

Statistical bulletin

# Coronavirus and shielding of clinically extremely vulnerable people in England: 28 May to 3 June 2020

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

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# 1 . Main points

- The Shielding Behavioural Survey was compiled rapidly in response to policy questions on whether the population who had been advised to shield were following the guidance issued.
- It was produced, run and analysed in a collaboration between the Department for Health and Social Care, the Department for Work and Pensions, the Government Digital Service and the Office for National Statistics.
- 2.2 million clinically extremely vulnerable (CEV) people were advised to shield and 95% report either completely or mostly following government shielding guidance.
- The most common reason CEV people left home was for exercise, followed by GP or hospital appointments and shopping for essentials.
- An estimated 785,000 (35%) of CEV people report a worsening in their mental health since receiving shielding guidance; this differs by age and gender.

## Statistician's comment

"More than 2.2 million people were advised by the government to shield during the coronavirus (COVID-19) pandemic as they had been classified by the NHS as clinically extremely vulnerable. While it is difficult to pinpoint the exact number of people who were completely shielding, 62% reported that they were fully following official advice."

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

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

## 2 . Number of clinically extremely vulnerable people following shielding guidance

As at 25 May 2020, the NHS identified approximately 2.2 million people as being clinically extremely vulnerable (CEV) and at high risk of severe illness from the coronavirus (COVID-19). A full list of the conditions viewed as causing a person to be CEV is available in [Guidance on shielding and protecting people who are CEV](#). Those identified as CEV were advised to shield from others until the end of June 2020.

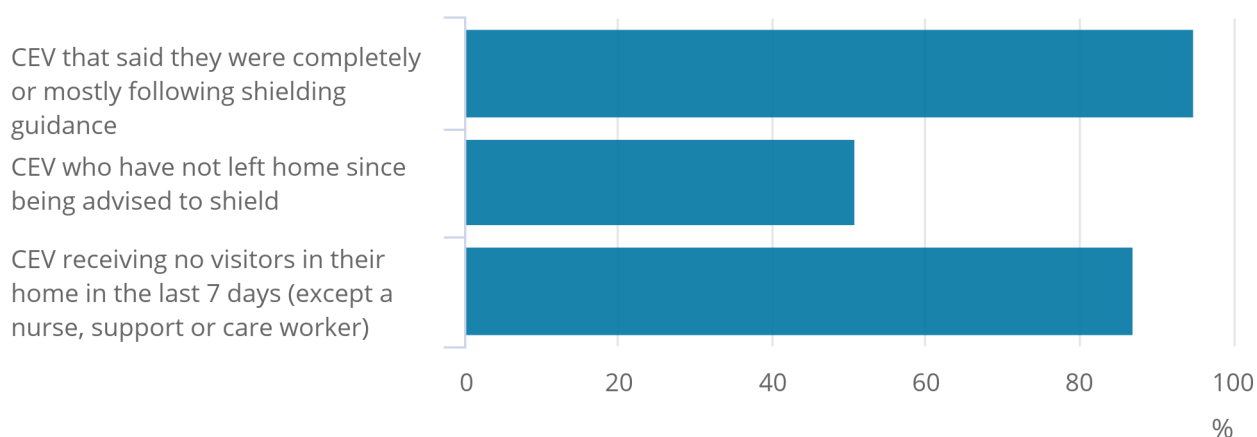
It is difficult to pinpoint the number of CEV people who are completely following shielding guidance. In initial estimates, 62% of CEV people self-reported that they are completely following shielding advice and 33% reported mostly following the shielding guidance. However, 49% also reported leaving the house at least once since they received shielding guidance and 13% of CEV individuals reported they had received visitors in the last seven days who were not a nurse, support or care worker. Both behaviours are not consistent with shielding and would suggest that less than 62% of people are completely following shielding guidance.

**Figure 1: 95% of clinically extremely vulnerable individuals were mostly or completely following shielding guidance, with 51% not leaving the house since being advised to shield**

Percentage of clinically extremely vulnerable individuals following shielding guidance, England, 28 May to 3 June 2020

Figure 1: 95% of clinically extremely vulnerable individuals were mostly or completely following shielding guidance, with 51% not leaving the house since being advised to shield

Percentage of clinically extremely vulnerable individuals following shielding guidance, England, 28 May to 3 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Those advised to shield were also given the opportunity to register to receive extra support to help them shield; this would include, for example, receiving grocery deliveries. Of the CEV, 46% have not registered for support. This means 54% have registered for support; 15% are currently registered and receiving support and 38% are currently registered but not currently requiring government support (this means they are likely getting support elsewhere or need support not easily provided by the government). (Percentages may not sum to total because of rounding.)

**More about coronavirus**

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

### 3 . Reasons for clinically extremely vulnerable people leaving the house and garden

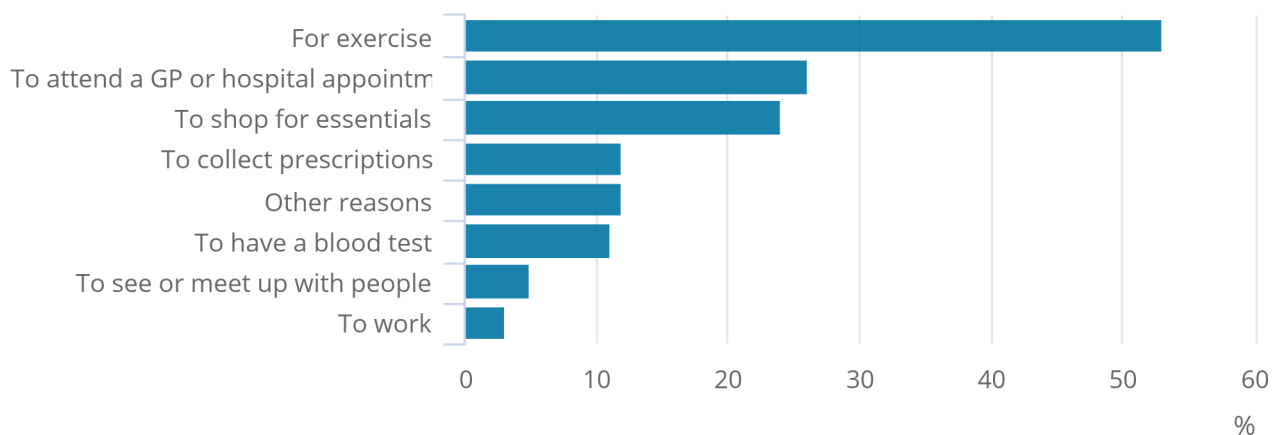
Of those clinically extremely vulnerable (CEV) people advised to shield, almost half (49%, an estimated 1,106,000) had left the house since receiving advice to shield and 40% had left home at least once in the previous seven days. A range of reasons were given for leaving the house and garden and the most popular reasons were for exercise (53%), GP or hospital appointment (26%) and to shop for essentials (24%).

**Figure 2: The most popular reasons for leaving the house were exercise (53%), GP or hospital appointments (26%) and to shop for essentials (24%)**

Percentage of clinically extremely vulnerable people who left home by reasons for leaving their home or garden, England, 28 May to 3 June 2020

Figure 2: The most popular reasons for leaving the house were exercise (53%), GP or hospital appointments (26%) and to shop for essentials (24%)

Percentage of clinically extremely vulnerable people who left home by reasons for leaving their home or garden, England, 28 May to 3 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Notes:

1. Respondents can answer yes to more than one question depending on the reasons they have left the house. For this reason, percentages will not sum to 100%.

## 4 . Employment situation of clinically extremely vulnerable people

An estimated 627,000 (28%) clinically extremely vulnerable (CEV) people previously worked before being advised to shield. The percentage employed (28%) is low compared with the general population, but CEV people includes children, those over state pension age and those unable to work for health reasons.

Of those who normally worked, 36% are now working from home and 5% are continuing to work outside the home (an estimated 32,000). Of those who continue to work outside the home, an estimated 19,000 would be unable to meet their financial obligations if they stopped working.

The remaining CEV people (who normally worked) who are not working at the moment, have either:

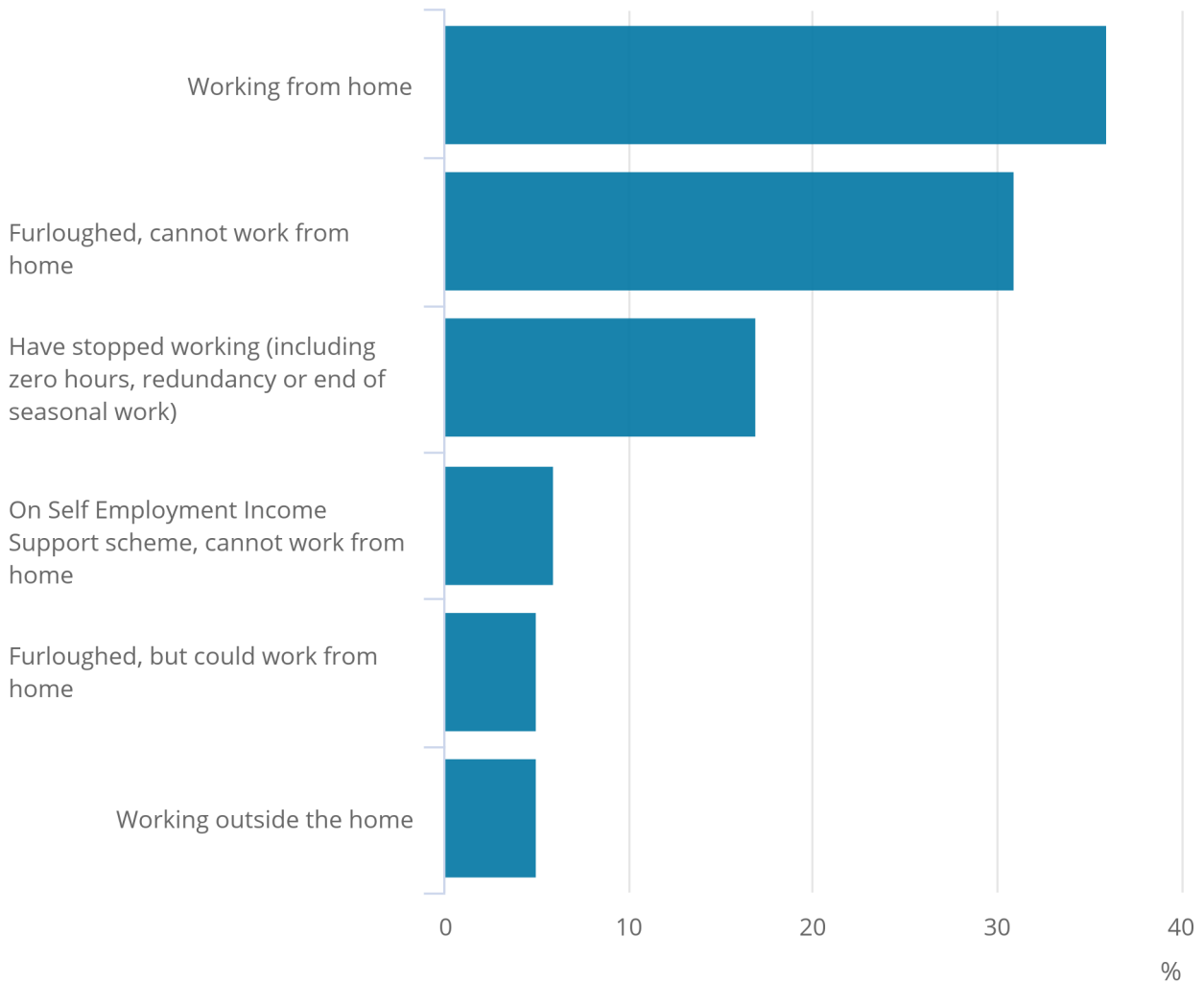
- been furloughed and cannot work from home (31%)
- been furloughed but could work from home (5%)
- stopped working (17%)
- received self-employment income support scheme as cannot work from home (6%)

**Figure 3: Of those clinically extremely vulnerable people who normally work, 36% are now working from home and 5% are continuing to work outside the home**

Percentage of clinically extremely vulnerable people who usually work by their current working situation, England, 28 May to 3 June 2020

Figure 3: Of those clinically extremely vulnerable people who normally work, 36% are now working from home and 5% are continuing to work outside the home

Percentage of clinically extremely vulnerable people who usually work by their current working situation, England, 28 May to 3 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

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

The majority (61%, an estimated 1,369,000) of clinically extremely vulnerable (CEV) people report no difference in their mental health and well-being since receiving shielding guidance. However, 35% of CEV individuals report their mental health and well-being as worsening during the coronavirus (COVID-19) pandemic; 29% of CEV people report it becoming slightly worse and 6% report their mental health becoming much worse.

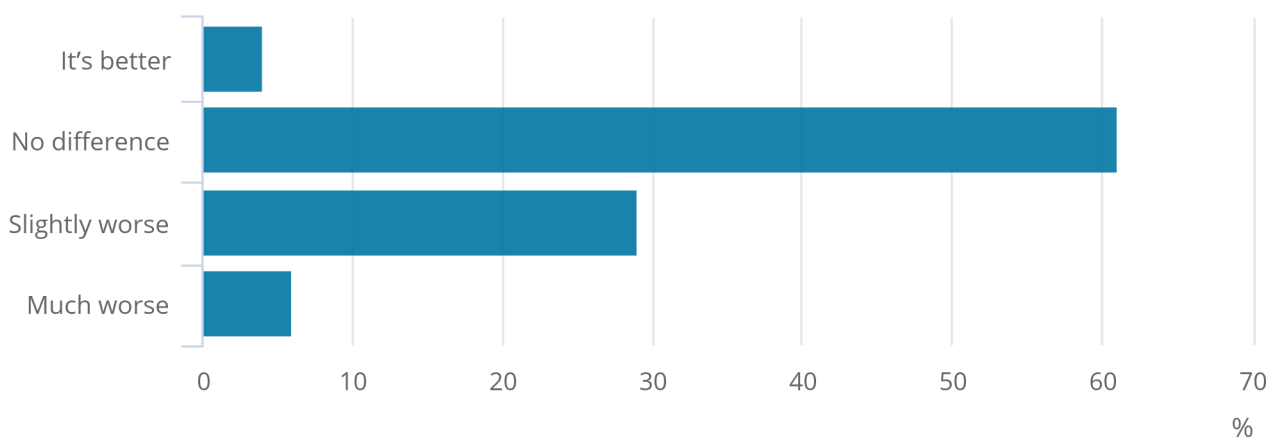
Of CEV people aged under 50 years and aged between 50 and 59 years, almost half report worsening mental health (46% and 45% respectively) compared with 26% and 23% of those aged between 70 and 74 years and aged over 75 years respectively. More females reported a worsening of mental health (40%) compared with males (28%).

**Figure 4: Since receiving shielding guidance, 61% of clinically extremely vulnerable individuals reported no difference in their mental health, while 35% reported it having become worse or much worse**

Percentage of clinically extremely vulnerable by change in their mental health, England, 28 May to 3 June 2020

Figure 4: Since receiving shielding guidance, 61% of clinically extremely vulnerable individuals reported no difference in their mental health, while 35% reported it having become worse or much worse

Percentage of clinically extremely vulnerable by change in their mental health, England, 28 May to 3 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

## 6 . Impact of the coronavirus on the physical health of clinically extremely vulnerable people

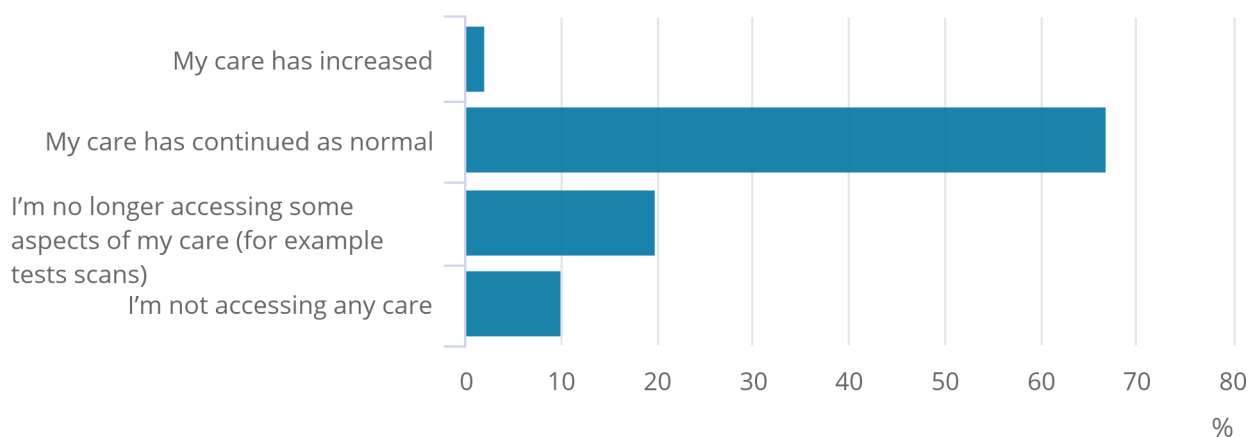
Most clinically extremely vulnerable (CEV) people (67%, an estimated 1,512,000) report no change in the GP or hospital care they have received since receiving shielding guidance. However, 20% of CEV people report being unable to access certain types of care (for example, tests, scans) and 10% report being unable to access any care since receiving shielding advice.

**Figure 5: 20% of clinically extremely vulnerable individuals reported being unable to access certain types of care and a further 10% were unable to access any care since being advised to shield**

Percentage of clinically extremely vulnerable by change in their GP or hospital care, England, 28 May to 3 June 2020

Figure 5: 20% of clinically extremely vulnerable individuals reported being unable to access certain types of care and a further 10% were unable to access any care since being advised to shield

Percentage of clinically extremely vulnerable by change in their GP or hospital care, England, 28 May to 3 June 2020



Source: Office for National Statistics - Shielding Behavioural Survey

Most CEV people (73%) reported that their existing condition is about the same as it was before receiving shielding guidance. However, 20% of CEV people state that their condition has got worse.



## 7 . Data

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

Dataset | Released 15 June 2020

Data on clinically extremely vulnerable people in England during the coronavirus (COVID-19) pandemic from the Shielding Behavioural Survey. Includes information on their behaviours and well-being since receiving shielding guidance.

## 8 . Glossary

### Clinically extremely vulnerable

Members of the public identified by health professionals as being clinically extremely vulnerable (CEV) to severe complications of the coronavirus (COVID-19). The CEV individuals were identified based on the severity, history and treatment levels of their condition(s). More information can be found in [Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#). As at 25 May 2020, the NHS identified approximately 2.2 million people as being clinically extremely vulnerable (CEV).

### Shielding

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

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

## 9 . Measuring the data

### Survey information

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

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

The sample size was 4,149 out of 2,248,419 and survey weighting was used to weight the sample estimates to provide estimates for the population of CEV people. The estimates were weighted by taking the following into account:

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

The third wave of data was collected between 28 May and 3 June 2020. All answers are self-reported. Carers may respond on behalf of those they care for where appropriate, for example, for minors and those unable to answer themselves.

## Identifying the clinically extremely vulnerable

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

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

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

## Differences between shielding and other stay at home guidance

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

This guidance was updated on 31 May 2020 and from Monday 1 June 2020, CEV individuals are advised the following:

- If you wish to spend time outdoors (though not in other buildings, households, or enclosed spaces) you should take extra care to minimise contact with others by keeping two metres apart.
- If you choose to spend time outdoors, this can be with members of your own household. If you live alone, you can spend time outdoors with one person from another household (ideally the same person each time).
- You should stay alert when leaving home: washing your hands regularly, maintaining social distance and avoiding gatherings of any size.
- You should not attend any gatherings, including gatherings of friends and families in private spaces, for example, parties, weddings and religious services.
- You should strictly avoid contact with anyone who is displaying symptoms of COVID-19 (a new continuous cough, a high temperature, or a loss of, or change in, sense of taste or smell).

## 10 . Strengths and limitations

The main strengths of the Shielding Behavioural Survey include:

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

The main limitations of the Shielding Behavioural Survey include:

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

### Changes to the shielding guidance during data collection

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

## 11 . Related links

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

Webpage | Updated as and when data become available

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

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

Blog | Updated as and when data become available

Catch up on the latest data and analysis related to the COVID-19 pandemic and its impact on our economy and society.

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

Bulletin | Released 12 June 2020

Indicators from the Opinions and Lifestyle Survey to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

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

Article | Released 11 June 2020

Indicators from the Opinions and Lifestyle Survey on the social impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain. This release uses two waves of survey results covering 14 May to 24 May 2020 and includes indicators broken down by impairment type.