

GENERAL SYNOD

Responses to Covid-19

Summary

As the pandemic continues to threaten lives, liberties and livelihoods, this paper examines the seriousness of the position in early November 2020 and assesses the dilemmas facing Her Majesty's Government. It outlines some of the ways in which the pandemic itself, and the measures taken to curb it, are impacting on the most vulnerable in society.

Noting the crucial contribution of churches and other faith communities in holding communities together through the earlier stages of lockdown, and noting how public worship and the sacraments are inseparable from Christian social action, it proposes that the decision by the Government to suspend public worship is mistaken, in the light of the greater knowledge gained in over the course of the Covid-19 crisis.

Introduction

1. This pandemic, and its consequences, have now been with us for almost 9 months. Everybody has become familiar with the jargon of R-numbers and "excess deaths", and even more familiar with the constraints on normal life, the anxiety, the changed behaviours and, too often, the loss of loved ones. There is no need for this Synod paper to go over the basic facts. Instead, it will focus on a snapshot of the national situation in early November, just as the country entered its second phase of lockdown, and explore the responses of the Church of England through the crisis and as they seek to address the situation facing the nation today.

The seriousness of the current situation

2. Every week since March – sometimes more frequently – Revd Dr Brendan McCarthy, MPA's Adviser on medical ethics, health and social care, has produced a summary of the data and the known facts concerning the pandemic in this country for use by the leadership of the Church of England. The facts that follow are taken from his report on 4th November 2020.

- COVID-19 test confirmed deaths (up to 2nd November) 47,742 (492 in previous 24 hour, 2,067 in last week; up 36% from previous week).
- Deaths with Covid-19 on death certificate (up to week 44, 23rd October): **60,051** (1,126 in week 43, 761 in week 42, 474 in week 41, 343 in week 40, 234 in week 39, 158 in week 38, 110 in week 37, 83 in week 36).
- ***This means that up to 23rd October, 14% of all deaths this year have been COVID-19 related with all of these deaths occurring in a seven month period.***
- Excess deaths up to week 44: **67,793** (1,222 in week 43, 726 in week 42, 197 in week 41). There were negative numbers of excess deaths before March 7th, from 12th June- 7th August and between 28th August and 4th September.
- Confirmed cases (2nd November): **1,099,059**; previous 24 hours: **25,177**
- R Number (30th October): R (UK): **1.1-1.3** (1.2-1.4 on 23rd October, 1.3-1.5. on 16th October)
- Daily Growth Rate range for the UK (30th October): **+2-+4** (+3-+6 on 23rd October, +4-+7 on 16th October).

- Prevalence: **1 in 100** of the population (England) on 23rd October (1 in 130 on 16th October, 1 in 160 on 8th October, 1 in 240 on 1st October, 1 in 500 on 24th September and 1 in 3,900 at start of August)
- The ONS estimates that the daily infection figure at 23rd October was 51,900 (16th October: 35,200, 11th October 27,900).
- Transmission in the North-East has begun to decrease, but continues to rise in all other areas of England (23rd October)
- Cases have dropped in 10-19 year-olds, but are increasing in all other age bands (25th October).
- Relative incidence continues to be highest among Asian communities and lowest among Black communities.
- Education establishments, work places and Care homes continue to be the major non-social centres for transmission of the virus.
- Patients in hospital (31st October): **10,918** (9199 on 25th October, 6479 on 18th October, 5605 on 15th October, 4367 on 11th October, 3,837 on 8th October, 3,145 on 5th October, 1,727 on 24th September; 1,081 on 13th)
- Patients in ventilator beds (3rd November): **1,142** (978 on 30th October, 852 on 25th October, 629 on 18th October, 592 on 16th October, (507 on 12th October, 442 on 9th October, 410 on 6th October)
- Daily Hospital Admissions (31st October): **1,421; 10,111** in previous week, **up 21% from the week before** (3,000 at height of first wave of the pandemic).
- Total Hospital Admissions (29th October): **174,920** .
- **It is SAGE's view that 'there is still widespread growth of the epidemic across the country'**.

The November Lockdown

3. The above statistics (and others not yet released publicly) have led the government to introduce a four-week 'lockdown' in England from 4th November to 2nd December (although this may be extended).
4. This is an emergency action. Whether it could have been avoided is now academic, but it is a sign of the level of concern in government, backed both by SAGE and a number of pandemic models produced by PHE/Cambridge University, London School of Hygiene and Tropical Medicine, Imperial College London and Warwick University.
5. Salient factors were:
 - The 'leakage' of the virus across the country.
 - The accelerating movement of the virus through the age-bands.
 - Capacity within the NHS, particularly in terms of available trained staff, staff exhaustion and staff mental health.
 - The likely knock-on effects on all aspects of health and social care.
6. As the four-week 'lockdown' in England comes into effect, it is important to be realistic about what it can achieve and what needs to be done after it is over if its effects are to be maximised.
 - It can bring the 'R' number below 1, but this might not happen nationally (or in some areas) by 2nd December

- It can reduce the number of infections, hospitalisations and deaths, but it is unlikely to bring them back to the low levels seen in the summer by 2nd December.
- It will reduce pressure on the NHS, but these effects will not be seen for a few weeks.
- It depends on widespread compliance which might be difficult to achieve. Many sectors can claim that they are not a main cause of transmission and will ask for specific evidence that they constitute a risk, but this runs contrary to SAGE's thinking. A lockdown of the type used in Australia and New Zealand (the East-Asian rather than the European model) has been their preferred option, but as this has not been politically acceptable in England, the 'compromise' is to identify which 'exemptions' can reasonably be given while ensuring that the English lockdown is still going to be relatively effective.
- Gaining public compliance is crucial and will depend on media (especially TV coverage): The Opinions and Lifestyle (OPN) Survey indicated that almost 60% of adults look to TV news for information on local restrictions, but only a little over 20% turn to government websites.
- ***It is crucial that Test and Trace and/or personal testing are running effectively by the end of the lockdown or the cycle will be repeated.***

7. After the first phase of lockdown, it has become abundantly clear that the impact on the economy has been acute. Data from the Office of National Statistics suggests that some indicators have moved in a more positive direction prior to the renewed lockdown and that various ameliorative measures taken by the Treasury have had some mitigating effect, but the cost in terms of national indebtedness and further unemployment once the furlough scheme ends, is expected to be huge.

- According to the latest Business Impact of Coronavirus (COVID-19) Survey, 47% of currently trading UK businesses reported that their turnover had decreased below the level normally expected for this time of year. 10% reported that turnover had increased, 35% that turnover had been unaffected and 8% were did not return data.
- Monthly gross domestic product (GDP) grew by 2.1% in August 2020 but is 9.2% lower than the February 2020 level.
- The UK unemployment rate for the three months to August 2020 was 4.5%; this is 0.6 percentage points higher than a year earlier and 0.4 percentage points higher than the previous quarter.
- In September 2020 retail sales volumes increased by 1.5% when compared with August; this is the fifth consecutive month of growth, resulting in an increase of 5.5% when compared with February's pre-pandemic level.
- According to [the latest Opinions and Lifestyle \(OPN\) Survey](#), the proportion of working adults in England who worked from home in the last week in a tier 2 area was 46% compared with 42% in tier 3 and 37% in tier 1. Trends were similar for those who worked from home exclusively. Of working adults living in tier 2 areas, 34% said they worked from home exclusively, for tier 3 it was 33% and tier 1 24%
- Between 16th and 23rd October 2020, total online job adverts increased for the seventh consecutive week from 66% to 70% of their 2019 average, the highest recorded level since 27th March 2020.

8. It is clear that the mood of the country is very different now to the first phase of lockdown before the summer. According to research by Britain Thinks:

- People see the situation is getting worse and see **no way out**, 50% of the public are reporting mental health problems resulting from the crisis and almost all the diarists in the sample said they were struggling.
- Isolation, never-ending nature of the crisis and **lack of hope** were the top challenges cited.
- **Fatigue** is setting in, and many who have been in lockdown for some time feel **desperate**.
- There was support emerging for a national lockdown if justified by evidence (about 51%) – but concern about compliance and long term economic impacts.

Dilemmas for Government

9. The combination of a highly contagious virus threatening many more deaths as well as illness and NHS overload, an economic crisis unprecedented for decades, and declining public morale, has left the government in an unenviable position. Attempting to balance bad outcomes against worse ones, in a context where no previous experience offers a road-map, means that every decision will be fiercely criticised from one quarter or another.
10. The costs of lockdown in economic terms translate, not only into diminished profits but into company closures, unemployment and widespread loss of opportunities, services, and the surroundings of “normal” life. All these things have public health consequences. The state of the economy cannot be separated entirely from the health consequences of the virus.
11. Politically, the cost to the economy, coupled with lock-down fatigue and the example of the Trump presidency in the USA which has consistently underplayed the seriousness of the virus, makes decisive government action more politically perilous. The re-branding of Nigel Farage’s Brexit party as a movement opposed to lockdown is a worrying sign that populist exploitation of people’s anxieties will divert attention from the cost in terms of public health and further deaths. The big political question is how far, in a democracy, personal liberty can be sacrificed to the common good before the law is brought into disrepute. For an administration with a leaning toward libertarianism, but with a new voter base in the hardest hit communities in the North, this is an especially troublesome dilemma.
12. The first lockdown elicited a tremendous public expression of gratitude to key workers and, in many areas, simple acts of neighbourliness burgeoned. Churches and other faith communities were often in the forefront in ensuring that the most vulnerable and lonely were not neglected. It is unclear whether that resurgent community spirit will be generally resilient in the current phase. Churches may find that, where they were working with the grain of public sentiment, their vocation to serve the vulnerable may be more challenging.
13. Despite the renewed appreciation of key workers, deep social and economic inequalities not only remain but have, in some cases, deepened. Of those who now work from home, some have gained by saving on travel and other costs whilst, for others, additional utility bills are a new burden. On the whole, the first jobs to be risk have been those which were less well paid and could not be shifted to homeworking. There is evidence that some of the disproportionate number of infections and deaths experienced by BAME people are because they are over-represented in public-facing jobs where staying safe is extremely difficult. The furlough scheme has kept many staff on company payrolls rather than being made

redundant, but anxieties are growing about the impact when this vital but hugely expensive scheme is wound down.

14. Now that it is clear that it will not be “all over by Christmas”, the need for long term planning and a clear set of political priorities are needed if the social divisions caused by Covid-19 are not to have a catastrophic impact on our communities.

The Common Good, Growing Inequalities – and the Church’s Response

15. Since the Covid-19 virus first emerged, the church, like faith communities everywhere, has been acutely aware of the tragic consequences for so many people, and of the intractable dilemmas which Her Majesty’s Government has had to negotiate. Our thoughts and prayers have been with the Cabinet, Parliament and all who advise them, as well as with those who have died or are bereaved, unemployed or unbearably stressed by the virus and its consequences.
16. We have sought to support the government in its efforts to contain the pandemic. Decisions impacting on the lives of millions have had to be taken against a background of conflicting evidence and balancing bad outcomes against worse ones. That has been a heavy responsibility for those in government. The Faiths Minister, Lord Greenhalgh, and numerous civil servants in many departments, have worked very hard to keep us informed of complex decisions and the rationale behind them.
17. From the beginning of the crisis, local churches have not only ensured that their own members are supported and given opportunities to worship, but have worked to ensure that the needs of the most vulnerable in the community were met – keeping foodbanks operating, keeping those who were shielding in touch with the outside world and numerous small acts of local neighbourliness, often unrecorded. And chaplains, in healthcare, social care, prisons and elsewhere have been on the front line, often at personal cost. Whether in parishes or chaplaincies, the degree of innovation and flexibility shown by the church has been remarkable. Airport chaplains in London, for example, were redeployed as chaplains to the new temporary morgues.
18. Many of the social inequalities emerging as the pandemic continues have their roots in entrenched inequalities already existing, but the pandemic has exacerbated the disadvantage experienced by many and deepened levels of poverty and marginalisation. These trends are likely to deepen further.
19. Throughout, the church has been one of the most significant structures working to meet local needs and serve those least able to adapt to, and cope with, the restrictions of lockdown. However, the scale of disadvantage and inequality we are likely to see in coming months cannot be addressed by voluntary action alone. We recognise that governments cannot do everything – and they certainly cannot do everything at once. But it is clear that among the most vulnerable, on whom the crisis may have a lifetime impact of self-reinforcing disadvantage and inequality, are children living in poverty.

The Central Role of Public Worship

20. In the first period of lockdown, we complied fully, though with heavy hearts, with the instruction to close our places of worship. We recognised that the possible role of congregations in viral transmission was unclear and that the public health

arguments called on everyone to work to slow the transmission rates. We also sought to show solidarity with communities for whom lockdown was especially disabling, and to emphasise that the situation called for everyone to pursue the common good and to put their own concerns to one side.

21. We are now in a better position to evaluate the impact on closing places of worship, especially having enjoyed a period where access had been restored. It is more abundantly clear than ever that it is impossible to separate public worship from the role which churches play in serving the communities in which they are placed, raising morale and developing strategies for resilience. Numerous reports over the years, most recently from Danny Kruger MP, have demonstrated the vast contribution which people of faith make to the flourishing of communities and society at large. We know now, because we have seen what happens when it cannot take place, that the motivation and energy for this contribution stems directly from the shared worship which is at the heart of our faith communities' lives. Worship and the sacraments are not hobbies for the section of the community that likes that kind of thing – they are expressions of, and resources to uphold, the common good of all people.
22. We also know that, for numerous people, prayer and worship contribute to improved mental health. The NHS has attested to this finding at a time when a crisis in the nation's mental health looks imminent. In short, not only are public worship and the sacraments at the heart of Christian discipleship: the suspension of these activities has a direct impact on the ability of faith communities to contribute as they do to the welfare of all.
23. We are proud of how churches have risen to the challenges of the current crisis, not least in making places of worship Covid-secure. Now it is time to think about longer term resilience for everybody in the community. Whilst closure of places of worship in the first lockdown could be justified on the evidence available at the time, the contribution of faith communities to social resilience will be severely compromised if the suspension of public worship in the current phase of lockdown is maintained for any appreciable length of time.
24. We believe that our churches and cathedrals have taken the steps necessary to worship safely. We cannot separate the ability to worship in public from the social action for which our communities are rightly praised. Through the Archbishops, bishops and staff, we pressed Her Majesty's Government to keep churches open in any new phase of lockdown. When the Government's decision to proceed with the suspension of public worship was announced, further representations were made, publicly and privately. Synod is therefore asked to add its voice to others calling upon the Government to review that decision at the earliest possible opportunity.

The Most Revd & Rt Hon Justin Welby
Archbishop of Canterbury

The Most Revd & Rt Hon Stephen Cottrell
Archbishop of York

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