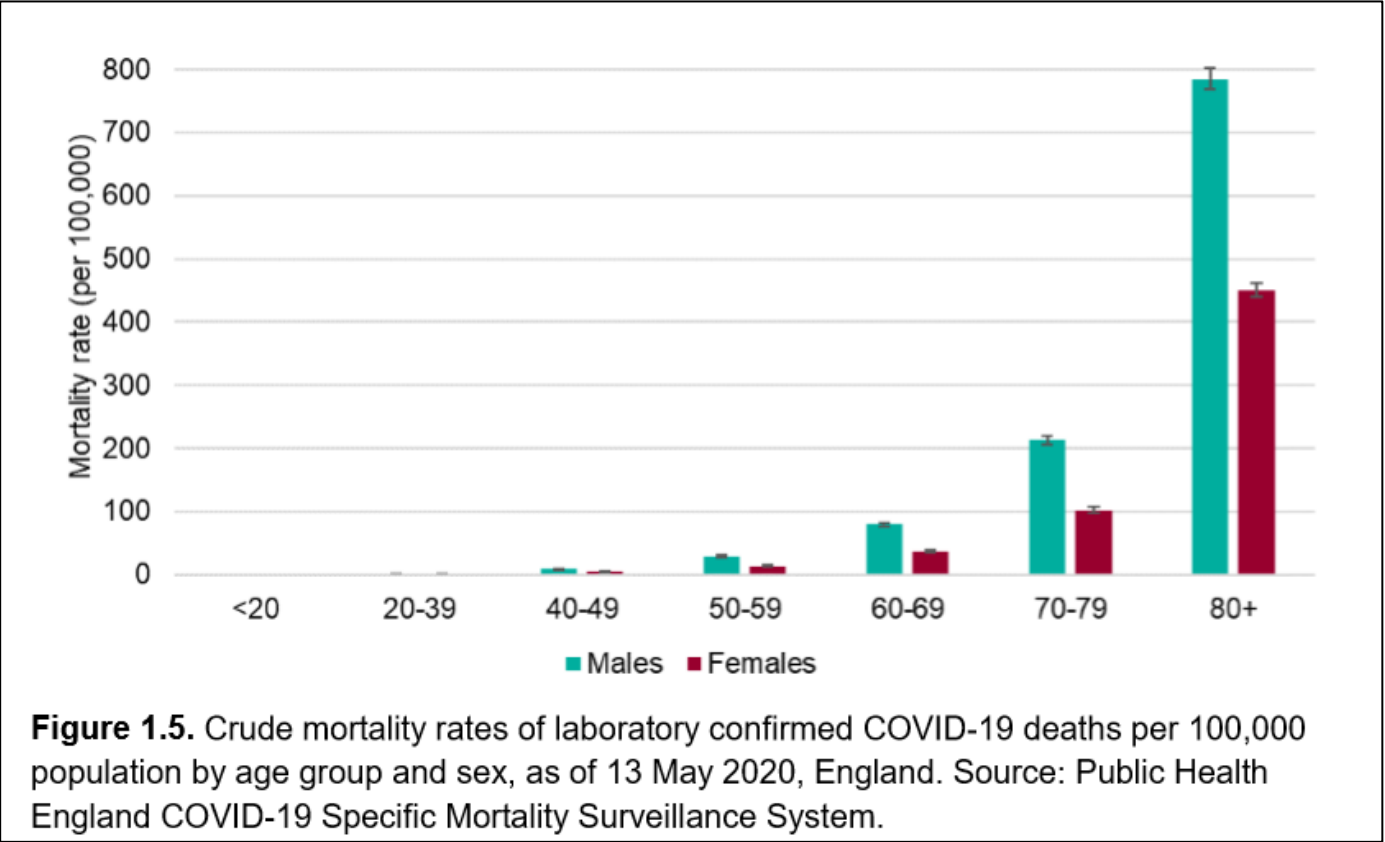
- Some men may have been affected by disrupted healthcare and screening services
- Men are more likely to drink alcohol and smoke, and may therefore be more likely to have increased alcohol and/or tobacco use during lockdown

## Place

- No specific impacts recorded to date

## Economy

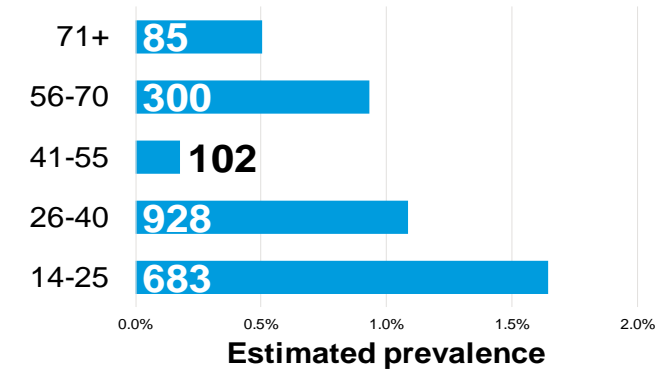
- Men are disproportionately represented in jobs that cannot be done from home, and are therefore more likely to be at risk of Covid-19 in the workplace



## Profile of Haringey Residents: Disability

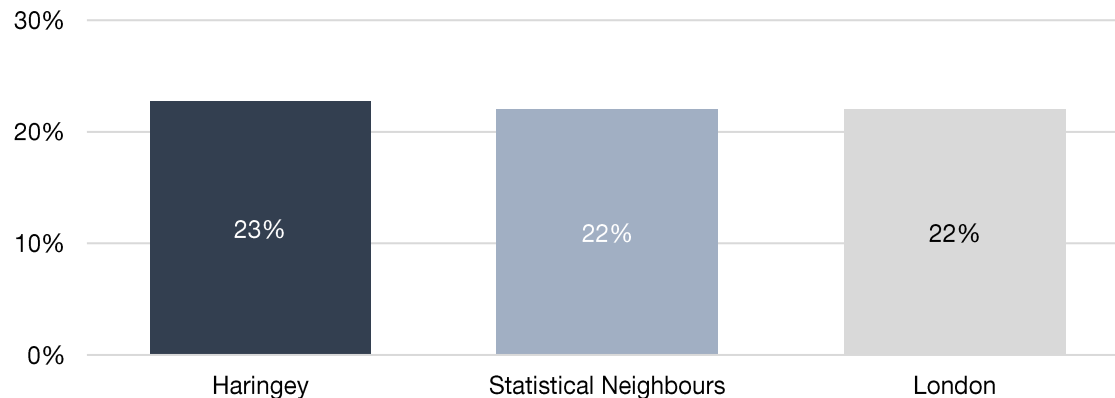
- Over 19,500 people aged 16 to 64 in Haringey have a physical disability; this equates to approximately 10% of the population aged 16-64.
- In Haringey 4,500 people have a serious physical disability; 15,700 adults have a moderate or severe hearing impairment; and almost 5,000 people have sight loss which impacts on daily life.
- An estimated 5,700 Haringey residents aged 14 and over are estimated to have a learning disability, and around 2,100 residents are estimated to have autism.

Estimated number of people with autism by age group, resident population aged 14 and over, Haringey, 2018



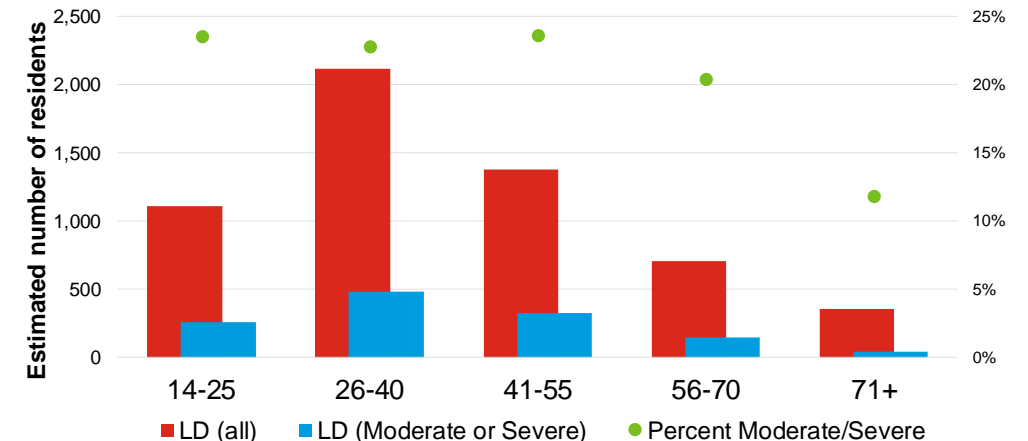
Source: Numbers and prevalence were calculated by Camden and Islington PH applying the age and gender specific estimated prevalence of autism for England from the 2014 Adult Psychiatric Morbidity Survey (APMS) report (2007 and 2014 combined) to the 2016-based GLA population estimates for Haringey published in November 2017

Proportion of households where one person has a long-term health problem or disability



Source: ONS Census 2011

Estimated number and prevalence of people with a learning disability (LD) and a moderate or severe LD by age group, resident population aged 14 and over, Haringey, 2018



Source: Numbers and prevalence were calculated by Camden and Islington PH applying the age specific estimated prevalence of LD for England reported by E. Emerson and C. Hatton in Lancaster University in 2004 to the GLA population estimates for Haringey published in November 2017

## Key Impacts

### Health

- People with pre-existing health conditions and disabilities are more vulnerable to Covid-19 than the rest of the population.
- Males whose activities were “limited a lot” at the 2011 Census had an all ages standardised rate of death involving COVID-19 of 199.7 deaths per 100,000; for females, the rate was 141.1 deaths per 100,000. The equivalent rates for males and females who were not disabled in 2011 were 70.2 and 35.6 deaths per 100,000 respectively. After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates between those “limited a lot” and those not disabled was 2.4 times higher for females and 1.9 times higher for males ([ONS](#), 19<sup>th</sup> June)
- More than one-third (35%) of deaths involving COVID-19 in England up to the end of June had a respiratory or cardiovascular disease as a pre-existing health condition ([ONS](#), 13<sup>th</sup> August). Among deaths with COVID-19 mentioned on the death certificate, a higher percentage mentioned diabetes, hypertensive diseases, chronic kidney disease, COPD, and dementia than all cause death certificates ([PHE](#), June 2<sup>nd</sup>)
- A higher proportion of disabled people than non-disabled people were worried about the effect of the coronavirus pandemic on their well-being (62.4% for disabled people compared with 49.6% of non-disabled people); their access to groceries, medication and essentials (44.9% compared with 21.9%); their access to health care and treatment for non-coronavirus-related issues (40.6% compared with 21.2%); and their health (20.2% compared with 7.3%) in May 2020. Concerns about well-being tended to be most frequent among those with mental health and socio-behavioural-related impairments, whereas concerns about access to essentials tended to be most frequent among those with hearing- or dexterity-related impairments. ([ONS](#), 11<sup>th</sup> June)
- Engagement with residents has highlighted that a minority of people with disabilities and long-term health conditions chose to shield during Covid-19 without being instructed to by the government due to a perception that they would be more vulnerable to it than most people. Without official status as a shielder, these people have faced barriers in accessing support
- Communications during the pandemic have not always been inclusive of people with disabilities. Inconsistent messaging and use of metaphors can be barriers to people with learning disabilities and autism in understanding and following government guidance. Moreover, communications with shielded people have not always had consideration for the needs of those with sensory impairments ([RNIB](#), May)
- People with disabilities have experienced barriers complying with social distancing measures. For example, people with visual impairments have experienced challenges complying with the 2m guidance. Two-thirds (66%) of blind and partially sighted respondents to an RNIB survey report feeling less independent now compared to before lockdown. Many people depend on a guide to get out and about but one in four (25%) blind and partially sighted people said they don’t have someone in the same household as them who can guide. The close contact required when guiding means many people have lost this way of leaving the house, leaving people feeling less independent. ([BBC](#), 1<sup>st</sup> April / [RNIB](#)).

## Key Impacts

### Housing

- About three-quarters of disabled people (73.4%) reported leaving their home for any reason during lockdown , compared with over 9 in 10 non-disabled people (92.5%). The range within this group is from 80% of people with mental health conditions to 54% of people with hearing impairments. This reluctance to leave the home may have made housing quality and space more important for people with disabilities than others. ([ONS](#), 11<sup>th</sup> June)
- People with disabilities have reported delays in home adaptations being made, which have increased the length of time spent in sub-optimal housing conditions

### People

- Disabled people are significantly more concerned than non-disabled people about the impact of the pandemic on their health and wellbeing; their access to groceries and essential services; and access to healthcare for non-Covid related conditions. They are more likely to feel lonely and to feel that the pandemic has put strain on their personal relationships ([ONS](#), 11<sup>th</sup> June)
- About one in three (35%) disabled adults experienced moderate to severe depressive symptoms during the pandemic, up from 27.5% beforehand ([The Guardian](#), 18<sup>th</sup> August)
- Use of face masks has presented challenges for deaf people who lip read (Action on Hearing Loss)
- Changes in routines that have occurred since the beginning of the pandemic can be challenging for people with learning disabilities and autism ([Young Minds](#))

### Place

- In May 2020, around 1 in 10 disabled people (11.9%) indicated feeling very unsafe when outside their home because of the coronavirus outbreak, compared with fewer than 1 in 25 non-disabled people (3.8%). ([ONS](#), 11<sup>th</sup> June)
- Disabled people were more likely than non-disabled people to report that their transport had been affected by the pandemic ([ONS](#), 11<sup>th</sup> June). This extends to use of public transport, with TfL withdrawing tactile assistance for people with visual impairments.

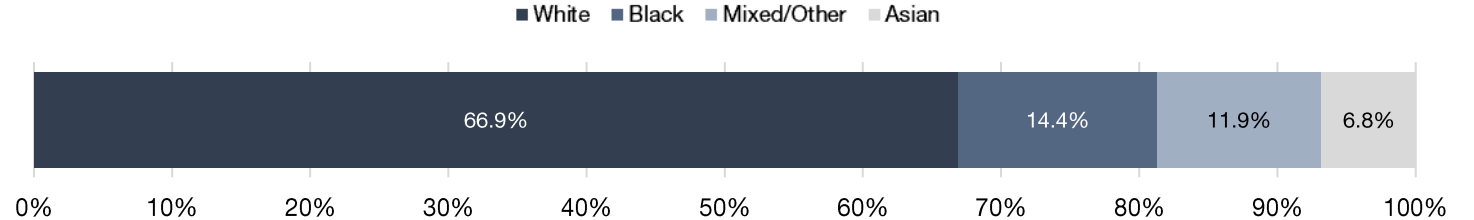
### Economy

- Many people with disabilities and severe health conditions have been [left off the shielded list](#). This has had consequences in terms of employment rights ([The Guardian](#), 18<sup>th</sup> May).
- People with sensory impairments can face additional barriers to working from home ([RNIB](#), May 2020)
- Disabled people are less likely to have left their home to go to work than non-disabled people ([ONS](#), 11<sup>th</sup> June)
- As part of the government's package of support to those whose employment has been affected by Covid-19 and the lockdown, Universal Credit was uplifted by £20 a week, but the same uplift was not applied to Employment and Support Allowance, the benefit claimed by many disabled people ([LGIU](#), 17<sup>th</sup> June)
- Almost 40% of people who have experienced a mental health problem have experienced a reduction in their household income. The cognitive and psychological effects of mental health problems can make it harder to respond effectively to changes in income or access support ([Money and Mental Health](#), 16<sup>th</sup> June)

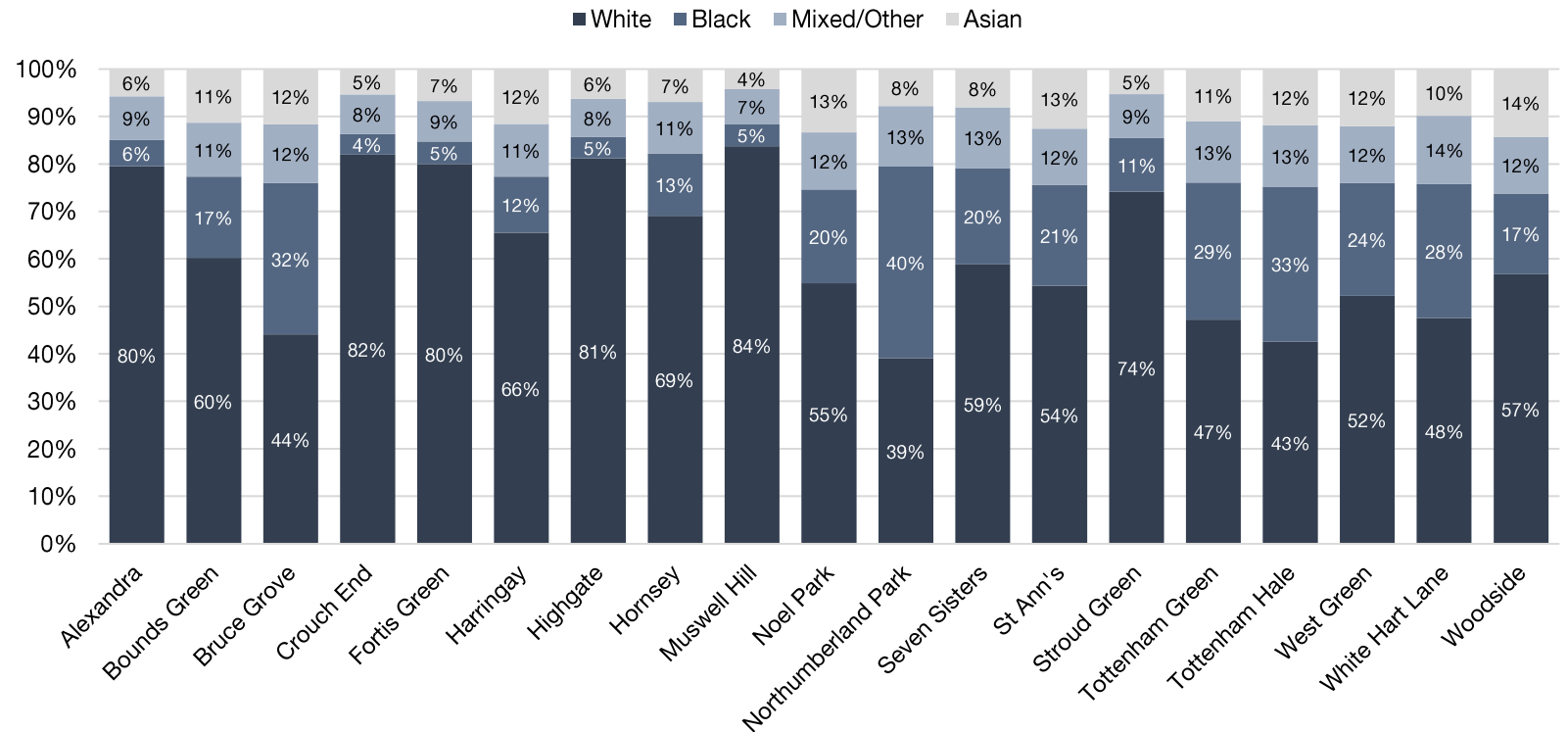
## Profile of Haringey Residents: Race and Ethnicity

- People of White and White Other ethnicity make up the largest proportion of Haringey's population, followed by those of Black, Mixed/other and Asian ethnicity.
- This differs greatly by ward, for example in Northumberland Park where there is a slightly larger proportion of residents of Black ethnicity (40%) compared to people of White ethnicity (39%), as well as Tottenham Hale, Bruce Grove and Tottenham Green where more than half of the population is BAME.
- By contrast, Muswell Hill, Crouch End and Highgate have a substantially larger proportion of residents that are of White and White Other ethnicity.
- In all wards there is a relatively even spread of male to female population of each ethnic group.

Haringey Population by Ethnicity



Ethnic Population of Haringey, by ward



## Key Impacts

### Health

- People from Black ethnic groups are most likely to be diagnosed with Covid-19. ([PHE](#), 2<sup>nd</sup> June).
- Death rates from COVID-19 are highest among people of Black and Asian ethnic groups. The largest disparity is among people of Bangladeshi ethnicity, who had around twice the risk of death compared to White British people. This analysis does not account for occupation, comorbidity or obesity. Comparing to previous years, all cause mortality was almost 4 times higher than expected among Black males during the Covid-19 outbreak, almost 3 times higher in Asian males and almost 2 times higher in White males. Among females, deaths were almost 3 times higher in this period in Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females. ([PHE](#), 2<sup>nd</sup> June).
- Neighbourhoods with higher proportions of Black and Asian residents are more likely to have seen higher numbers of Covid-19-related deaths
- Pre-existing health inequalities within the BAME community are likely to cause increased risk from the virus. For instance, cardio-vascular conditions such as diabetes and hypertension increase vulnerability to Covid-19 and are higher among people from Black and Asian backgrounds ([The Conversation](#), 15<sup>th</sup> April). Conditions associated with socio-economic status such as obesity and mental illness are also risk factors for severe Covid-19 and more prevalent among BAME communities ([PHE](#), June)
- Exposure to air pollution and overrepresentation in overcrowded housing have been found to be contributory factors to BAME overrepresentation among Covid-19 cases and deaths ([The Guardian](#), 20<sup>th</sup> July)
- Healthwatch Haringey has found that barriers exist to people within Turkish/Kurdish communities accessing healthcare and information, including language barriers, digital exclusion, and lack of translations of government communications. This was found to affect older people and people who were shielding to a greater extent.
- Lupus and Sickle Cell Disease are medical conditions with higher prevalence among BAME groups. Both conditions compromise the body's immune systems, meaning that people with them face higher risk of contracting and suffering severe forms of Covid-19. All people known to have these conditions were advised by the government to shield. However, access to treatments has been compromised during the pandemic. Drugs that treat lupus have been in short supply, while blood transfusion appointments and bone marrow therapy that treat SCD have been delayed. These will have disproportionately affected BAME people, and Black people in particular ([NHS](#), June; [Anthony Nolan](#), June; [British Society for Rheumatology](#); June).



## Key Impacts

### Housing

- Black and Asian people may face particular challenges in complying with Government guidelines as they are more likely to live in overcrowded accommodation and may be less able to self-isolate. Gypsy, Roma and Traveller communities, who already experience persistent disadvantage, face particular challenges to self-isolation in encampments and traveller sites, exacerbated by limited access to water and sanitation, and the long-standing acute shortage of authorised sites ([EHRC](#) 19<sup>th</sup> May)
- Public Health England have confirmed that “Covid-19 transmission, morbidity, and mortality can be exacerbated by the housing challenges faced by some members of BAME groups” ([PHE](#), June).

### People

- Pupils who were due to sit exams in 2020 will be assigned grades based on previous performance and teacher assessment. Concerns have been raised about this decision in view of evidence that suggests patterns of conscious or unconscious bias when teachers predict grades for BAME children and those with SEND ([EHRC](#) 19<sup>th</sup> May). Pupils from Gypsy, Roma and Traveller communities may face additional barriers to online learning ([EHRC](#) 19<sup>th</sup> May)
- Haringey residents in the East of the borough are disproportionately represented among those receiving emergency food parcels from the food hubs. Given the demographic profile of the borough it is reasonable to suggest that BAME communities have been less food secure during the lockdown.
- Healthwatch Haringey has found that Turkish/Kurdish communities have experienced challenges in caring for family members, dealing with social isolation, recognising and acknowledging mental health issues, and observing religious practices.
- In terms of community and family relationships, many BAME people are likely to experience trauma associated with deaths of colleagues or family members ([PHE](#), June).

### Place

- Between 27 March and 14 May, 26% (253) of fixed penalty notices issued in London were issued to Black people, who make up 12% of the population. Asian people, who represent 18% of Londoners, were given 23% of fines (220) out of a total of 973 issued. 774 arrests have been made for breaches of Covid-19 legislation. Of those arrested, 31% were Black and 14% were Asian ([BBC](#), 3<sup>rd</sup> June)
- BAME people were 1.6 times more likely to be fined than white people, but young black and Asian men between 18 and 34 were over-represented by around twice the rate of young white men ([The Guardian](#), 27<sup>th</sup> July)
- The number of stop and searches in Haringey increased from 1,087 in February 2020 to 1,193 in March, then 1,424 in April and 1,950 in May, indicating increased use of the tactic during the lockdown period. This fell to 1,092 in June. Between February and May 2020, the rate of Black people stopped and searched in Haringey increased from 9.5 to 17.2 per 100,000 while the rate of white people being stopped and searched increased from 2.8 to 4.8 per 100,000. The rate of Black people being stopped and searched increased marginally faster than for white people, and Black people were over three times more likely to be stopped and searched than white people in May 2020 ([MPS](#), 7<sup>th</sup> July)
- Public Health England note that BAME people are more likely to use public transportation to travel to essential work, increasing potential exposure to Covid-19 ([PHE](#), June).

## Economy

- BAME workers make up a disproportionately large share of key workers in London (Health Foundation; [PHE](#), June), workers in the gig economy ([Runnymede Trust](#)) and people who cannot work from home ([Huffington Post](#), 15<sup>th</sup> May). It is therefore likely that BAME workers will have been exposed to Covid-19 to a greater extent than White workers in the course of their work during the pandemic. However, this may not account for all of the disproportionality in BAME mortality among workers. Public Health England have noted that racial discrimination in workplaces is likely to have been a factor that has increased BAME people's exposure to Covid-19 ([PHE](#), June).
- Data for Haringey employment broken down by sector and ethnicity is not available. Using London-wide data, Black, Asian and minority ethnic groups are overrepresented in the two most impacted sectors, making up 45% of employees working in retail and 43% of employees working in accommodation and food services. The third most impacted sector, arts and recreation, has relatively fewer Black, Asian and minority ethnic employees than the average across all sectors.
- BAME Britons have been 50% more likely to lose their jobs during the Covid-19 lockdown and 40% less likely than white Britons to benefit from employee protection such as furloughing. The latter were 5.7 times more likely to experience furlough than job loss, compared to 2.2 times for the former ([The Conversation](#), 20th July)
- Research by the Institute for Social and Economic Research suggests that BAME workers have been put on reduced hours and furloughed at a disproportionate rate and that BAME household earnings have fallen from an average of £441 per week in February to £404 per week in April, compared to a drop of £547 to £503 for non-BAME households ([University of Essex](#), May)
- 49% of BAME households have experienced income reduction, compared to 40% of white British households ([The Conversation](#), 20th July)

Figure 2: Black and minority ethnic (BME) workers make up a disproportionately large share of key worker sectors in London

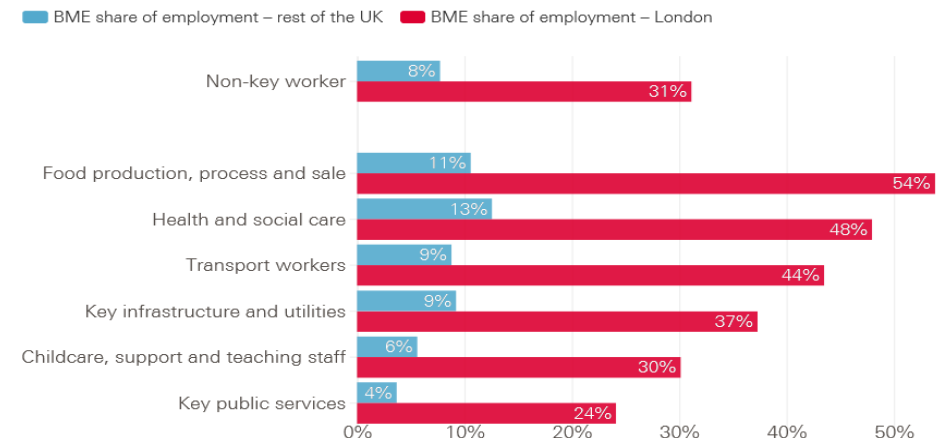
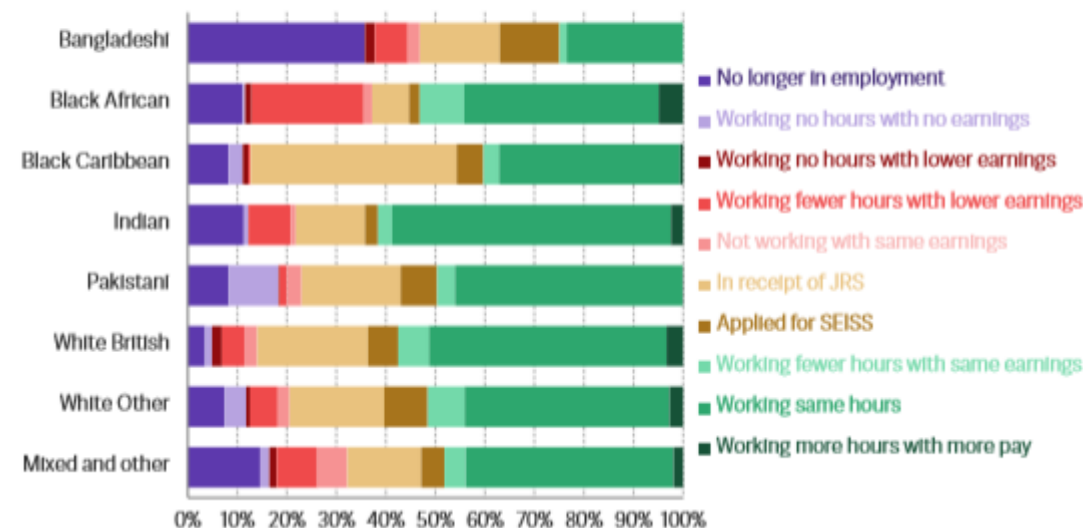


FIGURE 16: Bangladeshis are disproportionately more likely to have stopped working or experienced an income fall during the crisis

Employment status among those who were in work before the crisis, by ethnicity: May 2020



## Health

- For people born outside of the UK and Ireland, the relative increase in deaths in 21 March to 8 May 2020 was higher than the average. The biggest relative increase was for people born in Central and Western Africa (which includes Nigeria, Ghana and Somalia), the Caribbean, South East Asia (which includes Malaysia, the Philippines and Vietnam), the Middle East and South and Eastern Africa (which includes South Africa, Zimbabwe and Kenya). ([PHE](#), 2<sup>nd</sup> June)
- People with non-British nationality account for 26% of the NHS workforce in London. Higher rates of Covid-19 among healthcare workers indicate that non-British nationals are likely to have been disproportionately exposed to the virus in the course of their work in this sector ([House of Commons Library](#), 29<sup>th</sup> May)
- People with non-British nationality account for around 40% of the social care workforce in London. Higher rates of Covid-19 among social care workers indicate that non-British nationals are likely to have been disproportionately exposed to the virus in the course of their work in this sector ([Health Foundation](#), November 2019)
- Migrants have historically been deterred from accessing healthcare services and treatment for communicable diseases owing to fears that their immigration status may be reported to the Home Office ([EHRC](#) 19<sup>th</sup> May)
- Healthwatch Haringey has found that barriers exist to people within Turkish/Kurdish communities accessing healthcare and information, including language barriers, digital exclusion, and lack of translations of government communications. This was found to affect older people and people who were shielding to a greater extent.

## Housing

- 19% of the people experiencing street homelessness housed in emergency accommodation in Haringey would ordinarily not have been eligible for assistance. The majority of this group are people from EU Nations (52%). The vast majority are men (85%) between the ages of 25-50 (65%). 54% have either no status, failed asylum or are undocumented
- It is likely that this group of people will have been overrepresented among those living in overcrowded housing.

## People

- NRPF households have been less able to afford and access food during the Covid-19 outbreak ([The Guardian](#), 7<sup>th</sup> June)
- Healthwatch Haringey has found that Turkish/Kurdish communities have experienced challenges in caring for family members, dealing with social isolation, recognising and acknowledging mental health issues, and observing religious practices.

## Place

- Public Health England note that BAME people, including migrant residents, are more likely to use public transportation to travel to essential work, increasing potential exposure to Covid-19 ([PHE](#), June).

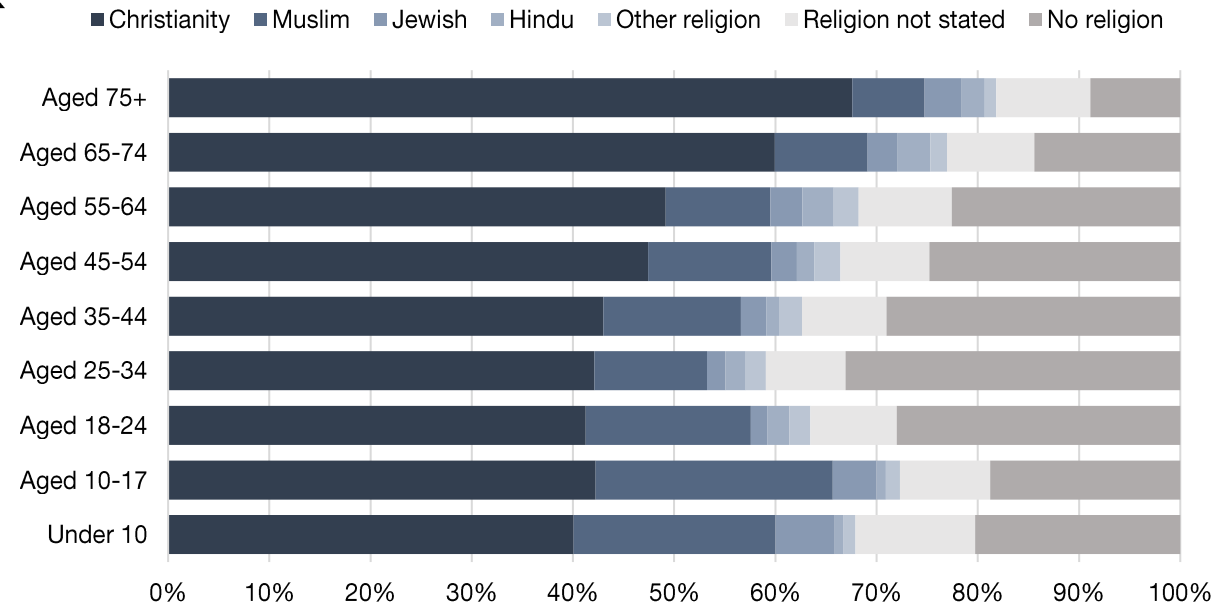
## Economy

- People with NRPF will have been compelled to continue working during the pandemic in the absence of access to support from the benefits system. It is therefore likely that they will have been exposed to Covid-19 to a greater extent than white workers in the course of their work during the pandemic. Public Health England have noted that racial discrimination in workplaces is likely to have been a factor that has increased BAME people's exposure to Covid-19 ([PHE](#), June).
- BAME migrants were over three times more likely (10.1%) than their white non-migrant counterparts (3.3%) to have lost their job during the COVID-19 lockdown ([The Conversation](#), 20th July). Job losses can have serious consequences for individuals and families trying to meet minimum income visa requirements ([LGiU](#), 2<sup>nd</sup> July)
- Survey data suggests that 32% of refugees and those from refugee backgrounds who were working in London before Covid-19 have lost their jobs ([Breaking Barriers](#), May 2020). The same survey data highlights significant barriers to digital access among this group. 54% of respondents reported access to a laptop, compared to 88% of the UK population having a PC and 67% having a laptop. Only 43% of respondents had access to both a laptop and wi-fi in their home.
- BAME migrants were 2.3 times more likely to experience increased difficulty of keeping up to date with bills than white Britons. ([The Conversation](#), 20th July)

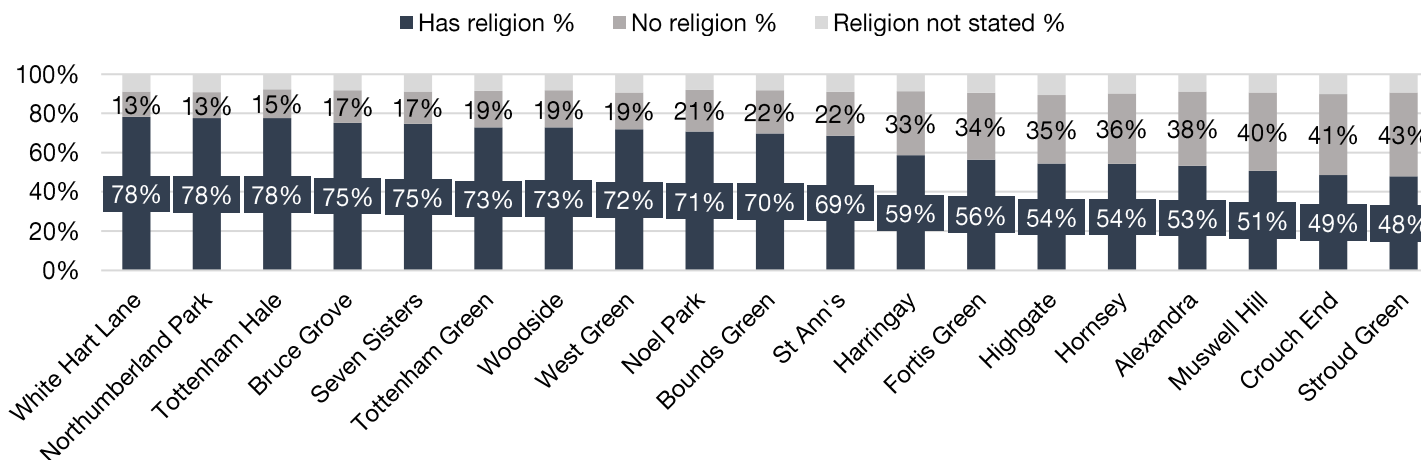
## Profile of Haringey Residents: Religion & Belief

- Two out of three residents in Haringey are practicing a religion with Christians (45%) and Muslims (14%) being the largest resident groups;
- The proportion of residents practicing a religion is highest among residents aged 75+, with 81.8% of this age group identifying as following a faith. Residents aged 25-34 report the highest proportion of no religion at 33.1%, compared to just 9% of residents aged 75+ with no religion;
- Wards in the East of Haringey have a higher proportion of residents with a religion than wards in the West, with those in the West having 34% or more residents reporting having no religion, compared to as little as 13% saying the same in some eastern wards.

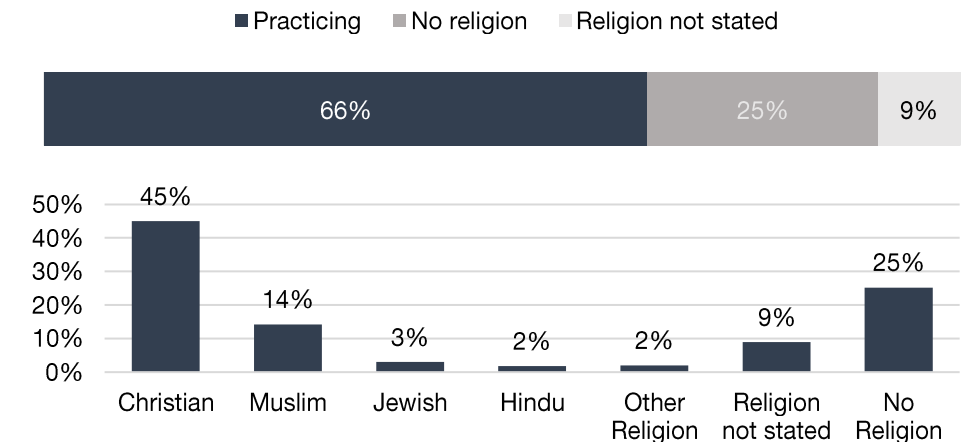
Proportion of Haringey Population by Religion and Age



Proportion of Haringey Population practicing religion, by Ward



Total Haringey Population



## Key Impacts

### Health

- The highest age-standardised mortality rates of deaths involving COVID-19 across the UK were in the Muslim religious group with 198.9 deaths per 100,000 males and 98.2 deaths per 100,000 females; people who identified as Jewish, Hindu or Sikh also showed higher mortality rates than other groups. ([ONS](#), 19<sup>th</sup> June)
- When taking account of region, population density, socio-demographic and household characteristics, and ethnic background, those who identified as Jewish at the time of the 2011 Census showed an increased risk of a death involving COVID-19 compared with the Christian population; Jewish males were at twice the risk of Christian males, with the difference in females being 1.2 times greater risk. ([ONS](#), 19<sup>th</sup> June) This may be because a higher proportion of British Jews (21%) are aged 65 and above, and as Covid-19 disproportionately affects older people Jewish people may be more at risk than average (Jewish Chronicle)
- Those who reported having "No religion" in the 2011 Census had the lowest rate of death involving COVID-19 with 80.7 deaths per 100,000 males and 47.9 deaths per 100,000 females ([ONS](#), 19<sup>th</sup> June)

### Housing

- No specific impacts reported

### People

- People of various religious faiths were unable to attend places of worship during lockdown, severely restricting abilities to engage in various religious practices or participate in faith-based community life. From Saturday 4<sup>th</sup> July, people were able to gather in places of worship but restrictions regarding capacity, use of shared items, singing, and food & drink are in place ([Gov.uk](#), 4<sup>th</sup> July). These restrictions may have had adverse effects in terms of mental health and social relationships.
- People of various religious faiths have been unable to observe usual religious practices at end of life and funerals
- The Government parcels that have been delivered to the Extremely Clinically Vulnerable Group do not cater for any dietary requirements or religious restrictions. The Jewish community in particular has faced challenges providing Kosher food to those shielding or self-isolating
- People of various faiths have been unable to observe religious holidays or festivals in the usual way. These have included Passover and Ramadan.

### Place

- There was an increase in recorded Islamophobic hate crime incidents between February and April 2020, but a decrease in May to pre-pandemic levels ([Met Police](#), 19<sup>th</sup> June)
- There was a decrease in recorded Anti-Semitic hate crime incidents between February and April 2020, but an increase in May ([Met Police](#), 19<sup>th</sup> June)

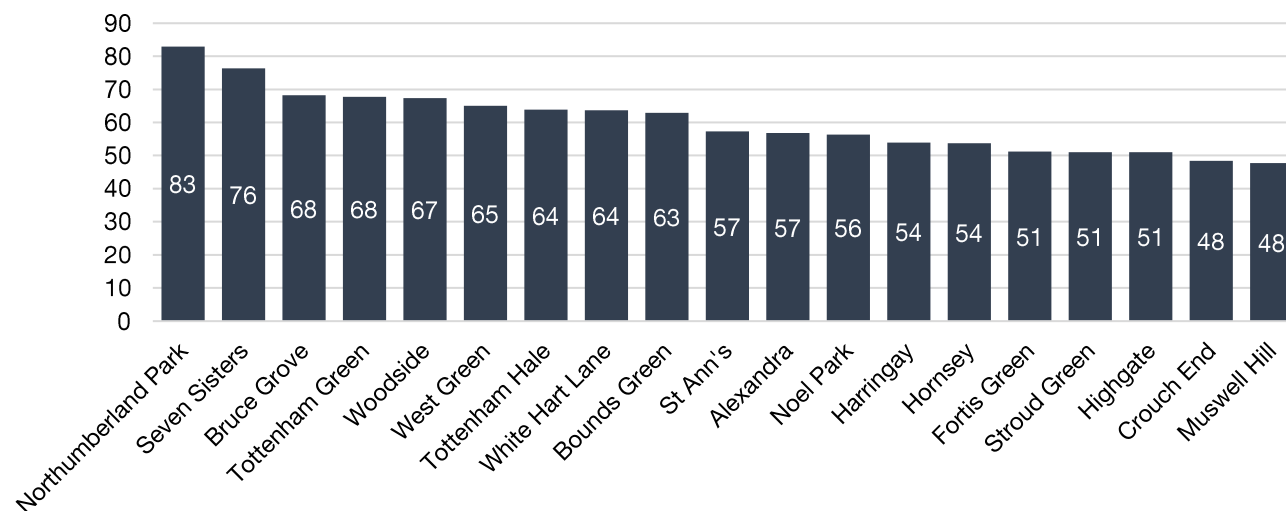
### Economy

- Local faith groups have reported dramatic reductions in income due to reduced capacity to fundraise from congregations

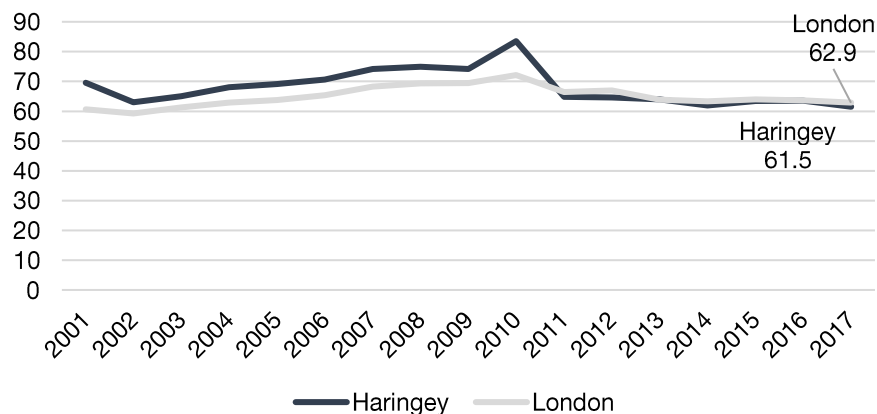
## Profile of Haringey Residents: Pregnancy and Maternity

- Haringey's General Birth Rate (GBR) has generally decreased in line with London since 2001. The sharpest decrease was between 2010 and 2017 (26%).
- Northumberland Park has the highest birth rate, at 83 births per 1,000 women aged 15 to 44. The lowest birth rate was in Muswell Hill.
- Over half the infants born in Haringey in 2017/18 were being breastfed at 6-8 weeks after birth.

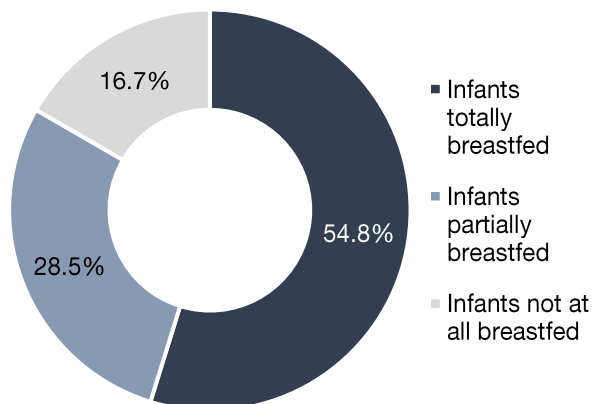
Number of live births per 1,000 women aged 15-44, by ward



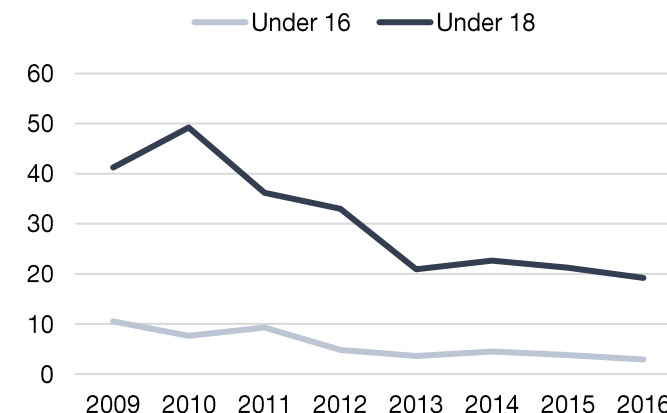
Number of live births per 1,000 women aged 15-44



Breastfeeding prevalence at 6-8 weeks after birth in Haringey



Rate of Teenage Conceptions





## Key Impacts

### Health

- Pregnant women were designated a vulnerable group on 16th March. This means that they were advised to reduce social contact as much as possible through social distancing measures
- New births are currently not being registered and health visiting reviews are being conducted over the telephone. There is a risk that families may miss out on adequate health checks. In Haringey in 2018/2019, 93% of families received a New Birth Visit.

### Housing

- Lone parents with children are known to have proportionately higher housing costs and will be simultaneously more vulnerable to any reduction in income and disproportionately affected by the impact of school/childcare closure on ability to work

### People

- The economic crisis is likely to cause some childcare providers to go out of business, which may in turn cause women to take on disproportionate extra childcare ([The Guardian](#), 23<sup>rd</sup> June)
- Women may be less able to access sexual health clinics. Marie Stopes have reported that women have experienced delays in accessing abortion services. They estimate 9.5 million vulnerable women and girls around the world risk losing access to contraception and safe abortion services in 2020 ([Marie Stopes](#), 3<sup>rd</sup> April)

### Place

- Pregnant women and those with small children are known to be more reliant on public transport than other women and so may have been more affected by disruption to TfL services

### Economy

- The Institute for Fiscal Studies and the UCL Institute of Education have found that mothers are 47% more likely to have permanently lost their job or quit, and 14% more likely to have been furloughed since the start of the crisis ([The Guardian](#), 23<sup>rd</sup> June)
- When the lockdown was imposed in March, pregnant women were added to the list of people seen as clinically vulnerable. Where workplaces were unable to be made Covid-secure, pregnant staff unable or unwilling to work should have been sent home on full pay. However, many were instead put on statutory sick pay (SSP). To qualify for statutory maternity pay pregnant women must have earned at least £120 a week on average during an eight-week lead-up period. But SSP is just £95.85 a week, meaning women who have been shielding on that level of pay for eight weeks or more would miss out on SMP.
- [Maternity Action](#) have noted that women claiming Maternity Benefit (mainly lower paid, and self employed) will be worse off under Universal Credit rules than those claiming Statutory Maternity Pay from their employers, as Maternity Allowance is counted as earned income and deducted from Universal Credit, whereas Statutory Maternity Pay counts as unearned income and is not
- Self-employed women who have taken maternity leave in the last three years are not allowed to discount that maternity leave in their calculations of entitlement under the Self-Employed Support Scheme. Their eligible earnings are therefore lower and they are likely to receive less under the scheme than other women who had not taken maternity leave ([Telegraph](#), 17<sup>th</sup> April)
- There have been reports of pregnant women and those on maternity leave being forced to take unpaid leave or refused furlough ([EHRC](#) 19<sup>th</sup> May)

4% of Haringey residents are gay or lesbian, representing the sixth largest gay and lesbian community in London.

**4% of Haringey residents are gay or lesbian; this is slightly above the London average of 3.1%**

Source: ONS Annual Population Survey, 2013-15

Haringey has the **6<sup>th</sup> largest gay and lesbian population of all London boroughs**, and the **9<sup>th</sup> largest** of all local authorities in the country

Source: ONS Annual Population Survey, 2013-15

A recent Galop survey found that, nationally, **4 in 5 LGBT people have experienced hate crime related to their gender identity or sexual orientation in their lifetime (79%)**

Source: Galop Hate Crime Report 2016

**25% of youth homeless in Haringey are LGBT**

Source: Haringey Council 2017

- Haringey has the sixth largest gay and lesbian population of all London boroughs (4%), and is above the London mean (3.1%).
- Based on 2016 mid-year estimates, this means that Haringey's gay, lesbian and bisexual community consists of over 8,900 gay and lesbian residents aged 16+, and over 4,400 bisexual residents aged 16+.
- It is difficult to estimate the trans population in Haringey as estimates vary widely. The latest national estimates range from 65,000 to 300,000.
- LGBT residents are more likely to experience hate crime or homelessness.

## Key Impacts

### Health

- The United Nations have advised that LGBTI groups living with compromised immune systems, including some people living with HIV/AIDS, face a greater risk from COVID-19 ([UN](#)) . Accordingly, people living with HIV/AIDS, a disproportionate number of whom are from LGBT+ communities, have been advised to follow more stringent social distancing practices (Terrence Higgins Trust )
- LGBT+ people face barriers accessing high-quality end-of-life care and may experience victimisation or discrimination in the course of their care ([The Conversation](#), 21<sup>st</sup> May)

### Housing

- Homeless people, a [population that includes many LGTBI people](#), are less able to protect themselves through physical distancing and safe hygiene practices, potentially increasing their exposure to Covid-19
- 8% of LGBT+ people do not feel safe in their accommodation and may therefore have found stay at home requirements more challenging ([LGBT Foundation](#), May)
- In the period of 23<sup>rd</sup> March to 12<sup>th</sup> April, the LGBT Foundation's helpline saw an 88% increase in calls about housing compared to the previous three weeks ([LGBT Foundation](#), May)

### People

- LGBT+ people have been impacted by Covid-19 in relation to family life and relationships. Firstly, there have been reports of young people who are not 'out' being unable to come out to family during the lockdown period due to the perceived inability to leave the family home if necessary and/or the risk of exclusion from the family home having a more severe impact than may usually be the case. Schools and youth groups that would otherwise provide a safe space for young people have been closed. Young LGBT people have reportedly been made homeless by parents who discover their child's sexuality or gender identity, according to the LGBT Foundation. Secondly, LGBT parents are suffering homophobic and transphobic abuse from their own children during the lockdown, ([Buzzfeed News](#), 2<sup>nd</sup> May).
- LGBT+ VCS organisations are reporting high levels of adverse impact. 47% have reported an immediate financial impact, experienced through drops in donations, loss of earned income, and loss of grants ([LGBT+ Consortium](#), May 2020)
- 42% of surveyed LGBT+ people have highlighted additional need for mental health support during the pandemic ([LGBT Foundation](#), May)
- 30% of surveyed LGBT+ people are living on their own, raising the risk of this group being at greater risk of loneliness ([LGBT Foundation](#), May)
- 16% of surveyed LGBT+ people have been unable to access healthcare for non-Covid issues and 34% have had a medical appointment cancelled ([LGBT Foundation](#), May)
- The LGBT Foundation's Domestic Abuse Programme has seen a 38% increase in the number of people referred for domestic abuse support and a 340% increase in unique viewers to its domestic abuse webpages ([LGBT Foundation](#), May)

### Place

- There have been reports of violence and abuse against LGBT people in connection with the pandemic ([EHRC](#) 19<sup>th</sup> May)
- The LGBT Foundation's helpline has reported a 52% increase in calls about homophobia during the pandemic ([LGBT Foundation](#), May)

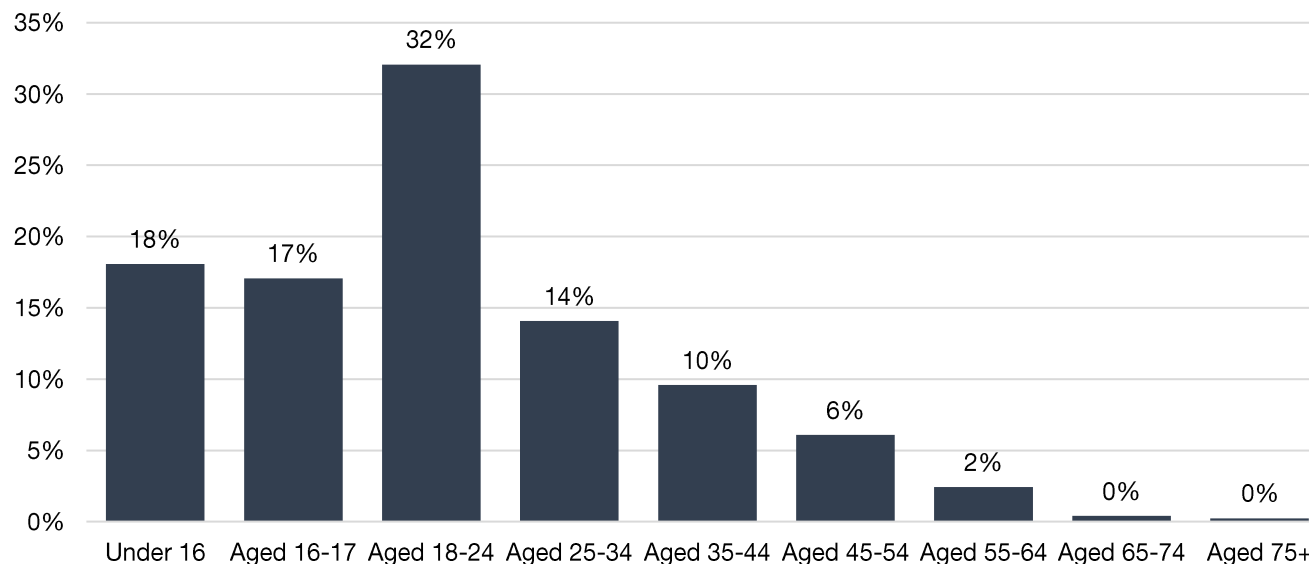
### Economy

- No specific impacts recorded to date

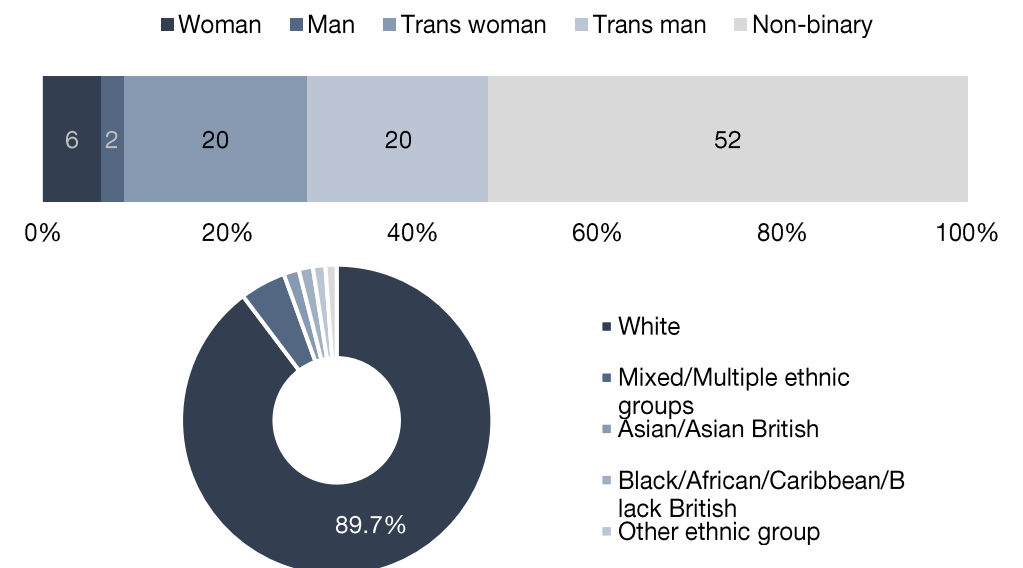
## Profile of Haringey Residents: Gender Reassignment

- There is very little robust data on Haringey or the UK's trans population. However it is estimated that there are between 200,000 and 500,000 people who identify as trans in the UK.
- According to the LGBT Survey 2018, younger trans people are more likely to identify as non-binary, with 57% of all trans respondents aged under 35 identifying as non-binary.
- The age at which transitioning is started tends to be younger, with 81% of people starting transitioning at 34 or younger, compared to 19% transitioning at 35 and over.
- Of those who identify as trans in the UK the largest group are of White ethnicity, representing 90% of this group.
- The proportion of those who identify as a trans woman and trans man is even at 20%. However the majority of those identifying as trans consider their gender as non-binary (52%).

Transitioning starting age, UK



Trans gender identity, UK



## Key Impacts

### Health

- Transgender men who bind their chests may not be able to do so if they develop respiratory symptoms associated with Covid-19.

### Housing

- 17% of surveyed trans people do not feel safe in their accommodation, potentially making stay at home requirements more challenging ([LGBT Foundation](#), May)

### People

- Gender Identity Clinics and Sexual Health Clinics have closed until further notice
- The NHS have de-prioritised gender-affirming surgeries, as they have been deemed non-essential
- 57% of surveyed trans people report additional need for mental health support ([LGBT Foundation](#), May)
- The LGBT Foundation's Domestic Abuse Programme has seen a 38% increase in the number of people referred for domestic abuse support and a 340% increase in unique viewers to its domestic abuse webpages ([LGBT Foundation](#), May)

### Place

- The [United Nations](#) has noted there will likely be an increase in stigmatization, discrimination, hate speech and attacks on the LGBT+ community
- The LGBT Foundation's helpline has reported a 100% increase in calls about transphobia during the pandemic ([LGBT Foundation](#), May)

### Economy

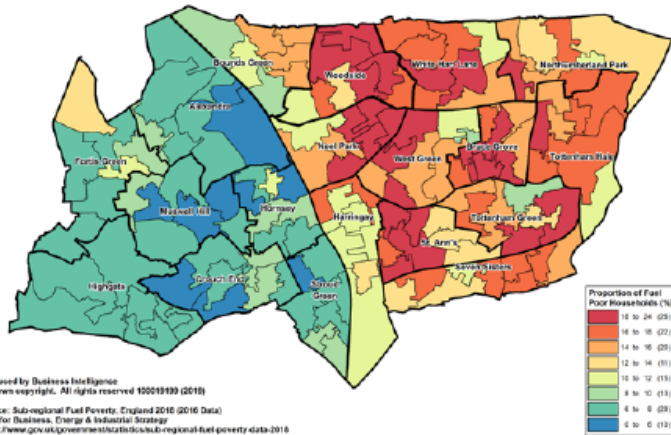
- No specific impacts recorded to date



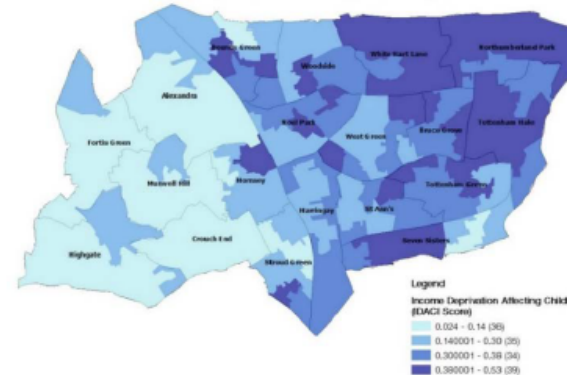
## Profile of Haringey Residents: Socio-Economic Status

Haringey has a higher than average number and rate of children living in all out-of-work benefit claimant households compared to London, though this is not among the highest levels in London. Children in the east of the borough are substantially more likely to be affected by income deprivation than those in the west.

Fuel Poverty by LSOA (2016)

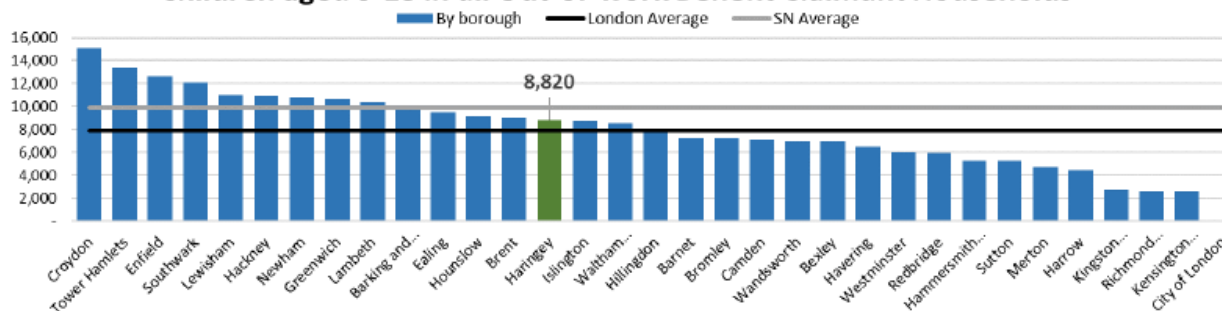


Income Deprivation Affecting Children, 2015



Source: Index of Multiple Deprivation, 2015

Children aged 0-18 in all Out-of-work Benefit Claimant Households



Source: DWP, 2017

**14.3% of Haringey pupils are known to be eligible for and claiming free school meals. This is in line with London (14.9%), and below the SN average (17.2%)**

Source: DfE Schools Census, 2018

- 12.6% of Haringey households (approx. 13,400) live in Fuel Poverty, the 4th highest percentage in London and substantially above the London average (10%). Fuel poverty is concentrated in the centre of the borough.
- In 2017 8,820 children in Haringey were living in all out-of-work benefit claimant households. This is a larger number than the London average (7,900), but is below the SN average (9,915).
- In Haringey this equates to 14.4% of all 0-18 year olds in the borough, and is the 10<sup>th</sup> highest rate of all London boroughs.
- Approximately one in seventh Haringey pupils are eligible for and claiming free school meals (14.3%). This is average for London.
- Neighbourhoods in the east of the borough rank much more highly on the index of income deprivation affecting children, compared to neighbourhoods in the west.



## Key Impacts

### Health

- More deprived areas in Haringey have higher Covid-19 diagnosis and death rates than less deprived areas in Haringey. High diagnosis rates may be due to worse overall population health before Covid-19, high proportions of workers in occupations that are more likely to be exposed, and/or more overcrowded housing
- Women living in the most deprived areas in England are 133% more likely to die from Covid-19 than women living in the least deprived areas, while men living in the most deprived areas are 114% more likely to die from Covid-19 than men living in the least deprived areas ([Health Foundation](#), 21<sup>st</sup> May)
- Men in low-paid jobs were almost four times more likely to die from coronavirus than professionals, with 21.4 deaths per 100,000 people, compared with 5.6 among white-collar male workers ([ONS](#), 14<sup>th</sup> May). While routine and manual occupations account for around 34% of jobs, those working in such jobs account for more than 43% of COVID-19 deaths among those of working age. Conversely, managerial and professional occupations account for 43% of all jobs but 28% of these deaths (up to April 20<sup>th</sup>) ([The Conversation](#), 19<sup>th</sup> May)
- In Haringey, the highest proportion of residents shielding from COVID-19 live in the 2nd and 3rd IMD decile (27% and 18%, respectively). There are no persons shielding from COVID-19 in the 10th IMD decile (least deprived area). This indicates that there are more persons shielding from COVID-19 in the more deprived areas of Haringey than in the least deprived areas.

### Housing

- People on lower incomes are more likely to live in overcrowded housing that limits their ability to social distance or self-isolate.
- People on lower incomes are more likely to live in poor quality housing that makes staying at home, as per government guidance, more challenging.

### People

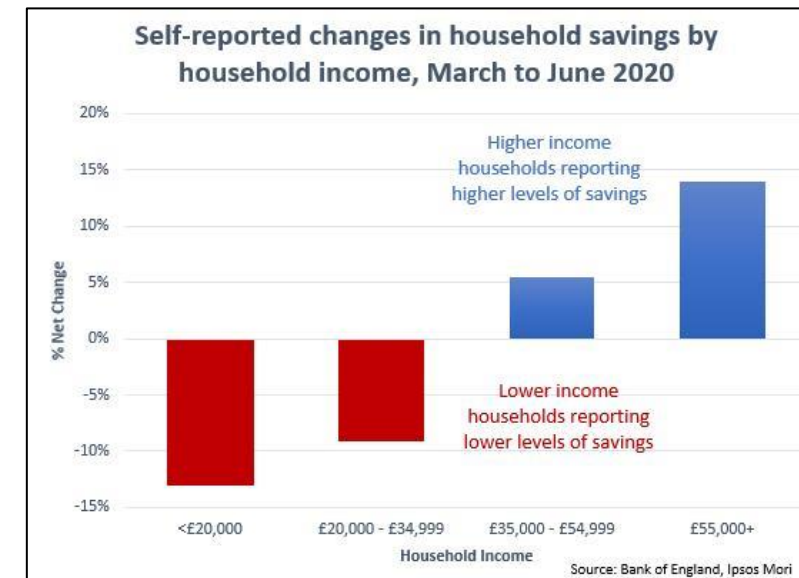
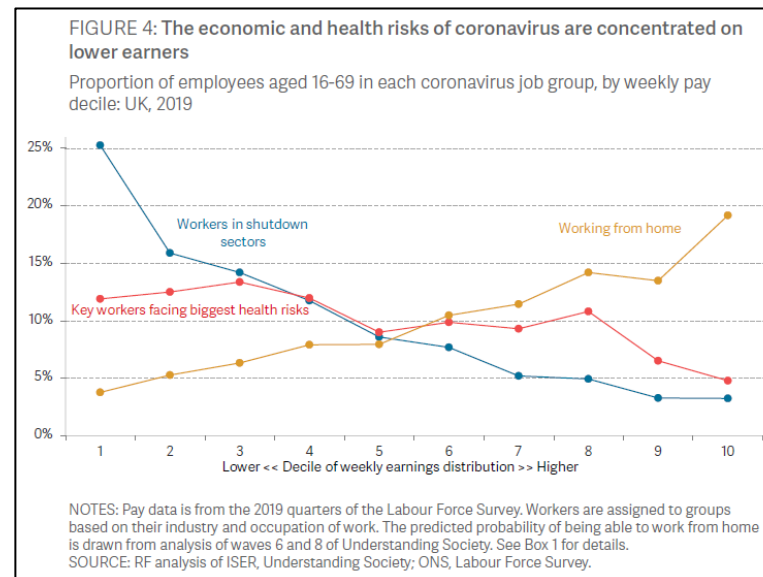
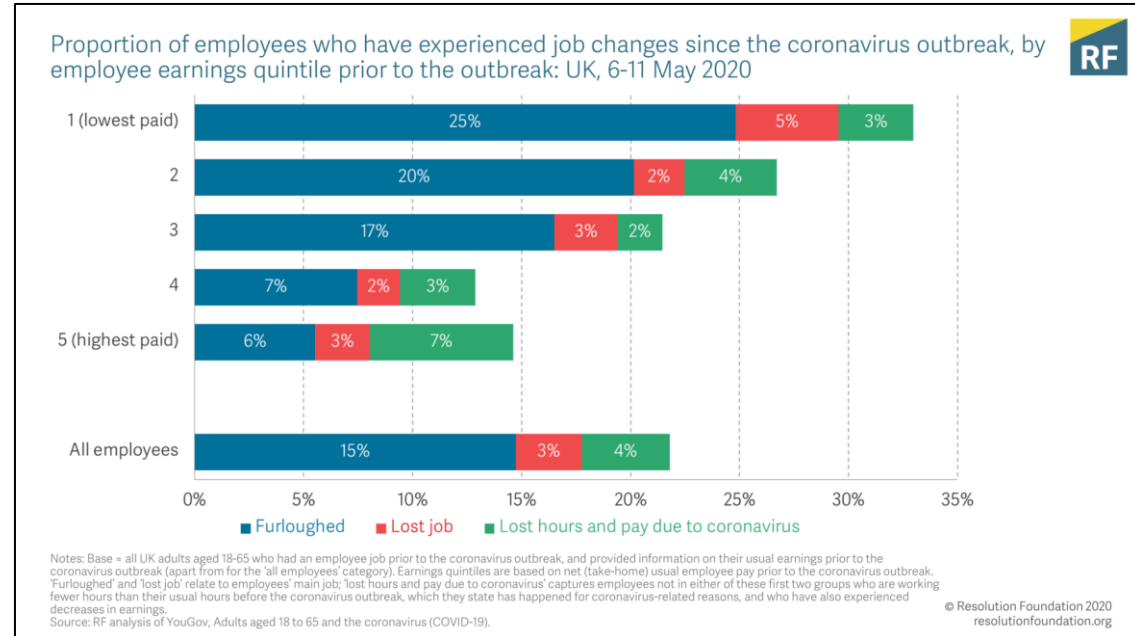
- Households on lower incomes are more likely to experience pressures resulting from the Covid-19 pandemic and the economic shock that may lead to worse mental health
- Key workers were more than three times more likely to report symptoms of depression during the pandemic than in the nine months to March 2020. More than a third of those living in households unable to afford an unexpected expense experienced depression during the pandemic, compared to an eighth of people able to afford an unexpected expense ([The Guardian](#), 18<sup>th</sup> August)
- Children from lower income households are less likely than their peers to have access to learning resources during school closures
- People on lower incomes are more likely to report feeling lonely than other socio-economic groups
- Households with lower incomes have been more likely to rely on emergency food provision. Haringey Council has recorded a significant proportion of households in need citing inability to afford food as the key driver for requesting emergency help

### Place

- [People in deprived areas have less access to gardens and other green spaces](#). A third of all land in the wealthiest 10% of [London](#) wards was taken up by private gardens, while in the poorest 10%, just over a fifth was found to be taken up by garden space.

## Economy

- The lowest paid workers are those least able to work from home. Workers in shutdown sectors are therefore the lowest paid across the workforce. Typical pay for workers in shutdown sectors is less than half that of those able to work from home – £348 a week compared to £707 a week. Close to one-third (30 per cent) of the lowest-earning fifth of employees have been furloughed or lost their job, compared to less than one-in-ten (8 per cent) of the top fifth of employee earners pre-coronavirus ([Resolution Foundation](#), 28<sup>th</sup> April)
- People in certain jobs have been more exposed to Covid-19 in the course of their work and have consequently been more likely to contract the virus. Jobs which have been found to have high death rates have included security guards, health and care workers, construction workers, plant operatives, cleaners, taxi drivers, bus drivers, chefs and retail workers ([ONS](#), 14<sup>th</sup> May).
- Survey data suggests that 48% of Londoners expect their household's financial position to get worse over the next 12 months (from May 2020). Among the Londoners who said that coronavirus had affected their household finances, 72% had experienced reduced income, 39% had had to use savings to cover living costs, 18% had had to borrow money, 15% were struggling to pay bills, and 15% were providing financial support to friends or family members. ([The Independent](#), 15<sup>th</sup> April).
- Bank of England data suggests that lower income households have been depleting any savings they have had during the Covid-19 crisis, while more affluent households have been accumulating savings



## 4.1. Intersectionality

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## BAME Young People

- The number of BAME under-18s seeking help for anxiety or stress from the Kooth digital support service increased by 11.4% during March, April and May compared to the same period last year, while it rose by 3% among white children that age. Disproportionate numbers of BAME children reported difficulties with suicidal ideation, self-harm, depression, anxiety, difficulty sleeping, and issues involving family or relationships. This indicates that the pandemic has had a particularly severe impact on the mental health of BAME children ([The Guardian](#), 21<sup>st</sup> June)
- BAME pupils may have been disadvantaged by the methodology of allocating exam grades due to known unconscious bias in grade predictions and the way in which the Ofqual algorithm appears to have disadvantaged pupils from more deprived neighbourhoods

## BAME Women

- Women from a BAME background were four times more likely to be hospitalised with coronavirus than white women ([Oxford University](#)) Up to May 2020, all-cause deaths were almost 3 times higher among Black, Mixed and Other females, and 2.4 times higher in Asian females compared with 1.6 times in White females ([PHE](#), June).
- BAME women who experience domestic abuse face additional barriers to justice – [EVAW Coalition](#), 19<sup>th</sup> May
- Survey data from the Fawcett Society suggests that:
  - BAME women are the most likely group in society to have anxieties around poverty and debt (43%)
  - BAME women are more likely than white men or women to have anxieties about having to go out and work during the pandemic (65%)
  - BAME women who work from home are more likely than white people to report working more than before the pandemic (41% vs 29%)
  - Over twice as many BAME women and men reported that they had recently lost support from the government (42.5% and 48.3%) than white women and men (12.7% and 20.6%)
  - BAME respondents were also more likely to say they had lost support from other people (48.3% BAME women compared to 34.0% white women) and were less likely to say that there were people outside of their household who they could rely on for help (47.4% compared to 57.2%)
  - Over half of BAME women said that they were 'not sure where to turn for help as a result of the coronavirus pandemic, compared to 18.7% of white respondents.
  - BAME women report struggling more to cope with different demands on their time (45% vs 35% of white women)
  - BAME women disproportionately report struggling to feed their children (24%) and report low life satisfaction and happiness ([Fawcett Society](#), June)

## BAME People with Disabilities

- BAME people are more likely to experience health conditions that elevate their risk of death from Covid-19, such as hypertension and diabetes. There is therefore increased vulnerability to Covid-19 among BAME communities and among BAME people with disabilities in particular

## Young Women

- Women, and especially women under the age of 34, are more likely to work in the sectors of the economy that have experienced the biggest downturn than any other group, according to the Institute for Fiscal Studies. 36 per cent of young women, compared to 25 per cent of young men, work in sectors that were shut down, including restaurants, retail, leisure facilities and travel and tourism (IFS, 2020). Consequently, young women are more likely to lose their job. Almost twice the number of women reported that they have lost their job because of the Covid-19 pandemic (8.6%) compared to men (4.4%; [IZA](#), 2020). Young women are therefore the most likely group to experience a drop in income and the negative health and wellbeing consequences associated with job loss.
- Young women are more likely to have experienced a decline in their mental wellbeing ([The Conversation](#), 13<sup>th</sup> August)

## Socioeconomically Disadvantaged Women

- Socioeconomically disadvantaged women are also over-represented among key workers and unpaid carers and may face greater exposure to COVID-19 in these roles ([Health Foundation](#), 21<sup>st</sup> May)
- Women on low incomes are more likely to have experienced a decline in their mental wellbeing ([The Conversation](#), 13<sup>th</sup> August)

## Women with Disabilities

- 6 in 10 disabled women have struggled to access necessities from the shops (63%), compared with 46% of non-disabled men and 52% of non-disabled women
- 6 in 10 disabled women fear missing out on medicines, compared with 43% of non-disabled women and 37% of non-disabled men
- Over half of disabled women (56%) reported that social isolation was difficult to cope with, compared with 42% of non-disabled women. A quarter (26%) of disabled women said that they had not left the home at all in the last week, compared with 17% of all respondents
- Disabled women who are working from home were more likely to report that they were spending extra time on paid work (58% vs 28% for non-disabled women and 30% for non-disabled men), and also that the work was more stressful (65% vs 40% for non-disabled women and 41% for non-disabled men) ([Fawcett Society](#), 16<sup>th</sup> June)

## Older People with Disabilities

- Older people with disabilities will have accounted for a disproportionately high number of Covid-19 deaths
- Older people with disabilities may be particularly at risk from COVID-19 and face life-threatening concerns about access to appropriate medical treatment, including inappropriate DNAR notices – [EHRC](#) 19<sup>th</sup> May
- Older people with disabilities are disproportionately exposed to Covid-19 in care homes – [EHRC](#)

## Children with Disabilities

- Haringey Council received 144 requests for EHCP plans in the first four months of 2020, compared to 172 in the first four months of 2019. This is likely due to school closures preventing identification of possible SEND and referral.

## LGBT+ People with Disabilities

Among LGBT+ people with disabilities surveyed by the LGBT Foundation:

- 48% expressed a need for additional mental health support
- 23% had concerns about substance use or alcohol use during the pandemic
- 15% did not feel safe in their accommodation
- 26% had been unable to access healthcare and 39% had had a medical appointment cancelled ([LGBT Foundation](#), May)



## BAME LGBT+ People

Among BAME LGBT+ people surveyed by the LGBT Foundation:

- 66% expressed a need for additional mental health support
- 20% had concerns about substance use or alcohol use during the pandemic
- 9% did not feel safe in their accommodation
- 22% had been unable to access healthcare and 39% had had a medical appointment cancelled ([LGBT Foundation](#), May)

## LGBT+ People from Religious or Faith Groups

- LGBT+ people from religious or faith groups have reported difficulties coping during the coronavirus pandemic where they are unable to come out or seek support from family members or communities ([LGBT Foundation](#), May)

## Older LGBT+ People

- LGBT+ people face barriers accessing high-quality end-of-life care and may experience victimisation or discrimination in the course of their care ([The Conversation](#), 21<sup>st</sup> May)

## Young LGBT+ People

- Young LGBT+ people have reported that lockdown meant being isolated with unsupportive or hostile family, leading to experiences of homophobia, biphobia, and transphobia and symptoms of poor mental health ([The Guardian](#), 4<sup>th</sup> August)

## 5. Covid-19 Impact Survey

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A summary of survey data from the Haringey Together Citizens' Panel and an open survey of Haringey residents

**August 2020**

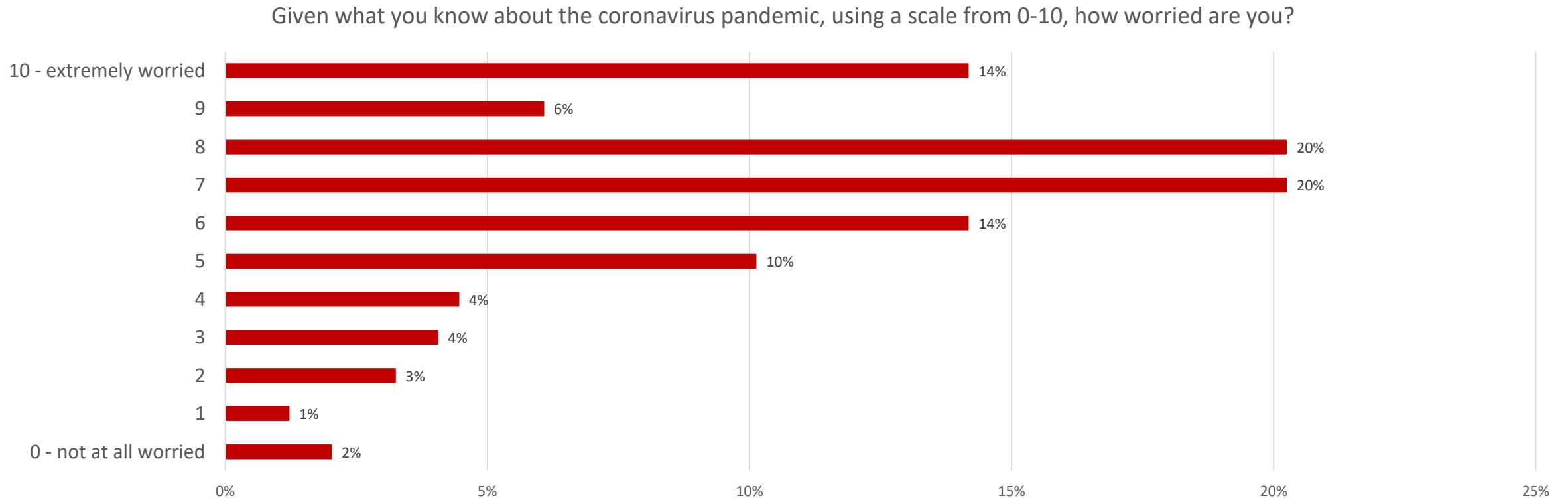
# About the Data

- This report summarises the findings from our survey on the impact of Coronavirus on Haringey residents.
- This survey was carried out by members of the Haringey Together Citizens' Panel between 30<sup>th</sup> June and 13<sup>th</sup> July 2020, and then by Haringey residents using an open link publicised on online Haringey Council channels between 28<sup>th</sup> July and 11<sup>th</sup> August 2020.
- This report is a combination of those findings.
- All members of the Haringey Together Citizens' Panel were invited to participate in the survey and at the time of fieldwork, this amounted to 688 people, of whom 126 responded.
- An additional 121 members of the public completed the survey, taking the total number of respondents to 247.
- Please note that the sample of survey respondents is not statistically representative of the Haringey population. Therefore, these findings should be taken as indicative of opinions and experiences across the borough.
- Because on-street recruitment to the Citizens' Panel had to be paused in March 2020 as a result of Covid-19, the west of the borough is particularly under-represented currently. This will be rectified as soon as it is safe to begin on-street recruitment again.
- To find out more about who took part, demographic data on survey respondents can be found at the end of the report.

# Impacts and Concerns

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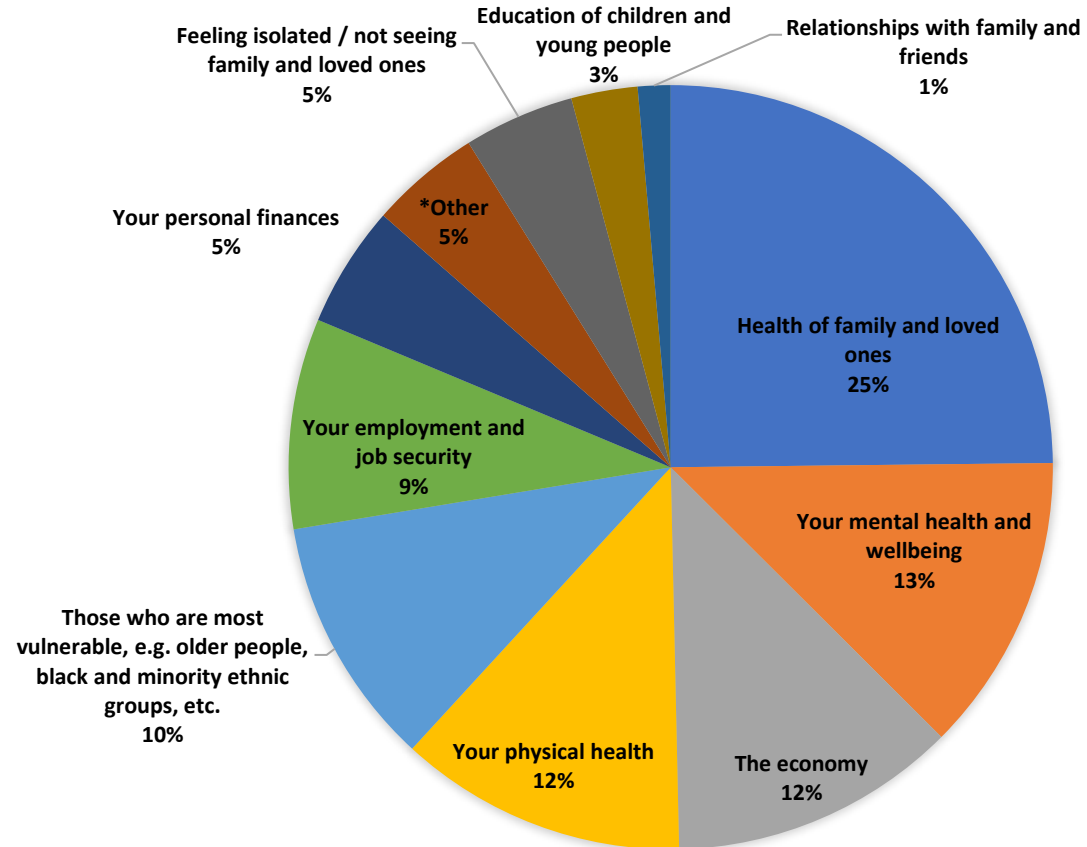
Levels of worry about the coronavirus pandemic appear to still be fairly high in Haringey, with 60% of participants expressing high levels of worry about it (scoring between 7 and 10 on a scale of 0 to 10, where 0 means not at all worried and 10 means extremely worried). Only 10% score themselves between 0 and 3 on the scale, showing that a small minority are not worried.



In response to a list of prompted options participants say they are most concerned about the following, in relation to the coronavirus:

- 1) The health of their families and loved ones (25%)
- 2) Their mental health and wellbeing (13%)
- 3) The economy (12%)

### WHAT, IF ANYTHING, ARE YOU MOST CONCERNED ABOUT IN RELATION TO THE CORONAVIRUS?





The pandemic has had a largely negative impact on Haringey residents, in particular on areas that contribute to poor mental health such as overall quality of life, mental health and wellbeing, time spent outdoors and loneliness.

### Mental health and wellbeing

72% negative impact



### Quality of life / Lifestyle

69% negative impact



### Loneliness

62% negative impact



### Relationships with family and friends

57% negative impact



### Time spent outdoors

56% negative impact



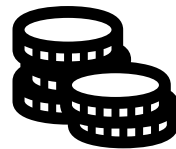
### Physical health

55% negative impact



### Running costs of the home

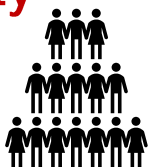
47% negative impact



### Connections with your local community

46% negative impact

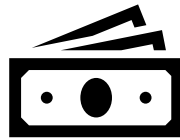
(27% positive impact)



The only area tested in which participants are more likely to think the pandemic has had a positive impact than a negative impact is on their local area and environment.

### Income and household finances

43% negative impact



### Work/Life balance

41% negative impact

(27% positive impact)



### Job and/or employment status

37% negative impact



### Ability to eat well

25% negative impact



### Housing Situation

17% negative impact

(9% very negative impact)



### Local area and environment

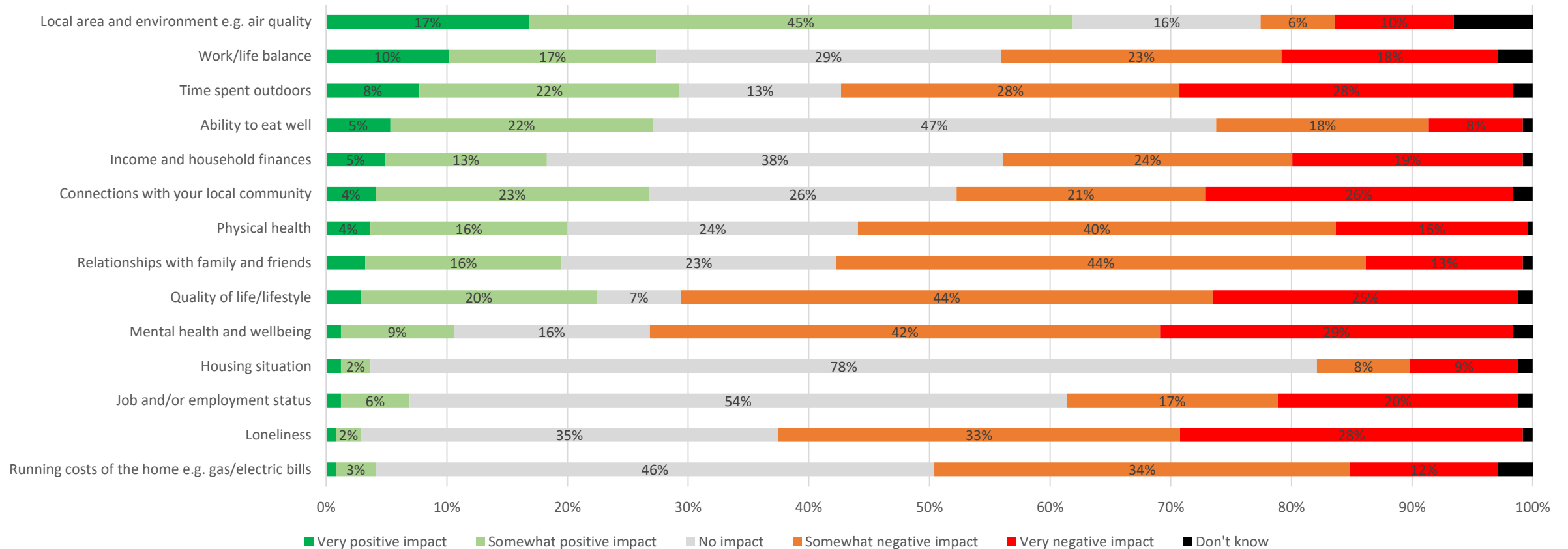
62% positive impact



## Impact on key areas of residents' lives – showing all responses

Very few participants perceive the coronavirus as having had a positive impact on their loneliness (3%), their housing situation (3%) or running costs of the home (4%).

Thinking about the last few months, has the coronavirus pandemic had a positive or negative impact on your...



Participants perceive the pandemic to have had a largely negative impact on their communities, in particular on local businesses & high streets, unemployment, levels of poverty & inequality, and schools.

<b>Local businesses and the high street</b> <b>79% negative impact</b>	<b>Unemployment and job availability</b> <b>72% negative impact</b>
<b>Levels of inequality</b> <b>62% negative impact</b>	<b>Levels of poverty</b> <b>61% negative impact</b>
<b>Schools</b> <b>57% negative impact</b>	<b>People's ability to eat well</b> <b>54% negative impact</b>
<b>Public transport and roads</b> <b>49% negative impact</b>	<b>Homelessness</b> <b>30% negative impact</b>

Residents have mixed perceptions regarding the impact of the pandemic on their community regarding crime and community safety but many report a positive impact on their sense of community.

### Your immediate area

29% positive / 34% negative impact

### Crime and community safety

29% negative / 16% positive impact

### Availability of housing

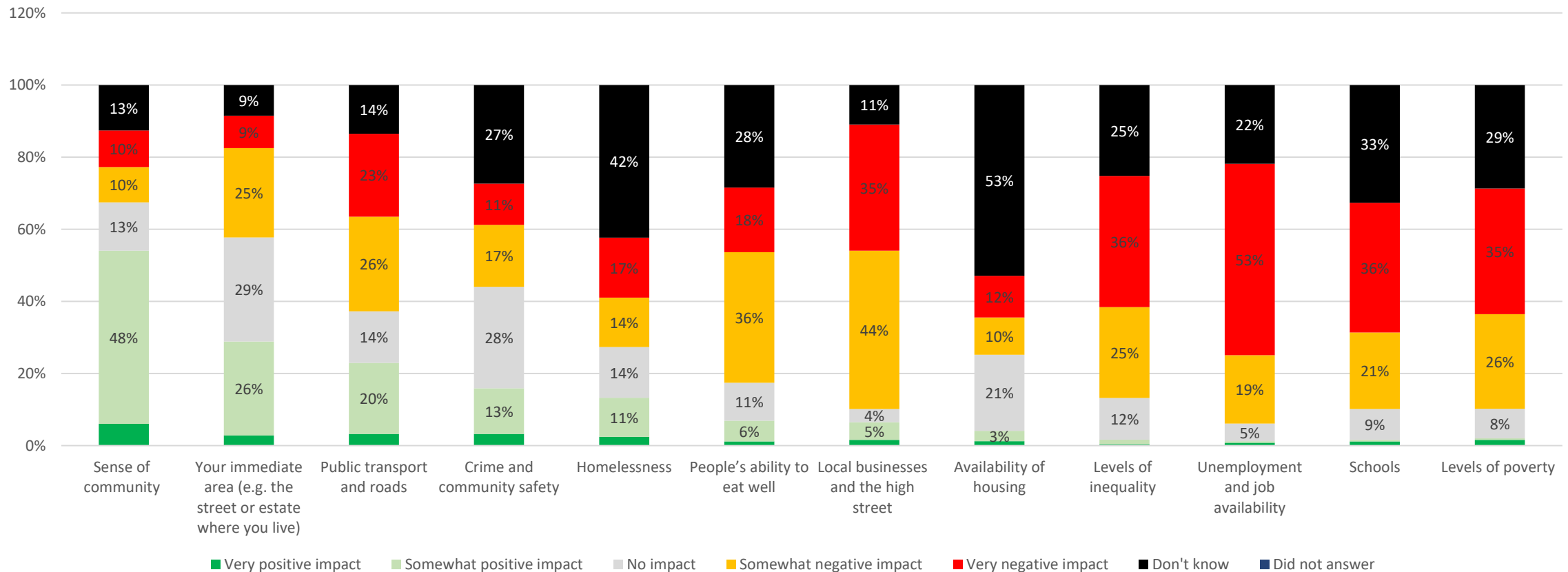
22% negative impact

### Sense of community

54% positive impact

Participants are broadly split in terms of the perceived impact of the coronavirus on their immediate area. 29% think it has had no impact, while 34% think it has had a negative impact and 29% think it has had a positive impact.

Thinking about your community and your local area, has the coronavirus had a positive or negative impact on...

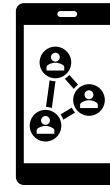




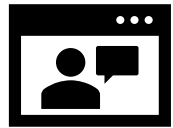
During the pandemic participants say they have spent more time watching TV, on social media, keeping in touch with family and friends they don't live with and exercising at home.



**73%** spent more time watching TV / using streaming services



**73%** spent more time on social media



**61%** spent more time keeping in touch with family and friends they don't live with



**53%** spent more time exercising at home



**52%** have spent more time gardening



**47%** spent more time doing home improvements / DIY



**47%** spent more time reading books



**43%** spent more time exercising outside – 26% spent less time



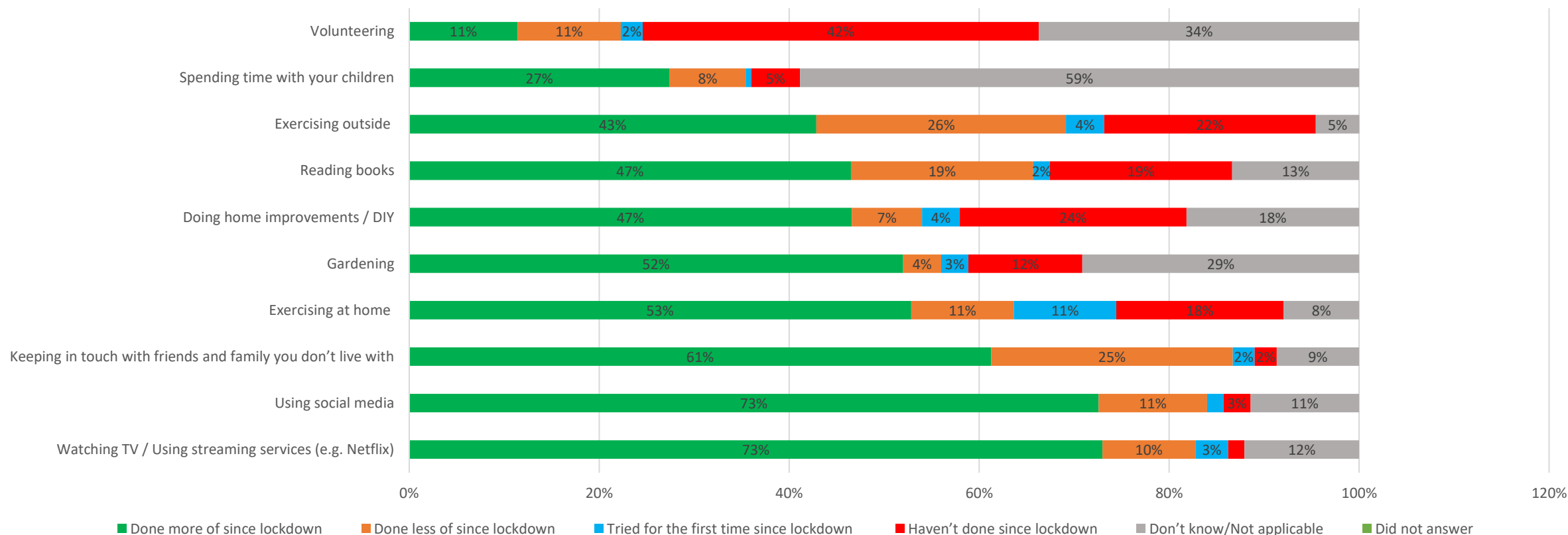
**27%** spent more time with their children



**11%** have spent more time volunteering whilst 11% have spent less

11% of participants say they tried exercising at home for the first time during lockdown, while 53% say this is something they have done more of. 22% say they haven't exercised outdoors since lockdown, and 18% say they haven't exercised at home during this time.

Which, if any, of the following have you started doing more or less often since the lockdown began?



## 6. Conclusion

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- The Covid-19 virus itself is primarily a public health issue. However, the unprecedented responses it has necessitated mean that this is also an economic and a social crisis.
- The Covid-19 pandemic and the lockdown have highlighted and exacerbated existing inequalities
- The pandemic has had a detrimental impact on the social determinants of health, raising the likelihood of long-term health inequalities among groups of people who are already vulnerable or marginalised
- Older people, BAME communities, people with disabilities, and people from disadvantaged socio-economic background have been more affected by the Covid-19 virus in terms of illness and deaths
- BAME communities have been relatively disadvantaged in terms of physical and mental health, housing, household incomes, employment, and food security
- Gender inequalities have deepened during the lockdown. While men have been more likely to die from Covid-19, women have been economically disadvantaged. Women from BAME communities have been disadvantaged to a greater extent.
- The lockdown has restricted access to services, including education, healthcare and social support. This has been particularly acute for children and people with disabilities/serious health conditions.
- There has been a significant negative impact on the mental health of residents, with more vulnerable and marginalised groups affected to a greater extent, including children and young people.
- School closures have exacerbated existing inequalities in children's access to, experience of, and attainment in education
- The local economy will be severely impacted in terms of employment and business viability
- Household incomes have been negatively affected, with people living on lower incomes experiencing the largest proportionate drop in income. Poverty will increase, though the extent of this increase is not yet known