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The Longest Year

Life under local
restrictions

Policy, Research
and Advocacy

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The British Red Cross project group: Naomi Phillips, Director of Policy and Advocacy, Matthew Killick, Director of Crisis Response & Community Resilience, Lucy Fisher, Policy Research Manager, Gemma Mehmed, Senior Policy Research Officer, Isabella Hunt, Junior Policy Research Consultant, Olivia Field, Head of Health and Resilience Policy, Ellen Tranter, Senior Policy and Advocacy Officer (Crisis Response and Community Resilience)

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For media requests, please contact

press@redcross.org.uk

For more information on the policy recommendations and research, please contact

advocacy@redcross.org.uk

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1. Foreword

It has been almost a year since the UK went into its first Covid-19 national lockdown. No matter who you are or where you live, you are likely to be feeling exhausted and fed up. For many of us, this has felt like ‘the longest year’.

But the pandemic hasn’t affected us all equally – it has shone a spotlight on inequalities, and made them worse. Our health, income, caring responsibilities, support networks and even where we live have mattered now more than ever.

This research explores the experiences of people and organisations living and working in areas that have been under tighter local restrictions across the UK. In some cases, these areas have never really come out of lockdown.

We wanted to know what it feels like to live under some of the tightest restrictions, particularly for those in vulnerable situations; to understand what support people need; and to find out how well emergency response organisations are coping.

The answers to these questions have important policy implications. While we’re all living under national lockdown right now, we’ve been told to expect the reintroduction of tiered systems in the weeks and months ahead. At the same time, our recovery plans need to account for the fact that some of these communities are at a greater risk of being left behind.

Living under tiered restrictions has, over time, affected people’s livelihoods and mental health. We’ve spoken to people worried about losing their jobs and people who are unemployed and struggling to find work. In some cases, people are facing impossible choices between buying essentials like food, heating, or clothing for their children. A prolonged lack of in-person contact has made others feel lonely and depressed,

made worse by a notable drop in support from friends, family, neighbours and statutory organisations. Some have felt “trapped” and like “prisoners in their own homes”, and many don’t know where to turn to for help.

These experiences are not exclusive to people living under local restrictions, but for those we spoke to, they were being exacerbated by them. The benefits of the easing of lockdown in some parts of the country cannot be overestimated. They’ve provided moments of relief – from celebrating special occasions with loved ones in person to returning to work worry-free.

Those who’ve had few or no moments like this have felt as though they’ve been living in “one extended lockdown”. Over time, it’s become harder to cope. As this research unpicks, it has also led to entrenched feelings of loneliness, poor mental health and growing concerns about what the future holds.

The human impacts of living under tiered restrictions are, of course, not dissimilar to those living under national lockdowns – but the support, information and advice has often felt different by comparison and, ultimately, lacking.

With the UK’s vaccine rollout making strong progress, the end of the Covid-19 crisis is in sight. But we’re not there yet. As we return to a tiered system, whatever that may look like, we need to work together to ensure people are supported to better cope and recover. Like in any emergency, everyone living under Covid-19 restrictions should have access to clear and accessible information, financial support when they need it, shelter, emergency food, psychosocial support and connections. If we don’t get this right, we risk subjecting these communities to worse health, social and economic outcomes now and in the future.

2. Recommendations

We are calling on governments (local and national) to fully meet the humanitarian needs of the individuals and communities most vulnerable to hardship during Covid-19 restrictions, and in recovery, by working with the voluntary and community sector and other industries.

As in any emergency, everyone living under Covid-19 restrictions should have access to clear and accessible information, financial support, shelter, emergency food, psychosocial support and connections.¹ To achieve this, during an emergency, governments and their partners should:

Ensure everyone can afford basic essentials, such as food, toiletries, warm clothes, data and heating under Covid-19 restrictions – local or national. This should be achieved by investing in and promoting discretionary emergency support, such as Local Welfare Assistance schemes, and where possible, using a cash-first approach.

Prioritise reaching people in the most vulnerable situations so they can access the support they need. Active outreach should be undertaken by practitioners who provide practical and emotional support, with a focus on reaching individuals not currently in receipt of help, when additional restrictions are put in place in local areas.

Ensure those with the greatest mental health and emotional needs can access the support they need to cope and recover from Covid-19. This should include targeting support towards those living alone, the clinically vulnerable and clinically extremely vulnerable, as well as their carers and households.

Tackle digital exclusion and proactively enable people to connect with others either in-person or virtually. Government should continue to work with local government, the telecommunications industry, the voluntary and community sector and communities themselves to rapidly address digital isolation. At the same time, policies that allow people to meet outdoors and that allow people from single person households to form support bubbles should continue as long as it is safe to do so.

Establish effective early warning systems for local emergency response partners, including local authorities, health bodies, the voluntary and community sector – and specifically the Voluntary and Community Sector Emergencies Partnership (VCSEP) – in areas that are about to enter into new or additional restrictions to better enable an effective and well-planned human-centred response.²

Provide accessible, clear and consistent information about local restrictions at a local and national level. Government guidance on the rules and restrictions during the coronavirus pandemic should be provided in multiple languages, as standard.

¹ British Red Cross, Ready for anything: Putting people at the heart of emergency response (April 2019) [redcross.org.uk/-/media/documents/about-us/research-publications/emergency-response/british-red-cross-ready-for-anything-report.pdf](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/emergency-response/british-red-cross-ready-for-anything-report.pdf)

² We recommend working with the VCSEP as they are developing a new platform that identifies areas of unmet need and where populations may be more at risk in the event of an emergency.

3. Introduction & key findings

In July 2020, as part of the UK government's Covid-19 recovery strategy,^{3,4} local restrictions were introduced to suppress localised Covid-19 outbreaks in different parts of the country. In the subsequent weeks and months local restrictions began to be applied more widely, and in October 2020 a new system for local restrictions was announced, with the introduction of a three tiered system in England (which was increased to four tiers in December 2020), five protection levels in Scotland, and further restrictions in Wales and Northern Ireland [see Appendix 1].

Since the tiered system was introduced, we have seen waves of restrictions imposed across the UK, with different parts of the country moving in and out of national lockdowns and into different levels of local restrictions. Soon after the existence of a more aggressive strain of the virus was announced at the end of 2020, all four nations of the UK introduced more severe restrictions at a national level, and these are expected to be in place until the virus is brought under control and it is possible to return to a tiered system.

Local restrictions have made it possible to avoid placing a blanket enforcement of restrictions across the whole of the UK, thereby limiting the impact on people and the economy in certain areas. Notably, however, at the time this research was conducted some parts of the country, particularly the Midlands, the North and Scotland, had been under severe restrictions for the majority of the year. This had a number of implications for people in these communities, including on their mental health and financial security, and risks

exacerbating inequalities. Similar to Covid-19 itself, ongoing restrictions have had a greater impact on people in more vulnerable situations, such as those on low incomes, those suffering with physical or mental health conditions, and those from minority ethnic groups.⁵

This research explores the experiences of people living and working in areas of tighter restrictions, so that we can identify better ways to support them to cope and recover from the Covid-19 crisis and ensure they aren't left behind. It adds to the British Red Cross's growing body of evidence around the impact of the Covid-19 crisis on people across the UK, from *Access to food in emergencies: learning from Covid-19*,⁶ exploring food insecurity, to *Lonely and left behind: tackling loneliness at a time of crisis*, exploring the experience of loneliness among shielders.⁷ These studies also build on our research exploring the needs of people and communities in emergencies pre-Covid-19, such as *Ready for Anything: putting people at the heart of emergency response*,⁸ which identified four key themes of need people have in an emergency, including: immediate practical needs (such as food and shelter), mental health and psychosocial support, information and communication as well as advice, support and advocacy.

Note: this report is *not* an assessment of the policy of local restrictions themselves (indeed, the need for local restrictions is well documented⁹), but rather an assessment of how we can better support people and communities living under tiered restrictions in future.

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- 3 Department of Health and Social Care, Government's approach to managing local coronavirus outbreaks (July 2020) gov.uk/guidance/governments-approach-to-managing-local-coronavirus-outbreaks
 - 4 Cabinet office, The next chapter in our plan to rebuild: The UK Government's COVID-19 recovery strategy (July 2020) <https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy>
 - 5 Department of Health and Social Care, Analysis of the health, economic and social effects of COVID-19 and the approach to tiering (November 2020) <https://www.gov.uk/government/publications/the-health-economic-and-social-effects-of-covid-19-and-the-tiered-approach>
 - 6 British Red Cross, Access to food in emergencies: learning from Covid-19 (July 2020) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/access-to-food-in-emergencies-learning-from-covid-19.pdf
 - 7 British Red Cross, Lonely and left behind: Tackling loneliness at a time of crisis (October 2020) redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/lonely-and-left-behind.pdf
 - 8 British Red Cross, Ready for anything: Putting people at the heart of emergency response (April 2019) redcross.org.uk/-/media/documents/about-us/research-publications/emergency-response/british-red-cross-ready-for-anything-report.pdf
 - 9 Department of Health and Social Care, Analysis of the health, economic and social effects of COVID-19 and the approach to tiering (November 2020) <https://www.gov.uk/government/publications/the-health-economic-and-social-effects-of-covid-19-and-the-tiered-approach>

Summary of key findings

On the ground, people struggle to distinguish between national lockdowns and local restrictions. This has meant that, for most under local restrictions, lockdown has felt “never-ending”. Many research participants had stuck with the routines they had begun during the first national lockdown which, for some, meant they continued to isolate at home. This means that some people, and especially the clinically vulnerable and clinically extremely vulnerable, have, in effect, been shielding since March.

A lack of social contact with others, and the negative impact this is having on people’s mental health, is one of the biggest challenges associated with local restrictions. The inability to meet with family and friends face-to-face, anxiety about contracting or spreading Covid-19, and an increase in time spent alone is having a detrimental impact on participants’ mental health. Ongoing restrictions have felt particularly hard because many had hoped that once the first national lockdown was over some aspects of their life would get back to normal, and it is difficult seeing this happen to varying degrees in other parts of the country.

People have been struggling financially under local restrictions. Those on benefits or low income have struggled with an increase in household bills as a result of staying at home more, and with the costs of essentials, such as food. Others who had recently been made redundant or been placed on furlough were also struggling with a drop in income.

Those experiencing financial insecurity during local restrictions are broadly unaware of where and how they might be able to access financial support. Those that are aware either feel they will not be eligible for the support on offer even if they are, or have attempted to access this support under local restrictions and found they are not eligible. This has left participants feeling stressed and has exacerbated their mental health needs.

Access to both statutory and voluntary support varies depending on how much contact people had with support systems before the Covid-19 crisis. Among participants who were not receiving support before the pandemic, there is a lack of awareness about where they could go for support, or what options are available in their area. Positively, however, those who were receiving support before the pandemic note how well organisations have adapted their schemes to be socially distanced.

Some people feel support under local restrictions is less readily available than under the first national lockdown in March. Many feel that formal and informal support, such as emergency food parcels, community initiatives as well as support from friends, family and neighbours, decreased during local restrictions.

Many people are reluctant to reach out to organisations for support, particularly those who are struggling with their mental health. This is due to a number of factors, including: feeling they should be able to cope or that others ‘have it worse’ than them, stigma around mental health problems, reluctance to use certain support channels and a feeling they would not be eligible.

Due to a lack of information and perceived availability of support, and a reluctance to reach out for help, many feel left alone to manage their own situation. The findings highlight a number of ways in which statutory bodies and voluntary and community sector (VCS) organisations can better meet people's practical and emotional needs under ongoing local restrictions. This ranges from checking in on people who are self-isolating, to providing better signposting to emergency food and financial support.

To avoid confusion, people want to have one central and trusted place in which they can access clear and up-to-date information about the local restrictions in their area. Many participants are confused about the rules and while some participants have found their local authority serves the above purpose, others don't know where this type of information could be found. This confusion has led to some people switching off entirely from accessing information about local restrictions.

For people that do not speak English as their first language, information regarding the rules around local restrictions is particularly confusing. Most are not aware of information being available in other languages. While most non-native English speaking participants have a good grasp of English, many still say they have struggled to understand certain aspects of the restrictions, for example the different tiers. This has led to increased anxiety around breaking the rules.



4. Our approach

Objectives

The aim of this research is to explore the experiences of people living and working in areas under additional Covid-19 local restrictions in the UK.

Throughout the qualitative fieldwork, which took place between October and December 2020, a number of significant changes were made to the tiered systems in England and Scotland. There were also periods of national lockdown in England, Wales and Northern Ireland. This research focused on areas likely to have felt the biggest impacts, including: Tiers 2 and 3 in England (the research was conducted before England's Tier 4 was introduced), Level 4 in Scotland, and locations in Wales and Northern Ireland where tougher restrictions were placed on household mixing, travel and what businesses were allowed to open.

Since the research was completed, in early January sweeping national lockdown rules were put in place in all four nations of the UK. These are subject to regular review, and it is broadly accepted that the system of tiers and localised restrictions will be necessary to suppress local outbreaks until the vaccine programme has been fully rolled out and the virus is under control.

To inform our collective response in the coming months, this research provides qualitative and quantitative insight into four areas:

- People's overall experiences of local restrictions
- The general support people require under local restrictions to meet their basic needs (both emotional and practical), and their ability to access this support
- The role of the voluntary and community sector (VCS) in supporting people under local restrictions
- The reach, clarity and quality of information and communication around local restrictions (as perceived by both members of the public and local organisations)

Methodology and sampling

This research was conducted using a mixed methods approach, and the findings in this report are based on data from three stages of fieldwork:

- 23 in-depth interviews conducted over Zoom or telephone with members of the public (November-December 2020) [See Figure 2]
- Six in-depth interviews conducted over Zoom or telephone with professionals who played a key role in supporting communities under local restrictions, such as those from VCS organisations, health organisations and local authorities (November-December 2020)
- UK-wide nationally representative polling of 2,000 adults, as well as a boost to 504 adults in Wales, 500 adults in Scotland and 253 adults in Northern Ireland (fieldwork was conducted from 8 to 22 December 2020)

In particular, we set out to capture the experiences of those most vulnerable to the impact of local restrictions and Covid-19.¹⁰ For this reason, we aimed to recruit a range of people, including those who were classed as clinically vulnerable or clinically extremely vulnerable; those who felt Covid-19 was negatively impacting their mental health; those on no or low income or on income support; and people from black, Asian and minority ethnic backgrounds.

Participants were recruited through a variety of channels, including through British Red Cross services and initiatives such as the British Red Cross support line, the Lived Experience Advisory Group and the VOICES Network.^{11,12}

¹⁰ For information regarding the limitations on reaching the most vulnerable during this research, see Page 9.

¹¹ The LEAG (the Lived Experience Advisory Group) is a group of people from across the country drawing on their own personal experiences to help shape the British Red Cross's coronavirus response, so that our services are inclusive, accessible and reach the people who need them most.

¹² The VOICES Network, supported by the British Red Cross, is a nationwide association of people with refugee backgrounds providing a platform on which to share the challenges they face and raise those issues to decision-makers.

Figure 1: Fieldwork locations and local restrictions in place at time of interview

Nation	Area	Restriction level ¹³
England	3 x Leicester 2 x Birmingham 5 x Greater Manchester 2 x Liverpool 3 x London 1 x County Durham	8 x Tier 2 8 x Tier 3
Scotland	4 x Glasgow	Level 4
Wales	1 x Swansea 1 x Cardiff	Limit on gatherings, travel restrictions, and curfew in place
Northern Ireland	1 x Derry~Londonderry	Heightened restrictions in Derry~Londonderry including closure of businesses

We also recruited through a research partner Roots Research in order to help us reach people who were not receiving support.

Qualitative fieldwork was conducted across all four nations of the UK, and participants were recruited from a spread of areas under additional local restrictions. As restrictions in England have affected the North and the Midlands much more heavily than the South of England, the sample was weighted towards those living in the North (as shown in Figure 1).

An overview of the participant sample is provided in Figure 2.

In addition to the above, we also ensured the sample included a good spread of:

- Working status
- Length of time under local restrictions
- Financial impact as a result of Covid-19

Towards the end of the project we also conducted two workshops with the British Red Cross's Lived Experience Advisory Group and the VOICES network of refugees and people seeking asylum, to incorporate their feedback on the findings and recommendations.

Research limitations

While the sample criteria and recruitment channels used in this research were designed to include those who are most cut off from support as a result of local restrictions, by their very nature the restrictions meant these people were particularly difficult to reach. Recruitment channels for this type of research would ordinarily ideally include an element of on-street or community recruitment, however for this research, we largely had to recruit via telephone, online or through existing networks. This meant participants were less likely to be those who were digitally isolated or cut off from any level of support network (though some in our sample fell into these categories).

While this research captures powerful stories of people who are under financial and emotional distress as a result of local restrictions, we know there are many more people who will be facing similar challenges in even more difficult circumstances, such as those experiencing greater digital and social isolation and those experiencing homelessness, who we weren't able to interview. Future research and strategy should ensure people particularly cut off from support are at front and centre.

¹³ At time of fieldwork between 11 November and 17 December, excluding the period of national lockdown in England between 5 November and 2 December.

Figure 2: Summary of participant criteria

Criteria	Participant sample
Age	3 x 16-24 4 x 25-34 9 x 35-44 3 x 45-54 2 x 55-64 2 x 65+
Gender	9 x Male 14 x Female
Ethnicity	10 x English/Welsh/Scottish/Northern Irish/British 2 x Black Caribbean 4 x Black African 3 x Asian Pakistani 1 x White and Black Caribbean mixed 2 x Arab 1 x Mixed/ Multiple ethnicities
Living situation	6 x Living alone 6 x Living with children under 18
Caring responsibilities	2 x Unpaid carers for family members
Vulnerability	12 x Physical health condition 4 x Mental health condition 5 x Clinically extremely vulnerable/ told to shield 4 x Clinically vulnerable 5 x Refugees and people seeking asylum

5. The impact of local restrictions on day-to-day life

Impact of local restrictions on people's behaviour and routine

Perceptions of local restrictions as a continuation of national lockdown

Under local restrictions many of those we spoke to continued to limit their in-person interaction with friends and family. Participants continued to cut down on the activities they were doing prior to the first national lockdown, even where these were allowed under local restrictions. Many were spending most of their time inside their own homes, with a couple of participants choosing to isolate entirely.

Most people we spoke to had resumed supermarket shopping and exercising outdoors without too much difficulty, although this had become harder as the weather got colder. However, despite the removal of some restrictions, many were still reluctant to meet up with certain friends or family and had not ventured out to pubs and restaurants or been to entertainment venues. The fact that local restrictions continued to be implemented indicated to them that there was still a significant risk to their own health and to their loved ones. Many were, therefore, staying at home to minimise their risk of contracting Covid-19.



To be honest, every time they've changed it hasn't really affected us, because we've been acting like we're in the harshest restrictions anyway.

Male, 55-64, Bolton

One participant, his wife and two sons, one of whom has cerebral palsy, had been isolating throughout the Covid-19 crisis. While they did not receive a letter to confirm that his son was clinically extremely vulnerable, cerebral palsy is included on the list of clinically vulnerable conditions so they made the decision to shield themselves to avoid any of their family members contracting Covid-19

and passing it on. While they had allowed a small number of carers back into the house, they were trying to limit contact with others outside the home as much as possible, and were spending almost all of their time at home.

One professional, working in Leicester, had also observed this happening, and expressed concern that it may take some time before people felt safe to start mixing with others more regularly, even from a safe distance. She highlighted that this could have a substantial negative impact on people's wellbeing in the longer-term.

Much like during national lockdowns, many mentioned that their days lacked structure, and they regularly felt trapped inside. This added to the sense that the impact of Covid-19 was never-ending, and contributed to higher levels of anxiety and depression among participants.

As a result, for many of those we spoke to there was little differentiation between national lockdown and local restrictions, particularly for those living under the tightest restrictions. When asked, most people struggled to remember when their area had gone into local restrictions. Confusion between national lockdowns and local restrictions was common, particularly when it came to what they could and couldn't do. This made some people feel like they had been under one long lockdown since March 2020.



It just feels like one big lockdown.

Male, 16-24, Leicester

Limiting activity for fear of "doing the wrong thing"

Some participants felt it was better to continue to live as if they were under the strictest restrictions due to a confusion around local restriction rules and a fear of 'doing the wrong thing'. This was also reflected in the polling, where three quarters



74% of UK adults said that they find it easier to limit how much they leave their home than to keep up with changes to coronavirus restrictions

Source: UK-wide nationally representative polling (8 to 11 December 2020).

of adults said they found it easier to limit how much they leave their home, rather than keep up with changes to coronavirus restrictions (74 per cent).

One student in London became very isolated when the Tier 2 local restrictions were first implemented as she was confused about what she could and couldn't do. She therefore tried to stay in as much as possible and do the bare minimum outside of her studies, for fear of breaking the rules.



I've been trying to stick to doing the bare minimum. Going to my classes and then coming back to my room to study, eat and sleep.

Female, 16-24, London

For many, this approach has meant they have missed out on face-to-face interactions and informal support from family and friends, which in turn has had a detrimental impact on their mental health (see Chapter 6).

Having little or no social interaction

Having limited interactions with people outside their household, as well as not being able to meet with friends or family indoors, particularly as the weather worsened, had been difficult for most people we spoke to.

Some felt that their communication with friends had decreased slowly or stopped entirely since the initial national lockdown. While many continued to keep up with friends over the phone or through social media, and a few participants were keeping up with online activities such as Zoom calls and online quizzes with friends and family, for most, the frequency of these interactions had started to fizzle out. Even where such interactions had

continued, there was general agreement among participants that online communication was not as satisfying as in-person interactions. Some participants mentioned having felt unable to help friends who were struggling with their mental health as a result of the restrictions.



It's hard to have conversations over the phone with people when you can't even be with people to help them.

Male, 25-34, Leicester

While some of those who had attended social or community groups before the Covid-19 crisis had continued to attend these sessions online, others, particularly those who weren't previously involved in local activities, were reluctant to take part in these opportunities. This was often due to a perception that online did not offer the same level of support.

Most participants said a lack of social interaction was the thing they found hardest under local restrictions. The importance of face-to-face interactions for people's health and wellbeing came out strongly, even where it is socially distanced and outside.



To not be able to meet people, that has been a challenge for me. I'm still able to go shopping, I'm still able to take the boy to play outside and he can go to school. It was a big challenge when the schools were closed in the first lockdown – he was not coping well, we were really struggling.

Female, 35-44, Swansea

Impact of local restrictions on practical needs

Buying food and other essentials

While there is much evidence to show that Covid-19 has negatively impacted people's ability to access food and other essentials,^{14,15,16,17} for the most part those who participated in the interviews were eventually able to obtain essentials like these under local restrictions, either by going to the shop themselves, shopping online, relying on informal networks to help or accessing formal support. Though some, particularly those with no close support networks, said it had been a challenge to do so.

Many participants had, however, experienced serious financial constraints under local restrictions (see Chapter 7), which had occasionally prevented them from being able to afford food.

Those who were clinically extremely vulnerable had for the most part also been able to meet their practical needs under local restrictions, through shopping online or making use of schemes such as Carer's cards and priority delivery slots.

One participant had received a Carer's card¹⁸ during the national lockdown from a group he attended before the Covid-19 crisis, which he had been able to use during local restrictions. This ensured he was able to skip the queue at his local supermarket. Knowing he could shop quickly made things a lot easier when he had his mum in the car when he went shopping, or when he left his mum with someone.

Another participant who works as a housing manager at a homeless shelter struggled to buy food for those at the centre due to a limit being placed on buying goods in bulk, such as toilet paper. This had meant that buying shopping was now taking much longer than it used to. He and his colleagues had to go into the supermarket separately so that they could each buy a handful of items needed at the centre.



It now takes a day just to organise the shopping.

Male, 45-54, Cardiff

The participant thought it would be helpful to allow people working for places like homeless shelters and food banks to buy in bulk to avoid the logistical challenges of maintaining a sufficient supply for those who most need it.

Medical appointments

Many participants had been happy with the service they had received from their GP and other healthcare professionals during local restrictions. At the time of fieldwork, research participants who had long-term health conditions were able to access what they needed under local restrictions, such as accessing prescriptions, routine appointments, and referrals for e.g. blood tests.

One participant mentioned that, since his GP appointments moved to being remote, he had been able to get appointments much more quickly. However, not being able to see his GP in person made him unsure of whether certain issues with his health would be picked up, as he felt they had been unable to assess him as well as they would have done face-to-face.

14 British Red Cross, Access to food in emergencies: learning from Covid-19 (July 2020) <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies>

15 British Red Cross, Life after lockdown: Tackling loneliness among those left behind (June 2020) <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness>

16 Rachel Loopstra, Aaron Reeves, Hannah Lambie-Mumford, COVID-19: What impacts are unemployment and the Coronavirus Job Retention scheme having on food insecurity in the UK? (September 2020) [foodfoundation.org.uk/wp-content/uploads/2020/09/BriefReport_Unemployment_v5.pdf](https://www.foodfoundation.org.uk/wp-content/uploads/2020/09/BriefReport_Unemployment_v5.pdf)

17 Independent Age, Home Truths: Experiences of people in later life during COVID-19 (December 2020) [independentage.org/campaigns/covid-survey](https://www.independentage.org/campaigns/covid-survey)

18 A Carer's card is a form of identification for people who are providing unpaid support to another person. Many organisations and local authorities offer these cards and they can come with benefits such as discounts and concessions.

Chapter Summary

People continued to limit their interactions with others, even where the rules allowed it. This was, in most cases, due to an ongoing fear of contracting Covid-19. However, for some it was rooted in a lack of understanding about the rules and a fear of doing the wrong thing.

Little face-to-face interaction was cited as the hardest thing about living under local restrictions and national lockdowns, and participants valued even limited opportunities to see people from other households outside. Given that parts of the UK have been under tighter Covid-19 restrictions since March 2020, in many cases participants had been having no or very limited contact with others for eight or nine months, and this was negatively impacting their mental health.

While participants sometimes had difficulty accessing the food, essential supplies and medical support they and their families needed, they were mostly able to do so through formal and informal support networks. However, as explored later, financial pressures have impacted people's ability to afford essentials.

Recommendations to address these issues are explored further in the following chapter on mental health and wellbeing.



6. Mental health & wellbeing under local restrictions

Impact of local restrictions on mental health

Local restrictions had taken a negative toll on the mental health of most people we interviewed. This was also reflected in our polling where, of the 10 per cent who said they were not confident they could cope or recover from changes to their life caused by the Covid-19 crisis, mental health was the main reason provided (71 per cent).

Most people who participated in the interviews, whether they had a pre-existing mental health condition or not, talked of feeling down. Living under some form of restrictions for eight to nine months felt “never-ending” for many, leaving them increasingly tired and weary. Some mentioned that, unable to continue with many of the activities they had done before the Covid-19 crisis, they often experienced feelings of boredom and the monotony of their routines under local restrictions had left them feeling fed up.



I feel like you do the same thing without fail daily. You wake up, do your work, you stop, you watch TV, you go to bed, you rinse and repeat. You can't do much when you go out. It's all just sit indoors. It's like prison in a way.

Male, 25-34, Leicester



Mentally [I'm] worn down, but I think that's pretty much the same for everybody . . . It just grinds away. I used to wake up every day and go 'What will I do today'. And now it's 'Oh god, another day of this'.

Male, 35-44, Glasgow

A significant proportion also referenced feelings of anxiety and depression, and said they were struggling somewhat with their mental health. Many people mentioned they had felt lonely or socially isolated in the past few months. Some brushed this off as “inevitable” given the lack of social interaction under local restrictions.



I have felt quite lonely at times, but I think that's inevitable.

Male, 55-64, Derry~Londonderry



Sometimes I go in depression, I'm depressed, sitting at home is not easy. I also miss the community gatherings.

Female Refugee, 45-54, Leicester

Living alone

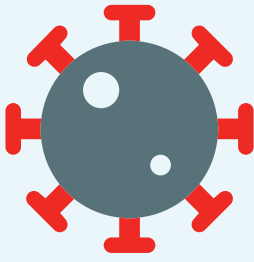
For those living alone, the impact of being on their own for long periods was having a negative impact on their mental health. One participant had started struggling with her sleep as a result of increased anxiety and depression from being alone and having lots of time to overthink. Similarly, others living alone mentioned feeling “like a prisoner” in their own home.



I feel quite isolated. It can feel quite isolating, I have to get out just to see other faces.

Female, 45-54, Birmingham

UK Polling Data: Coping with the impact of Covid-19



One in five adults (19%) said that emotional support would have been helpful to them during local restrictions (whether they had gone on to access this support or not).

While the majority of UK adults (66%) said they are **confident they can cope with changes to their life that may be caused by the Covid-19 pandemic, and that they will be able to recover afterwards**, a significant minority of 10% disagree.

People with a disability are more likely to feel they cannot cope (16%) compared to those without a disability (8%), as are females (13% say this, compared to 7% of males).

We asked people who said that they are **not confident in being able to cope why they were feeling this way**:

71%

said that their **mental health** was contributing to them feeling this way

62%

said **missing friends or family** was a contributing factor

60%

said a **lack of social contact** was a contributing factor

44%

said **household finances** were a contributing factor

UK adults' ability to cope with the impact of Covid-19 has not changed significantly since October 2020, when British Red Cross ran similar research. In October, we found that **those who feel always or often lonely are more likely to feel they cannot cope with changes to their life caused by the Covid-19 pandemic** (39% said this compared to 12% of all UK adults).

Source: UK-wide nationally representative polling (8 to 11 December 2020).



I just get into a state of overthinking . . . especially with not getting outside and using any energy . . . I have anxiety and depression anyway and so with the restrictions it's just heightened.

Female, 25-34, Manchester

In parts of the UK single household support bubble rules have been in place, allowing two households to link up and act as if they are one household. These bubbles were hugely appreciated by participants living alone. Some reflected that even if support bubbles were not in place, they might have been tempted to break the rules to improve their mental health. However,

knowing this was within the law made them feel more comfortable about seeing others in person and made these interactions less complicated and thus more enjoyable.

Living with and caring for people who are clinically vulnerable or extremely clinically vulnerable

Alongside those living alone, interview participants who were caring for others were most likely to report feelings of depression, loneliness and isolation, with some saying it had impacted them on a day-to-day basis. Participants in this group had tended to continue limiting their activities and interactions due to the fear of them or their loved ones contracting Covid-19, particularly when they had been classed as clinically vulnerable or clinically extremely vulnerable to Covid-19.

One participant, who was caring for his elderly mother who had been told to shield during the first lockdown, had become very isolated. During the local restrictions, his mother had still been very reluctant to go out or allow other people into the house due to her fear of contracting Covid-19. This meant he was spending much more time indoors caring for her without respite, and both of them felt that their mental health had deteriorated as a result. He said he felt lonely and isolated.



My mum is over 70 so the fear factor has been a major thing for her. It was on the news all the time about how many people over 70 were dying . . . it's led to her being fearful of going out. She doesn't want anyone in the house and she is very conscious of who is coming over . . . I feel stuck at home . . . isolated.

Male, 35-44, Birmingham

Mental health among refugees and people seeking asylum

In the interviews we held with people seeking asylum, as well as the recommendations workshop we held with VOICES network ambassadors, the issue of mental health came out strongly. They told us how difficult it has been living in isolation and being unable to access their usual support networks.

One person seeking asylum also said mental health support available for this group was insufficient, despite need being high. Refugees and people seeking asylum are five times more likely to experience mental health problems than the general population, including post-traumatic stress disorder and depression, and 61 per cent of people seeking asylum experience serious mental distress.¹⁹

Fur and Furlough

**A poem by VOICES Ambassador
Walid Marmal, who is seeking asylum
in the UK**

*I want to follow the rules and stay home
And not put more pressure on the NHS
But alas, I don't have a home
I only have a cabin, or less*

*Social distancing is my status quo
Since I have no family or friends
Everyday I just go with the flow
And wait to meet my ends*

*This draconian system has torn me down
And left my soul dull and arid
Now I can't care less about the lockdown
Or all the fuss about the Covid*

*Living on £37 a week
Is the memory of the good old days
Now I have no allowance to seek
Like a church mouse who erratically strays*

*My summer shoes are damp and old
And charity shops have shut their doors
Three pairs of socks won't halt the cold
Nor the frostbite that numbs my toes*

*I dream to have a fur coat and fur shoes
A house, a kitchen, with lots of dough
And on some weekends make BBQs
And be like people with fur and furlough*

¹⁹ Mental Health Foundation, Fundamental Facts About Mental Health (2016) <https://www.mentalhealth.org.uk/publications/fundamental-facts-about-mental-health-2016>

Chapter Summary & Recommendations

Both the qualitative and quantitative strands of this research suggest the biggest impact of living under local restrictions is on people's mental health. This was for a combination of reasons, including boredom, frustration, worries about the virus and financial concerns. However, the most common triggers were isolation and feelings of loneliness.

While people of all ages and from all backgrounds had seen an impact on their mental health, those living alone, those who were clinically vulnerable or clinically extremely vulnerable, and those caring for others felt particularly isolated and despondent.

A number of participants also mentioned how much they valued single household support bubbles, describing them as "a lifeline".

We recommend:

- **Governments across the UK should ensure local health systems have the capacity, resources and skills to meet the mental health and emotional support needs of those most at risk. This should include those living alone, the clinically vulnerable and clinically extremely vulnerable, as well as their carers and others in their household.**
- **Governments should support local authorities to provide advice and information about how to overcome loneliness and support friends and family members that may be struggling emotionally. This should always be published alongside communications and correspondence about restrictions that are in place locally, and should include information about support available in the local area.**
- **Emergency response partners, including local authorities, the NHS and the voluntary and community sector, should work together to offer psychosocial support, including support with loneliness, to anyone being advised to shield, take extra precautions or self-isolate.**
- **Government departments should work together to attach psychosocial support to other public services that are likely to encounter those most in need (such as those accessing mainstream benefits, and local authority emergency food support).**
- **Governments should ensure that local restrictions guidance continues to allow support bubbles for single person households, and meeting an individual from another household outdoors, as long as it continues to be safe. These exceptions should be promoted clearly in guidance and wider communications to ensure people do not restrict themselves from permitted interactions that could have significant benefits for their mental health.**

Recent British Red Cross reports have explored experiences of loneliness in the UK as a result of Covid-19. You can access these reports for further recommendations on how to address loneliness.²⁰

20 British Red Cross, Lonely and left behind: Tackling loneliness at a time of crisis (2020) <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/lonely-and-left-behind>. British Red Cross, Life after lockdown: Tackling loneliness among those left behind (2020) <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness>.

7. Financial security under local restrictions

Growing financial hardship across the UK

The negative impact of Covid-19 on financial security across the UK has been widely reported. A study conducted by Citizens Advice in August 2020 highlighted the rising levels of debt faced by approximately 6 million adults, or 9 per cent of the UK adult population.²¹ This number includes many people who were in a precarious financial situation before Covid-19, but who have been pushed into significant financial hardship as they have fallen behind on household bills.²²

This situation is likely to worsen as the cumulative economic impacts of ongoing Covid-19 restrictions continue to grow. The figures are stark: in the last quarter of 2020 the employment rate fell sharply, while unemployment rose sharply in the three months to October.²³ As of November, there were 819,000 fewer workers on UK company payrolls compared to February 2020,²⁴ and by the end of October 2.4 million workers were still being supported by the furlough scheme.²⁵

With over 720,000 additional people having been pushed into poverty between April and June 2020, I-SPHERE estimates that approximately 670,000 additional people would have been pushed into destitution by the end of 2020, and an additional 424,000 by mid-2021.²⁶ This would be due to a combination of rising unemployment, additional waves of Covid-19 and subsequent restrictions, EU exit, and recession. Already, there has been a significant increase in the number of people supported by the welfare system across the UK, with the number of Universal Credit claimants having increased dramatically between February and November, from 2.9 million to 5.8 million.²⁷

Our UK polling has shown that the overall need for financial support during local restrictions, whether in the shorter or longer-term, has been higher among younger people, with one in five aged 34 or below saying that financial support for essentials such as food, clothes and toiletries would have been helpful to them during Covid-19 local restrictions (see polling data on page 25). It is worth flagging, however, that this was an online methodology and the data does not account for severity of need. A full investigation into experiences of financial need among different age groups under Covid-19 would therefore be beneficial.

Further data is needed to confidently say whether local restrictions have compounded the economic impact of Covid-19 on people and places. However, through this research we reached many of the groups that are most likely to be impacted by financial insecurity during Covid-19, such as families and lone parents, people with long-term health conditions or disabilities and ex-prisoners (see Figure 3).

21 Citizens Advice, Excess debts - who has fallen behind on their household bills due to coronavirus? (August 2020) <https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/debt-and-money-policy-research/excess-debts-who-has-fallen-behind-on-their-household-bills-due-to-coronavirus/>

22 Ibid.

23 ONS, Coronavirus roundup: Economy, business and jobs (10 December 2020) ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19roundup/2020-03-26#economy

24 Ibid.

25 Brigid Francis-Devine, Andrew Powell and Niamh Foley, Coronavirus: Impact on the labour market (December 2020) <http://researchbriefings.files.parliament.uk/documents/CBP-8898/CBP-8898.pdf>

26 Trussell Trust, Lockdown, lifelines and the long haul ahead: The impact of Covid-19 on food banks in the Trussell Trust network (2020) <https://www.trusselltrust.org/wp-content/uploads/sites/2/2020/09/the-impact-of-covid-19-on-food-banks-report.pdf>

27 Department for Work and Pensions, Universal Credit statistics: 29 April 2013 to 12 November 2020 (December 2020) <https://www.gov.uk/government/statistics/universal-credit-statistics-29-april-2013-to-12-november-2020>

Figure 3: Most vulnerable groups to financial insecurity during Covid-19 crisis

Financial insecurity during the Covid-19 crisis particularly affects^{28,29}:

- social care workers
- men in the lowest-paid occupations
- renters
- homeless people
- those without bank accounts, such as ex-prisoners or those with insecure immigration status
- self-employed people
- families and lone parents
- those with no recourse to public funds
- people with long-term health conditions/disabilities
- people living in debt or without savings
- people working in vulnerable sectors including accommodation, hospitality, arts, entertainment, recreation and retail.

For many of the people we interviewed, the impact of local restrictions on their financial security had been significant. Some had struggled with an increase in household bills, while others were dealing with recent redundancy or reduced income. These challenges were a cause of much stress and anxiety for them.

A number of the professionals we spoke to also highlighted their concerns regarding the impact of ongoing local restrictions on financial insecurity, particularly in areas where they have been in place longest, such as in the Midlands, the North of England and Scotland. This has led to a sharp increase in demand for both financial and community support.



The financial insecurities for people are significant as a result of [the ongoing restrictions] and the impact of them. You've got families that are hungry, you've got children without winter coats, you've got families deciding whether they put a nappy on their children or feed them. We had a family that was a mum and dad and six children, and it worked out that they were living on 70 pence a day.

Professional, British Red Cross

While professional participants were highly concerned about the increase in immediate-term need, there was also general agreement among all in this group that Covid-19 had pushed many people into financial crisis, and that this would not end when the Covid-19 crisis, and the additional support associated with it, ends. Two VCS professionals highlighted the vulnerability of people who had been on the brink of hardship for a long time, but were currently just about able to manage as a result of support schemes such as the Covid Winter Grant Scheme and Furlough. They cautioned of a cliff-edge when those schemes end, which is currently due to be March and April 2021, respectively.



Now that we're out of the initial 'crisis' period, what we're seeing now is underlying levels of need, people are struggling to lift themselves out of that additional support. My worry is what happens over the next few months when all the extra funding is pulled out, and there is a declaration that Covid is not a thing anymore . . . I think there's a cliff edge coming.

Professional, FareShare

28 Joseph Rowntree Foundation (April 2020) Covid-19 is a greater health risk to people on low incomes: we can give a life-line www.jrf.org.uk/blog/covid-19-greater-health-risk-people-low-incomes-we-can-give-life-line

29 Maja Gustafsson & Charlie McCurdy (May 2020) Risky business Economic impacts of the coronavirus crisis on different groups of workers www.resolutionfoundation.org/publications/risky-business

Aspects of financial hardship

Unemployment

For participants who were long-term unemployed, as well as those who had recently become unemployed, job searching had been extremely difficult. Participants reflected that the pandemic has led to fewer jobs and higher levels of competition for those that are available.

One participant felt their life had been put on hold due to a number of job interviews being cancelled or delayed as a result of local restrictions. Having been unemployed for nine months, the impact of not having a job for so long was making them feel anxious. Another participant who had also been looking for a job since the start of the year said she was now applying for roles she was overqualified for to increase her chances of finding a job. She had not yet secured work, and felt conscious of a looming deadline next year when her child benefits would stop.



It feels like life is on hold.

Female, 25-34, London



There's so many people out of work . . . there doesn't seem to be any jobs.

Male, 35-44, Cardiff

Reduced income

A few participants who were in work but on a reduced salary and not in receipt of benefits had looked online to see whether they might be eligible to start claiming benefits, after falling into financial difficulty. One participant, who lives alone, was struggling to pay the bills while on 80 per cent of his salary, due to being on furlough.

For another participant, the loss of his partner's job meant they had used up all of their savings in an effort to keep up with bills and their mortgage. The impact of this was causing a substantial strain on his mental health due to the feeling his finances were beyond his control, as well as impacting his relationship with his husband. Both the above participants were told that their current earnings meant they were not eligible to receive benefits.



It [the loss of his partner's job] has put us under a lot of stress . . . that has had a really really heavy impact on our relationship . . . I am getting increasingly anxious, particularly about finances.

Male, 35-44, Glasgow

One participant had applied for Universal Credit earlier in the year after being furloughed when she saw her income more than halve. Her income reduced from £270 a week to £110. She was struggling to keep up with her bills and paying for her car and phone bills had become particularly difficult. However, despite her income reducing, she received only £6 in total in Universal Credit for the period April to September and was told that her wage was above the eligibility threshold. This meant she had to rely on her partner's parents for financial support, which she found difficult. Not being able to afford to go out and meet friends also made her feel more isolated.

Difficulty covering costs while supported by the benefits system

Many of those receiving welfare benefits such as Universal Credit continued to struggle with their finances under local restrictions and found it more difficult to stretch their weekly budget to cover the cost of bills and other essentials, including food and fuel. A couple of participants mentioned that the £20 weekly increase had helped. However, as they were spending much more on heating, electricity and food than they were having to before the pandemic as a result of spending so much more time at home, they were still struggling.



With restrictions, the normal [spending] I was living on doubled . . . when you cannot meet it you adjust here and there, and that's when you think Oh God, this [Covid-19] is not treating me well. I can't point my finger on how it stretched, and how come now my £50 budget a week is not enough.

Female, 35-44, Swansea

Three participants who mentioned being on Universal Credit said they had struggled to make ends meet during the time they had been under local restrictions. One had to access an emergency food parcel, and two had struggled to afford their rising fuel costs, which had increased due to them and their children being at home much more often.

Research has suggested that the average winter energy bill could rise by up to £107 if people are at home in the daytime³⁰ and for those who are struggling with debt and cannot afford to heat their homes, there could be greater health consequences.³¹ It is likely this will push many more people across the UK into making difficult decisions about which basic essentials they can pay for, as one of our participants in Glasgow had found.



I had an unexpected bill . . . I'd forgotten to get gas, and I only had £20 left, and it was a choice of getting gas so I could have heating and hot water, or getting food so . . . to me that's a no-brainer, especially at this time of year.

Male, 35-44, Glasgow

Changes to Universal Credit during Covid-19

In response to the Covid-19 crisis, the government introduced a temporary £20 per week uplift to the standard Universal Credit and Working Tax Credit rate, for one year.

This is due to expire in April 2021, and does not apply to legacy benefits including Employment and Support Allowance, Jobseeker's Allowance and Income Support.

People in receipt of asylum support

People seeking asylum do not have access to public funds, such as mainstream welfare benefits like Universal Credit and housing support from their Local Authority, and are generally not allowed to work. People facing destitution can apply for accommodation and support from the Home Office. This is called 'asylum support' and is generally provided in the form of shared accommodation, often including shared bedrooms, and weekly financial support that is currently £39.63 per person.³² Financial support is paid onto an 'ASPEN card' that people can use to buy basic items in shops, but cannot be used online.

Of the handful of people we spoke to that were seeking asylum, two mentioned having struggled to make their weekly budget stretch to cover food. One participant said his family were struggling to buy halal food from their usual local shop and as a result had been spending much more money trying to get the items they needed from other more expensive shops nearby as they could not shop online. This meant that their financial support of £5.66 each per day became even more difficult to live on.³³ Throughout the Covid-19 crisis, the issue of financial insecurity among people in receipt of asylum support has been a key issue raised by members of the VOICES Network, a nationwide association of people with refugee backgrounds that raise awareness about the challenges they face.

In the recommendations workshop we held with the network, ambassadors described how people seeking asylum are forced to choose whether to spend the small amount of money they have on buying food, or topping up their phone so they can speak to loved ones, seek support and stay up to date with the rules.

Internet access is not provided in asylum support accommodation, and people described struggling to pay for internet access on financial support of £5.66 a day.

30 Energy Helpline, Winter energy bills could increase by £107 for homeworkers (September 2020) energyhelpline.com/news/winter-energy-bills-could-increase-by-gbp107-for-homeworkers

31 NEA and Energy Action Scotland, UK Fuel Poverty Monitor 2019-2020 (March 2020) nea.org.uk/wp-content/uploads/2020/07/UK-FPM-2019.pdf

32 HM Government, Asylum Support (accessed December 2020) <https://www.gov.uk/asylum-support/what-youll-get>

33 British Red Cross, This is not only a humanitarian challenge, but also a public health one (July 2020) <https://www.redcross.org.uk/stories/migration-and-displacement/refugees-and-asylum-seekers/coronavirus-how-can-refugees-afford-food-and-to-self-isolate>



Not being able to go out, not being able to communicate with family . . . having to choose between eating and communicating. That's not fair. That's not right.

Ambassador for the VOICES Network

Changes to Asylum Support during Covid-19

In response to the Covid-19 crisis, the government introduced an increase to asylum support payments of £1.75 per week in June 2020, and then following a further review, introduced an additional 3p per week increase in October 2020, bringing the total weekly asylum support payments to £39.63 per person.

By contrast, in March 2020 the government introduced a £20 per week uplift to the standard Universal Credit and Working Tax Credit rate for one year.

Food insecurity

The increase in need for food banks has been widely reported by a number of organisations, with record numbers of people in need of emergency food parcels compared to this time last year.³⁴ Households that are on Universal Credit are 2.5 times more likely to be food insecure compared to those who are not, and those waiting for the result of a Universal Credit application, or who have had an application rejected, are three times more likely to be food insecure.³⁵ Our report, *Access to food in emergencies: learning from Covid-19*, which explores the issue of food insecurity in more depth, showed that Covid-19 also contributes to a number of factors that can make people more

vulnerable to food insecurity, including financial insecurity, pre-existing health conditions, a lack of support networks, prior experience of trauma, and disability or age.³⁶

Around a fifth of the people we interviewed for this research were either in receipt of benefits or had recently had a benefits claim rejected, and had struggled to put food on the table during local restrictions. One participant had to choose between spending the little that remained of her £50 a week budget on either a winter coat for her son or food. While she chose food, she was still having to make decisions to cut out things like meat in order to keep within budget.

Another participant, who lived with her partner and three children, found herself without food while self-isolating due to Covid-19 exposure in September 2020. The family had no food in the house and had little money left to last them the two weeks they would be required to self-isolate for. She was told about the government's offer of financial support for people being advised to self-isolate, but when she rang her council to see if she would qualify for it they told her it was not yet available in her area. She felt she had no choice but to reach out for support from a charity, something she had wanted to avoid doing, and the stress of her situation brought on a bout of depression that meant she struggled to get out of bed for days.



Things just got on top of me . . . I couldn't get out of bed for days. My husband and kids would try and ease me out of it by putting on movie nights.

Female, 35-44, Liverpool

As a last resort she decided to call a food bank, but they told her she couldn't access it without a referral. She panicked as she had never had to use a food bank before and wasn't sure where to turn to next. She ended up receiving

34 Independent Food Aid Network, Independent food banks and increased need for emergency food parcels since the outbreak of COVID-19 (December 2020) [foodaidnetwork.org.uk/ifan-data-since-covid-19](https://www.foodaidnetwork.org.uk/ifan-data-since-covid-19)

35 Whitworth, Blake and Moretti, Food security in the UK: analysis and future possibilities (December 2020) https://www.researchgate.net/publication/347451968_Food_security_in_the_UK_analysis_and_future_possibilities

36 British Red Cross, Access to food in emergencies: learning from Covid-19 (July 2020) [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies)

an emergency food parcel from the British Red Cross after calling a number given to her by NHS Test and Trace volunteers.



I wouldn't ask anyone for anything but I was desperate . . . I've never had anything off a food bank before. I didn't know how to go about it.

Female, 35-44, Liverpool

Accessing financial support

Despite having faced significant financial difficulties while under local restrictions, only a few people we interviewed had been able to access further financial support. This was also reflected in our UK polling, where one in 20 UK adults said that financial help for essentials such as food, clothes and toiletries would have been helpful under local restrictions, but they were not able to access this support (5 per cent).



I'm in that lower bracket of having money. I'm on benefits, and I have a child and his dad is not supporting. I'm always not where I want to be . . . If I knew where to go to find help I would have gone yesterday.

Female, 35-44 Swansea

Financial support schemes for those told to self-isolate

As of 28 September 2020, those in England and Scotland who are told to isolate by the NHS Test and Trace service who are on a low income, are unable to work from home and will lose income as a result, may be entitled to £500 through their local authority.³⁷ The scheme was also extended to Wales as of 23 October. A similar scheme has been put in place in Northern Ireland.³⁸

None of those who participated in the research said they had benefited from the schemes to provide financial support to self-isolate. One participant had been hopeful when she heard that she may be entitled to a £500 payment to help her and her family while they were having to self-isolate due to Covid-19 exposure. While she had been told about the support by an NHS Test and Trace team, when she rang the council to find out more she was told they weren't yet rolling out this scheme in her area. **In our polling, 43 per cent of UK adults who said that financial support to self-isolate would have been helpful to them said they had not been able to access this support.**

There have been growing concerns about the inconsistencies in self-isolation schemes across the UK. The government supplied local authorities in England with funding to make payments to those required to self-isolate. However, it was reported that this funding ran out in many areas early on, and additional funding has been provided to extend the scheme to March 2021. In February, the Scottish Government extended the Self-Isolation Support Grant to workers earning the Real Living Wage or less after low rates of applications were approved in its first few months. In Northern Ireland the Discretionary Support Scheme, which includes the Self-Isolation Grant, has reported a £2 million underspend. Across the four nations, test and trace apps offer differing

(continued on next page)

³⁷ Department of Health & Social Care, Claiming financial support under the Test and Trace Support Payment scheme (December 2020) www.gov.uk/government/publications/test-and-trace-support-payment-scheme-claiming-financial-support/claiming-financial-support-under-the-test-and-trace-support-payment-scheme

³⁸ NI Direct, Extra financial support (December 2020) <https://www.nidirect.gov.uk/articles/extra-financial-support#toc-0>

levels of access to financial support for those self-isolating, with a recent change to the app in England allowing users to verify their status in order to then apply. In Wales, low-earners notified to self-isolate by the NHS app were initially unable to make a claim to the scheme, but are now able to apply for the grant through their local authority.^{39,40,41,42,43,44,45,46}

UK Polling Data: Needing and knowing how to access support during Covid-19 local restrictions

39% of people who said that financial support for essentials such as **food, clothes and toiletries** would be helpful for them **were not able** to access this support (this represents 5% of the total UK population).

43% of people who said that financial support to **self-isolate** would have been helpful to them **were not able** to access this support (this represents 4% of the total UK population).



Levels of financial need appear to be higher among younger age groups:

Percentage of each age group who said that financial support for essentials such as food, clothes and toiletries would have been helpful to them during Covid-19 local restrictions:

18-24 year olds:	25-34 year olds:	35-44 year olds:	45-54 year olds:	55-64 year olds:	65+ year olds:
21%	20%	18%	12%	8%	4%

Percentage of each age group who said that financial support for longer-term needs (unemployment, mortgage or rent payments) would have been helpful to them during Covid-19 local restrictions:

18-24 year olds:	25-34 year olds:	35-44 year olds:	45-54 year olds:	55-64 year olds:	65+ year olds:
17%	21%	14%	11%	5%	2%

39 Jessica Hill, (December 2020), Fears for Covid spread as councils exhaust self isolation cash, Local Government Chronicle; [lgcplus.com/politics/coronavirus/exclusive-fears-for-efforts-to-stem-covid-spread-as-councils-exhaust-self-isolation-funding-02-12-2020/](https://www.lgcplus.com/politics/coronavirus/exclusive-fears-for-efforts-to-stem-covid-spread-as-councils-exhaust-self-isolation-funding-02-12-2020/)

40 Jessica Hill, (January 2021), Extra cash made available for self isolation support, Local Government Chronicle; <https://www.lgcplus.com/politics/coronavirus/self-isolation-support-grants-to-be-extended-13-01-2021/>

41 All of the respective schemes in Wales (Discretionary Assistance Fund), Scotland (Scottish Welfare Fund) and NI (Discretionary Support Scheme) were allocated with additional funding for crisis support early in the pandemic. In NI the Discretionary Support Scheme has provided almost £11.7 million, and it is estimated it will reach over £17 million by the end of the financial year (March 2021). Bimpe Archer, Irish News, Row after £2 million Covid-19 Discretionary Support Scheme underspend revealed, <https://www.irishnews.com/news/northernirelandnews/2021/01/04/news/row-after-2-million-covid-19-discretionary-support-scheme-underspend-revealed-2176386/>

42 Scottish Government, Scottish Welfare Fund, Self-Isolation Support Grant and Discretionary Housing Payments: monthly data, <https://www.gov.scot/publications/swf-monthly-management-information/>

43 Scottish Government, More people supported to self isolate, <https://www.gov.scot/news/more-people-supported-to-self-isolate/>

44 BBC News, Coronavirus: NHS Covid-19 app starts offering self-isolate payments, <https://www.bbc.co.uk/news/technology-55259272>

45 BBC News, Covid: NHS Wales app users can apply for £500 self-isolation payment (February 2021) <https://www.bbc.co.uk/news/uk-wales-55891893>.

46 BBC News, Paul Martin, Covid in Wales: No grant despite NHS app isolation request (February 2021) <https://www.bbc.co.uk/news/uk-wales-55707833>.

One participant felt she had been passed from organisation to organisation when she had tried to reach out for financial support. The impact of furlough on her finances had meant she was struggling to pay her bills. However, as her pay was above the eligibility threshold for many forms of support, organisations had been unsure what they could do to help.

These instances of miscommunication had made people somewhat sceptical of any information they received on financial support, and the

likelihood that seeking help via any of these routes would be successful. Instead, many had turned to friends and family for support with bills, or money for food, where this was an option.



I remember them [financial support organisations] saying to me ‘you’re stuck between a rock and a hard place’ . . . I wasn’t eligible for any support.

Female, 16-25, Manchester

Chapter Summary & Recommendations

Covid-19 has had a devastating impact on the UK economy, with rates of unemployment and the number of people pushed into financial hardship increasing significantly since March 2020.

Those participating in this research had experienced a range of challenges under local restrictions, including recent and long-term unemployment; reduced income; difficulties making low income, benefits or asylum seeker support payments stretch to cover increased living costs; and food insecurity. This was having a significant negative impact on their mental health. Some of those we spoke to had to make extremely difficult decisions between paying an energy bill, getting food for the week, or buying clothes for their child.

The uplift to Universal Credit and Working Tax Credit is welcome and should be extended to ensure families can make ends meet and afford essentials while the economic effects of the pandemic are still being felt.⁴⁷ Similarly, income support schemes, such as the Self-Employment Income Support Scheme and the Coronavirus Job Retention Scheme (CJRS), should remain in place in order to support Covid-19 recovery. We welcome the recent extension of the CJRS until 31 March 2021.

This research also highlights the need for emergency financial support in providing a safety net for people in severe financial crisis. One-off emergency cash grants can help tide over families waiting for benefits or income, and ensure people can continue to afford everyday essentials even when confronted with an unexpected bill.

We recommend:

- **Governments across the UK should ensure emergency financial support is available and promoted through local welfare assistance schemes, with appropriate investment across the four nations. These should be made available to people who have No Recourse to Public Funds.**
- **In England, the Department for Work and Pensions should invest at least £250 million per year in local welfare assistance over the longer-term, to give local authorities the confidence and certainty they need to develop an effective local welfare**

(continued on next page)

47 This uplift is currently due to end in April 2021.

offer. National standards and guidance on how schemes are run and promoted are needed.⁴⁸

- **Governments should review and rapidly improve self-isolation payment schemes so that the criteria are simplified and relaxed to ensure that anyone on a low income, or anyone who would experience financial hardship as a result of self-isolating, can easily access them.**

The extension of the Self-Isolation Support Grant in Scotland is an example of how the criteria for these schemes can be relaxed.

The issues this report has identified around self-isolation payments include schemes or funding not always being available locally, eligibility criteria being too strict, a lack of awareness about discretionary support and stigma associated with accessing help.

- **Governments should provide support to those who are struggling to pay their utility bills during Covid-19 and consider extending the Winter Fuel Payment to all vulnerable groups, such as those entitled to certain benefits.**

Financial support for people seeking asylum

The people seeking asylum that took part in this research spoke of the difficulties making their asylum support payments of £39.63 per week stretch to cover their living costs, particularly when they were forced to shop in local, more expensive shops as a result of local restrictions.

Asylum support payments were increased by £1.75 per week in June 2020, and by a further 3p in October 2020 (totalling £1.78), a significantly lower increase than the £20 uplift to Universal Credit.

Asylum seekers' ability to spend this money is also restricted as a result of the fact that the ASPEN card, which is how asylum support payments are made, cannot be used online, and in some cases cannot be used to take out cash, either.

- **The Home Office should increase Asylum Support rates in line with the £20 per week increase to Universal Credit and enable ASPEN cards to be used online.**

48 There are significant differences in how local authorities run their local welfare schemes in England, and research by The Children's Society found that 1 in 7 areas had no scheme in place at all. Many are also poorly publicised and may involve highly opaque and onerous processes for applicants. Government guidance should ensure funding is effectively spent and there is greater consistency in provision across areas. See further recommendations on Local Welfare Assistance best practice: <https://www.childrenssociety.org.uk/sites/default/files/2020-12/Utilising-the-COVID-Winter-Grant-Scheme-to-strengthen-Local-Welfare-Assistance.pdf>.



8. Barriers to accessing support under local restrictions

Accessing support under local restrictions

Awareness about where to access support is low

The Covid-19 crisis has resulted in an overall increase in the need for support for many of those interviewed in this research. The organisations we spoke to had also noticed a large increase in support needs, particularly from those who had not sought support before.

While many we spoke to had seen a lot of information about Covid-19 and corresponding rules from various media sources, organisations, or family and friends, they felt they had not heard about the types of support available.



There is a lot more increased knowledge about what to do [to protect yourself] but in terms of actual support there is very little.

Male, 35-44, Birmingham

Very few people were aware of the support available in their local area, particularly when it came to offers of emotional support.



I get emails from the bank about support but I don't want to speak to the bank about my mental health . . . I haven't gotten anything from the council.

Female, 25-34, London

On reflection, many participants felt they could have benefited from either practical or emotional support during local restrictions, however for those who had not been receiving support before the pandemic began, there was a lack of awareness about where they could go for support, or what was available in their area.

A similar pattern was seen in the polling, where a significant minority of one in five adults (19 per cent) said that emotional support would have been helpful to them during local restrictions, and a similar proportion said that signposting to relevant advice, services and other support they might need (23 per cent) would have been helpful (in both cases this was whether they had gone on to access this support or not). Awareness was also found to be low in the polling, where 40 per cent said they would not be confident in knowing where to go for financial support if they needed it, and 36 per cent said the same about mental health or emotional support (see polling data on page 32).

Of the people we spoke to who were not in contact with VCS organisations, very few said they had seen information such as posters or pamphlets detailing where they could go for support if they needed it during local restrictions, no matter the level of restrictions in their area.

Participants already in receipt of support pre-Covid found it easier to access support

While this research has shown that there are some challenges for people in accessing support for the first time under lockdown rules, those who were receiving support from VCS organisations or healthcare professionals before the Covid-19 crisis have largely continued to receive this support throughout national lockdown and local restrictions, broadly speaking without problems.

One participant who was receiving support for addiction was continuing to speak to his support worker regularly on the phone, and occasionally meeting them in the park, and another had connected with his local Mind group a few times over Zoom, including attending yoga and mindfulness sessions, which he was finding useful. Another participant continued to attend a ladies group, organised by a VCS organisation she had been connected with before the pandemic, which was now taking place via weekly online video conferencing.

Those who already had some level of contact with support organisations before the pandemic, such as VCS organisations or their local authority, tended to be better able to access further support during local restrictions, compared to those who had no existing links with these types of organisations. For example, when one participant struggled to afford food at different times during national lockdown and local restrictions, it was his social worker and support worker that put him in touch with the charities, the British Red Cross and Well Fed, that provided him with emergency food. In the national lockdown, this was due to a delay in his benefits coming through, and under local restrictions this was the result of an unexpected gas bill. The participant highlighted the value of accessing this support at such a difficult time.



Well Fed — I had to find out about that through my social worker when I had that . . . They were a lifesaver, if it wasn't for them I'd have probably been about five stone lighter within a month, because I'd have had nothing.

Male, 35-44, Glasgow

However, few of these participants had seen information on additional avenues of support during local restrictions, and therefore relied on existing networks when they reached crisis.

Digital isolation

One professional cautioned that the reliance on online support and information only works for those with an internet connection, leaving a significant minority who do not have internet unable to access vital information and support. One participant we spoke to, who was living in Home Office accommodation and currently seeking asylum, had no TV or internet connection in her accommodation. As she was in contact with the British Red Cross during this time she had been able to speak to her case worker each week, who had helped to keep her informed about the rules, and enabled her to access further offline support if she needed it. For those who don't have pre-existing access to this type of support, the challenges they face are much more likely to go unresolved.

Participants are reluctant to reach out for support for the first time

Those who have not received additional support before, either from community organisations or statutory bodies, may need additional encouragement if they are to reach out for help. One professional who participated in the research said that many of the people they spoke to during local restrictions were not used to asking for help and as a result were reluctant to seek out and accept help that might be available to them.

This was particularly true of those struggling with their mental health, but also applied to those who needed financial support. In such cases, not knowing how to apply or where to find out more was also a significant barrier to them accessing support, as seen above. There were also a number of other reasons mentioned as to why this was the case:

- Feeling they should be able to cope without support
- Stigma around reaching out for help
- Reluctance to use certain support channels
- Fear of not being eligible

Many feel they should be able to cope without support

Many of those we spoke to felt that they should be able to cope with their problems on their own. People often mentioned that they were luckier than others who had it much worse, and therefore felt they weren't entitled to reach out for support. This had prevented many from speaking to friends and family about their emotional and practical struggles.



Because you don't feel unique in your experience it doesn't feel like you should reach out for support.

Female, 16-24, London

UK Polling Data: Accessing support during Covid-19 local restrictions

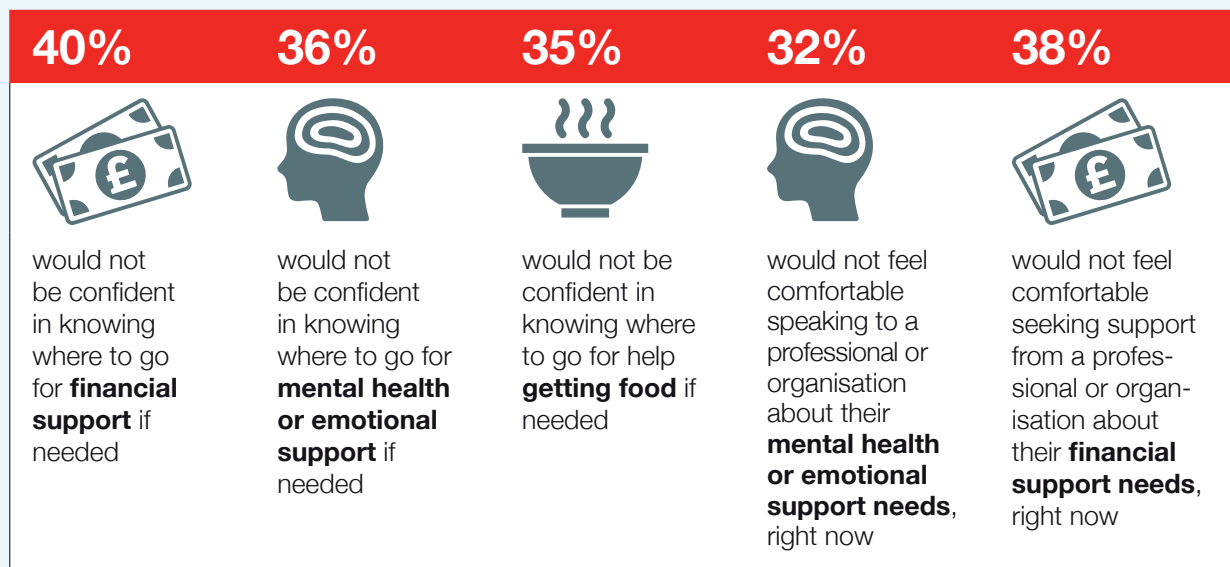
Types of support, information or resources that people said would have been helpful to them during Covid-19 local restrictions:



Out of those who said that signposting to relevant advice, services and other support would be helpful for them under Covid local restrictions:



Under local restrictions:



Source: UK-wide nationally representative polling (8 to 11 December 2020).

49 Please note that this research was conducted before the introduction of Tier 4 in England.



Over half of UK adults (55%) agree that it is hard to talk about their problems when so many people are having a difficult time due to Covid-19

Source: UK-wide nationally representative polling (8 to 11 December 2020).

There is stigma around reaching out for help

For some, the stigma around receiving help, particularly for their mental health, has prevented them seeking support. One participant mentioned that he felt he should be able to manage his mental health on his own, saying this was due to “male pride”. A few participants mentioned that talking about their mental health was not something they did openly with family or friends. For some this was because they didn’t want to “burden” family and friends, who they felt were also going through a difficult time. One participant mentioned that in her family’s cultural background, discussing issues around mental health was not something they did.

Many are reluctant to use certain support channels



Some mentioned feeling hesitant about reaching out via certain support channels, either because of a previous negative experience or because they felt uncomfortable speaking to someone over the phone.

One participant put down the phone after getting through to speak to an adviser on a support line as she felt too anxious to explain her situation. She had decided not to reach out for support after this and had been trying to manage symptoms on her own. However, others felt that it might be easier for them to speak to someone they didn’t know over the phone, but weren’t sure where they should go to get that support.



Similarly, some participants were reluctant to reach out to their GP. Two different participants said that in the past their GP had not provided them with the support they needed, offering them

medication but no other support for their mental health, and therefore both had decided not to reach out again. In both instances, this was because the support they had been offered was in the form of medication, and both participants were hesitant to take this approach when it came to their mental health and emotional wellbeing. Another participant said he would never go to the GP about his mental health but might attend a group if it was not framed specifically as “a mental health thing”.

How comfortable people are with speaking to their GP about their mental health appears to be driven by previous experiences with, and overall perceptions of, their GP practice. One participant who had had more contact with her GP generally said she felt more comfortable speaking to her GP over other professionals about issues regarding her mental health, because of the familiarity she has with their service.



I’ve had to say before, I want to speak to someone from my GP surgery, especially when you’re talking about mental health issues, I don’t want to go through the 20 year history of my depression, so that’s been an absolute nightmare . . . It’s not always easy to open up to a stranger, even though you know they are trying to help.

Female, 35-44, Liverpool

Fears of being ineligible

A few people mentioned that they felt they wouldn't qualify for support. This was either because they felt they didn't "have it as bad as other people" or they felt that formal support systems would be too complicated. When prompted about whether they had been able to access local welfare schemes, one participant mentioned that he probably wouldn't reach out for local authority support, as he feared he would have to jump through lots of hoops to receive any additional support.

Lack of available support

Participants feel support during local restrictions was less available than during the first national lockdown

A number of people we spoke to mentioned feeling that support, both formal and informal, had dropped off since the first national lockdown. Under local restrictions there was no specific support from central government for those who were previously advised to shield, like the food parcels that were available under the first national lockdown. This is despite the fact that many of the people we spoke to who were vulnerable, particularly those who were clinically extremely vulnerable, had continued to remain at home as much as possible and in effect had continued to shield.

One participant felt that the criteria for accessing support now seemed stricter than before, saying it was "a lot easier" to get one-off support such as emergency food during national lockdown. He had been able to access a food parcel from a charity during the first national lockdown but when he needed it under local restrictions, after he had been sent an unexpected bill and had no money left for food, he found he did not meet the criteria. He had to ask for help from his support worker who was able to find a charity that could help.

Participants feel "alone" in managing their situation

Due to a lack of information about what support is available, and with many being reluctant to seek out support, a number of participants mentioned feeling left alone to manage their own situation.



I think that people that are placed on the shielding list . . . should be contacted more to make sure that they are alright. Once you're put on the list they say 'that's it', there's no check up after that to make sure that you're actually able to handle the restrictions. A telephone call to say are you okay, do you need any support, are you managing, instead of being told to shut yourself away, that would be a huge benefit. Just to know that someone out there is thinking of you. I think that would help a lot with people's mental health.

Female, 65+, Stockport



We've just been cast adrift essentially . . . we get no government help . . . we won't qualify for any help . . .

Male, 35-44, Glasgow

Quite a few people mentioned that it would be nice for someone outside their family and friendship group to reach out to them to check whether they are okay. Those that were particularly vulnerable to Covid-19 or who had been told to self-isolate would have liked someone from or affiliated with the council to check that they had everything they needed, or direct them to places they could go for support. One participant mentioned that it would have been helpful if someone from the NHS Track and Trace service, who informed her she must self-isolate, had checked to see whether she would be okay and that she had enough food in the house.



One thing that would really help – the moral support, being able to get someone to talk to, that shows me that I'm not in this alone, I have someone who cares, to share my problems, someone who can be a shoulder I can lean on. Not having anyone to talk to is really difficult.

Female, 35-44, Swansea

One student felt that there hadn't been enough support for people at university, particularly those living in halls of residence. She had stopped attending some university lectures as she was struggling with her mental health and she felt no one would notice whether she attended or not. She had to go in and out of self-isolation when people on her floor had been in contact with someone with Covid-19, and while she received an email telling her to stay in her room, she did not receive any support for having to do so. There was no one checking in to make sure her and other students were doing okay.



It doesn't feel like anyone is checking up on you or looking out for you . . . it definitely feels like you're the most neglected group [university students] in terms of local restriction conversations . . . I have this tiny room and I have to eat here, sleep here, study here . . . it's just you by yourself and it feels like you're forgotten.

Female, 16-24, London

This drop in formal support was also accompanied by what people felt was a decrease in a sense of community as they transitioned from national to local restrictions. Many mentioned that the goodwill and community spirit that was present during the beginning of the national lockdown had diminished over the course of the year, with community initiatives having "dropped off". One participant mentioned having joined a worldwide Facebook group earlier in the year where people had posted activities that people could join. However, she found that these events slowly stopped happening and she had seen no other local groups advertising community activities she could take part in.



There started off being a lot of community initiatives for people who were shielding or needed childcare but that good will has well gone.

Male, 35-44, Glasgow

Some participants felt that other people were also respecting the rules less, and gave anecdotes such as seeing people not wearing masks in shops and seeing groups of people gathering. These sorts of anecdotes, accompanied by many participants mentioning having seen news articles about people breaking local restrictions, had left some participants feeling disheartened at people in their local community and added to a sense that within local restrictions, people were in it for themselves.



In the first lockdown we were all going through it together.

Male, 35-44, Birmingham



I feel frustrated when I see people not following the rules.

Male, 25-34, Leicester

Voluntary and Community Sector (VCS) capacity to deliver support

The professionals we spoke with broadly felt that the restrictions were not preventing them from being able to support people properly. In general, professional participants felt their organisations had adapted well to providing support for people under local restrictions. However, participants from the VCS highlighted that for this to be possible their staff had worked under extremely stressful conditions to continue supporting their community, and that many were now burnt out as a result. Two of the professional participants that work in the VCS also said that the Covid-19 crisis on the whole had forced them to make progress, in terms of collaborating with others in the sector and making the most of virtual technologies, which could otherwise have taken many years to develop.

One professional said that providing support for people during local restrictions had been more difficult when compared to national lockdowns. During national lockdowns, as people were all in the same situation, providing support across regions had been much easier. However, with frequently

changing restrictions, it had been hard to continue to provide a continuous and effective service across different areas while continuing to support their service users as fully as they previously had.

As seen in Chapter 8, professionals who worked in the VCS were concerned that the impact of the last nine months of restrictions would have a huge impact on longer-term need. They were

worried about the strain this might place on existing staff and volunteers. Significant ongoing support, and not just the sticking plaster of emergency food parcels or loans, will be needed to lift people out of hardship and this will create significant additional demand on the government, local authorities and the VCS for years to come.

Chapter Summary & Recommendations

Despite an increase in practical, emotional and financial support needs under Covid-19 restrictions, for the most part people don't know where to turn for help. This was particularly true for those who have never accessed support before, and professionals also expressed concern about those who are digitally isolated.

Many participants felt there had been a decline in the availability of both formal and informal support during local restrictions.

The majority of participants in our research expressed reservations about seeking support, whether that be from local government, voluntary and community sector organisations or from family and friends. This was for a variety of reasons, including stigma, not wanting to burden others, fears of ineligibility, and a reluctance to use certain channels or services they had found unsatisfactory before.

We recommend:

- **Local authorities should identify areas and individuals most at risk to target support. This should be achieved by partnering with the voluntary and community sector and local communities, using tools such as the British Red Cross's Vulnerability Index.⁵⁰ When additional restrictions are put in place in local areas, practitioners should attempt active outreach to individuals not currently in receipt of support.⁵¹**
- **Governments across the UK should ensure that those living under additional restrictions receive a level of support tailored to meet their individual needs, addressing both the access and cost implications for those who are vulnerable. This should specifically support those struggling to afford essentials, such as food, and those who take the decision to shield.**
- **Governments should ensure that all local authorities are fully resourced to continue to support the clinically vulnerable, clinically extremely vulnerable and non-shielded vulnerable, with access to essentials such as food. Emotional support, such as for loneliness, should also be attached to this provision.**
- **Governments should resource the voluntary and community sector to continue to support people with their practical and emotional needs during Covid-19 and in recovery.**

50 The British Red Cross has developed a Vulnerability Index, which is being piloted by some local authorities to target areas of greatest need: <https://britishredcrosssociety.github.io/covid-19-vulnerability/>. This might include: BAME people, single parents, people in lowest-paid occupations, people in receipt of benefits, people with a long-term health condition/disability, care workers, people with low savings, especially self-employed, families with dependent children, people with no recourse to public funds, asylum seekers, and people affected by domestic violence.

51 For example, organisations can request support from the Voluntary and Community Sector Emergencies Partnership online: vcsep.org.uk/request-support.

9. Accessing & understanding information about local restriction rules

Sources of information about local restrictions

The people we spoke to had heard about local restrictions through a variety of sources, most commonly through news apps, by watching the news on TV, via social media or through word of mouth.

Official news channels

Some participants said they had first heard about additional local restrictions being introduced in their area through the news, largely through the government's coronavirus daily briefings, often delivered by the Prime Minister, or through briefings from the First Ministers in Northern Ireland, Scotland and Wales. News sources such as BBC News and STV (Scotland) were popular platforms through which news about the local restrictions was reaching people. A number of participants mentioned feeling this was where they would get the most up to date and trustworthy information.

Social media

Participants had mixed opinions on how reliable social media was as a source of information about local restrictions. Some mentioned that they had actively avoided consuming news through social media as they found this information was often outdated or inaccurate. One participant had been left confused when a news article she read on Facebook had given her a slightly different version of the things she could and couldn't do compared to the information she had seen on BBC news, only to realise that the information found through Facebook was four days old.

However, those that follow official organisations on social media, such as their local council, have found these sources of information useful as they are specific to their area and tend to be reliable. This did vary, however, as in some instances local councils

appeared to be updating residents regularly via their social media channels, while other participants said their local council's pages had rarely been updated.

Information from statutory bodies and the NHS

Participants had generally found that clear and detailed information about local restrictions and any support that might be available to them had to be sought out rather than sent to them directly. Many mentioned that they had not received any information from their local council about the restrictions in place in their area, unless they actively followed them on social media or online, which was the case for a handful of the people we spoke to.

Two participants mentioned they had received information from their GP regarding local restrictions either via text or in a letter. These communications were often regarding access to appointments and surgery opening times. The participants that mentioned having received such updates had long-term health conditions and regular appointment or prescription needs, and so tended to be in regular contact with their GP practice.

The minority that had seen or received information from either their local authority or GP were happy with the information, saying it was easy to understand and specific to their area. Those who hadn't received information from these sources felt their local authority and GP surgeries could be doing more to ensure people in their area were kept up to date regarding the local restrictions, and how they might affect them.



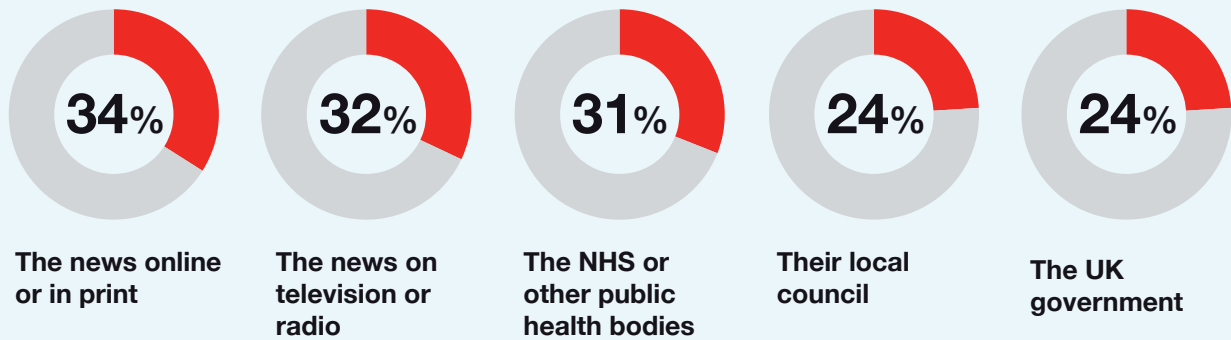
It would be nice to hear from somebody [from a formal channel] or hear something [about the local restrictions in your area].

Female, 25-34, London

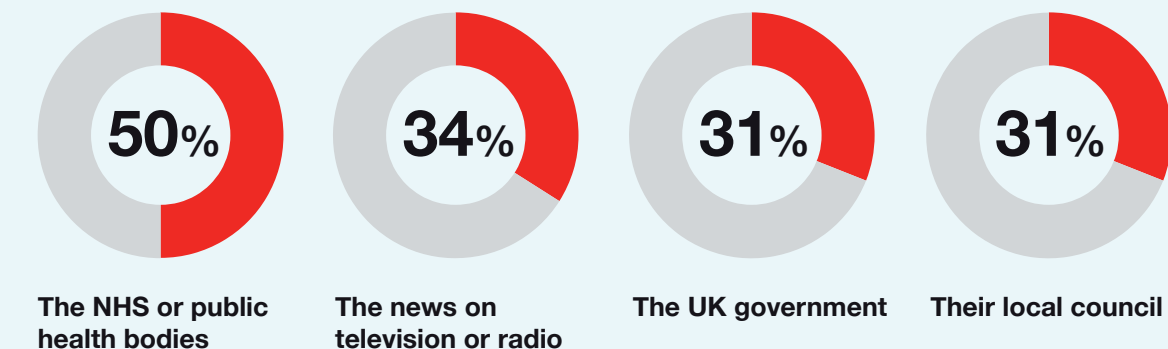
UK Polling Data: Trusted and helpful sources of information on Covid-19 local restrictions

50% of UK adults say they trust that the local coronavirus restrictions the government has put in place will keep them safe

Sources UK adults find useful for keeping up to date with developments around local restrictions



Sources UK adults trust to provide accurate information about Covid-19 local restrictions in their area



Trust in news on television or radio is lower among younger age groups, and increases by age (18-24 year olds: 23%, 65+ year olds: 39%). This trend is reversed for news online and in print.

Source: UK-wide nationally representative polling (8 to 11 December 2020).

Proactive information gathering

It was those who had sought out information themselves that felt more informed about local restrictions. This was often in the form of looking on government websites or checking more localised news sites. One participant found out she would be able to bubble with her mum a few days after the Tier 3 restrictions came into place in her area after looking on the Manchester Evening News website. She hadn't been able to find out this information through

the BBC news when the local restrictions were first announced and was relieved when she found out that she could retain contact with her mum for support as they both live alone. Otherwise she would have continued to self-isolate unnecessarily.

Another participant said he had looked on 15 different websites in order to understand what was going on in his area in regard to the different tiers, and was highly frustrated that it had been such hard work to understand what

the rules meant for him. As he travels for work, knowing which tier was in place in which area was particularly important.



I feel like I shouldn't have to go on Google and spend an hour of my time researching. I just need clear, concise information. And be transparent about what's happening, how long this will last.

Male, 25-34, Leicester



It's only if you go looking . . . that you'll actually find out.

Male, 35-44, Glasgow

Confusion about the rules themselves

While in our UK polling the majority of adults say they have found it easy to get clear information about local restrictions (58 per cent), there is a significant minority of over a third who have not (37 per cent). Those who feel unable to cope with the changes to their life caused by the pandemic have also found it more difficult to access clear information about local restrictions (61 per cent say this).

This confusion was also reflected in the interviews we conducted. Whichever source participants used to find out about the local restrictions in place in their area, for many the information they received was confusing. Some mentioned that they often felt no clearer having watched a UK national briefing in which the local restrictions were explained. Participants felt the language used to describe the local restrictions was often too complicated, not put “in plain English” and also lacked relevant detail. Participants mentioned that this confusion around the rules had also been a source of stress for others they knew, such as elderly friends, neighbours and relatives.

Participants want simpler, clearer information on local restrictions

As a result of finding the available information confusing, a number of participants in the research had decided to stop watching the news and were relying instead on government and local authority updates. Some had stopped watching or reading about local restrictions altogether. This meant a few people were relying on word of mouth to get any updates about the local restrictions which, given the levels of confusion about the rules, is likely to mean more people are not properly informed.

One professional we spoke to, who worked for a local authority, mentioned that they had needed to adapt almost all information put out by central government regarding the restrictions. This was often because language was unclear or would not be understood by the people in their community. They instead created a series of animations explaining the local restrictions and the tiered system. These animations were also translated into a number of languages so that they were accessible to as many people in the community as possible.

Participants said they would most benefit from being able to access a simple bullet-pointed list of what they could and could not do in their area specifically, stripped of any opinion or analysis, as is rarely the case in the news. They found national news updates could be confusing, as there was a lack of differentiation between areas and tiers, which made it more difficult to pick out the information that was relevant to them.

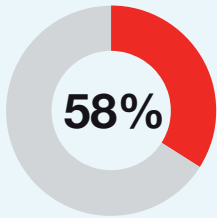
Often, people wanted tailored information to come directly to them from one source that they felt able to trust. A few of those who were struggling emotionally would have liked to have received information on local support they could access alongside this.

Updates from central and local government

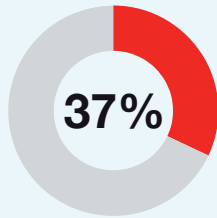
While the type of information participants say would be most useful does to a large extent exist on central and local government websites, over half of the people we spoke to weren't aware of these websites as a place to look for updates, suggesting that this information could be better signposted.

UK Polling Data: Understanding of information about Covid-19 Local Restrictions

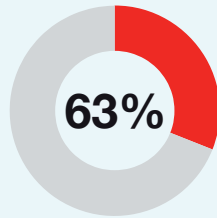
At the general population level, most people seem able to find clear information about Covid-19 local restrictions:



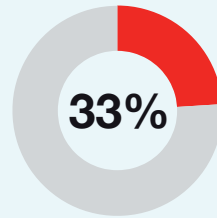
agree that they have found it **easy to get clear information about local restrictions**



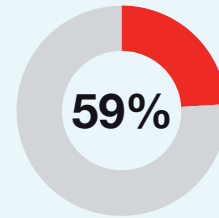
disagree that they have found it **easy to get clear information about local restrictions**



are confident that they **fully understand the coronavirus restrictions in their local area**



are **not confident that they fully understand the coronavirus restrictions** in their local area



say the **information about local restrictions has been more confusing** than the information about the UK-wide national lockdowns



- **Younger people are particularly confused by local restrictions.** 72% of 18-24 year olds and 70% of 25-34 year olds say **information about local restrictions has been more confusing** than information about the UK-wide national lockdowns, compared to 49% of those aged 65+.
- Half of UK adults (50%) say they **find it difficult to keep up to date with the latest coronavirus restrictions** in their local area.

One professional we spoke to at Leeds City Council found that being able to send information to people locally by text had been beneficial and allowed them to consistently communicate with people who are clinically extremely vulnerable. This kind of update meets many of the criteria people we interviewed said they wanted from communications about local restrictions, providing area-specific updates on local restrictions directly to those they apply to. This leaves little room for ambiguity in a space where both the system of local restrictions and the rules in place in a given area are changing regularly.



We've communicated by text messaging to everyone we have a number for. People have said that that's been so helpful.

Professional from Leeds City Council

Out of our participants, those who had used government and local government websites to access information about local restrictions were the most likely to feel well informed, though some local authorities were found to be better at updating their pages than others. This finding suggests that there could be value in better targeting publicity around these websites, or better targeting this information among certain populations, as a reliable source of information about local restrictions.

Different rules in different areas

Some participants mentioned being particularly confused about the regional differences in rules, as well as across the different nations. For example, one participant in Scotland mentioned that, as the restrictions were now in place by healthboard rather than local authority area, people were unsure of what their health ward area was, making it more difficult to know which rules applied to them.



I don't think anyone knows what health ward they're in. Maybe they need to put signs up or something letting people know.

Male, 45-54, Glasgow



I was getting confused about whether pubs could be open. On one street there are rules preventing them being open and I can turn a corner and they'll be allowed open.

Male, 25-34, Leicester

Two participants in Wales had been confused by the rules, particularly as they felt that the UK national briefings presented by the Prime Minister and scientific advisors, had been specific to England and often “blanket statements” had been made that weren't applicable to people in Wales. A participant in Scotland had also said that, while he found the Scottish briefings clearer than the Westminster ones, the fact that there were two figures of authority putting out rules that contradicted each other had been very confusing for his grandmother. He had to simplify the rules for her so she could understand.



When he talks about ‘the country’ he means England . . . we've got different rules here. It gets confusing to know what the rules actually are.

Male, 45-54, Cardiff



My problem is, as not a British person, it gets confusing when someone is talking for England, Scotland and Wales – I take myself out of the confusion and focus on my local council.

Female, 35-44, Swansea
[respondent had moved to the UK from South Africa]

There was particular confusion for participants about rules around travelling between tiers. This has also been a challenge for organisations providing support to people in areas that are under different restrictions. One participant said he had struggled to inform those coming to the homeless shelter at which he works that they needed to arrange accommodation in advance when travelling from a Tier 3 area in England to Wales. Some mentioned that they felt the rules for travelling between tiers had not been explained clearly enough.



Confusing, so confusing . . . and my son's in a different tier. And the bubble [is] with my son. I find myself having to research areas that I drive to.

Male, 25-34, Leicester

Language barriers

A number of participants voiced concern that the information about local restrictions appeared to be communicated without enough consideration for those for whom English is not a first language. This had some notable negative impacts for participants in the research including confusion around the rules and a sense of anxiety about breaking the rules in place in their area.

One participant, a refugee from Syria, had not been able to read a letter which they think could have been about local restrictions. Another's parents, who had limited English, had often been left confused about what they could and couldn't do under the restrictions.



I think a letter came to my house to say we must not go out. But I don't speak English very well, or don't read very good. I didn't read it because I thought it looked very hard.

Male, 16-24, Leicester

Most refugees and people seeking asylum who participated in the research mentioned that language had been a barrier in some way to them fully understanding the local restrictions

in place in their area. Most had not been aware of information being available in a language they could understand. While these participants generally had a good grasp of English, many still said they had struggled to understand certain aspects of the restrictions, for example the different tiers.



I try as much as I can to understand rules. I just know I have to stay home because . . . I don't know. You never know. Tier this and Tier that, I really don't know, so just no matter what I stay at home. [It's] just a total lockdown on my end.

Female, 35-44, Glasgow

For some refugees and people seeking asylum, this lack of understanding had created an anxiety around breaking the rules. One participant decided to continue behaving as if she was in total lockdown, as she was unclear on the tiers and was scared about catching Covid-19. Another participant, a refugee from Syria, had been frightened that he would go to prison after the police passed through the park he was in with his friends while in national lockdown, and told them they weren't allowed to be there. He now looks online to find out information about what he can and can't do.



The government is not trying to confuse us [non-native speakers] when they speak, it's just that we start from a reception level to understand what is being said.

Female, 35-44, Swansea



Everyone has a right to know what's going on and how to protect themselves.

Female, 35-44, Glasgow

One participant, who was seeking asylum, was kept informed about the national lockdowns by her housing officer through phone calls, and also received a letter from them which explained what the lockdown would mean for her, as she was in Home Office accommodation. However, she had not received information regarding the local restrictions in her area, apart from a couple of text messages from the Home Office regarding access to the local immigration reporting centre.

With many people facing language barriers in understanding and keeping up with messaging from central government on local restrictions, local VCS organisations have tended to fill this gap, creating their own communications to explain the rules to people in ways they can understand. However, we spoke to a professional at Leeds City Council, where the Council was putting out information on local restrictions in various languages to ensure people were getting the information they needed. This was particularly important for those classed as clinically extremely vulnerable, who in some instances had received information solely in English, making this information inaccessible for them. In partnership with Doctors of the World, the British Red Cross has also been translating information into 60 different languages, to ensure that people have access to the information they need regarding local restrictions and support.⁵²

Lack of information for the clinically vulnerable and clinically extremely vulnerable

For people who were told they were clinically extremely vulnerable and asked to shield in March, information regarding the local restrictions in their area and guidance on how to protect themselves is particularly important as they are at the highest risk from Covid-19. The list of which conditions are classed as clinically extremely vulnerable, and which are classed as clinically vulnerable and at a moderate risk from Covid-19, vary slightly between different nations within the UK. Advice also differs based on the level of risk in each area or local restriction tier.

⁵² Doctors of the World, Latest government guidance translated into 60 languages (December 2020) <https://www.doctorsoftheworld.org.uk/coronavirus-information/>

Those we spoke to who discovered they were clinically vulnerable, and clinically extremely vulnerable, during national lockdown had continued with the same routines during local restrictions because of a fear of contracting Covid-19. However, under local restrictions few from these groups received specific, tailored information from central or local government, or their GP, about the new rules and what support they might be able to access to protect themselves and maintain their health and wellbeing.

Those at higher risk from Covid-19: definitions

Clinically Extremely Vulnerable (CEV)

People at the highest risk from Covid-19 include those with specific health conditions. An example of this includes some cancers, and severe respiratory conditions. Those who are CEV should have received a letter from the NHS or from their GP telling them.⁵³

Clinically Vulnerable

People at a moderate risk from Covid-19 include those who are 70 or older and have long-term health conditions such as heart disease or diabetes. Unlike those who are CEV, this group did not receive a letter from the NHS and wouldn't have been advised directly that they are at a moderate risk to Covid-19.⁵⁴

While identifying those who are CEV or clinically vulnerable was a major objective during the first national lockdown,⁵⁵ under local restrictions there seems to be confusion around how those who are CEV or clinically vulnerable should protect themselves, and whether they should continue to shield or isolate. This is partly due to a lack of tailored information and advice.

One professional we spoke to who supports clinically extremely vulnerable people stressed the importance

of providing clear information when announcing local restrictions. They said there had been little tailored information for people classed as clinically extremely vulnerable during local restrictions. In some instances, it had not been made clear to people why they had been classed as vulnerable.

This had meant that some people who had been classed as clinically extremely vulnerable had interpreted the same information and advice around local restrictions completely differently to each other, reflecting the ambiguity in the rules and the ways in which they were communicated. One professional participant from Leeds City Council said it had often been necessary to follow up with central government to clarify what the rules meant. This confusion is reflected in the example of a government letter which people classed as clinically extremely vulnerable received in April; while one person was relieved to receive the letter and glad their circumstances were being taken seriously, another person felt they were being told they were going to die and it pushed them to make a will.

The changes in advice for people classed as clinically extremely vulnerable during local restrictions has also been difficult for local authorities to keep up with, one professional participant said. They have had to request a weekly update as to whether the advice for people classed as clinically extremely vulnerable has changed. Ensuring people who are clinically extremely vulnerable are kept up to date regarding changes in advice is important and this professional felt that this had often not been the case during national announcements.



There was never a time when a government communication [on guidance for the clinically vulnerable or CEV] was clear enough that we didn't have to follow it up.

Professional from Leeds City Council

53 Department of Health & Social Care, Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 (December 2020) <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#cev>

54 NHS Latest information and advice about coronavirus (Covid-19) (December 2020) <https://www.nhs.uk/conditions/coronavirus-covid-19/>

55 <https://protect-eu.mimecast.com/s/ZcZ3C14LLHLgBGfm8FNd>

Timing of information

The professionals we spoke to felt there had been a lack of timely information regarding the introduction of local restrictions in their area. In some instances, they did not have enough warning to ensure they could communicate effectively with those in the community. Most organisations had heard about the restrictions at the same time as the public, when they were aired on TV at central government briefings despite providing vital support to people affected by Covid-19.

There was thus a sense that communication between central government and other statutory bodies and VCS organisations needed to improve. Data on infection levels, as well as decisions made by central government, were often communicated to organisations too late for them to take effective and timely measures. They

said that better, earlier communication in the future would help to improve the overall response to both local outbreaks and any new restrictions that need to be introduced at a local or national level.



There needs to be a general switching around of the attitude. Give autonomy to local leaders, public health experts to make decisions. Better two way flow of information. We know that information was being hoarded by central government, we don't know what numbers are for our local area, so how can we expect people to provide a decent service? That really needs to change. Data should be distributed far more widely.

Professional, LGIU

Chapter Summary & Recommendations

Our qualitative interviews and polling show people have struggled to access and understand information about local restrictions in their area. Many felt confused about what they could and couldn't do, and had found it difficult to keep up with changes to the rules. In some cases, people have disengaged entirely.

People whose first language isn't English were even more likely to struggle to understand information about local restrictions. Many we spoke to that were in this group had not seen information about local restrictions in any language other than English.

Participants expressed a preference for tailored, localised content, stripped of analysis or opinion, and communicated as simply as possible. They thought that a simple list of what is allowed and what is not allowed would be the easiest format to interpret.

In some places, the voluntary and community sector and local government are working together to communicate and interpret the regulations for different communities, including translations for non-English speaking communities. This could be done in a more timely and effective way were they to be given advance warning when an area was going to go into local restrictions.

We recommend:

- **Governments across the UK should keep tiered or level systems as consistent as possible to avoid confusion and motivate people to follow the rules.**
- **Central and local government should ensure any guidance on the rules and restrictions during coronavirus is provided in multiple languages, as standard. This should be based on an assessment of local language use and be funded appropriately by central government.**

- **Local authorities should regularly disseminate information both online and offline that is easy to interpret and tailored to the local community. This should set out clear advice for clinically vulnerable and clinically extremely vulnerable people about what they can do, while staying safe. To complement this, local authorities should work with voluntary and community sector organisations, including grassroots organisations and community members, to proactively target information and advice to people who are digitally isolated, clinically vulnerable and clinically extremely vulnerable, and who speak English as a second language.**
- **Governments should establish effective early warning systems for local emergency response partners, including local authorities, health bodies and the voluntary and community sector, in areas that are about to enter into new or additional local restrictions, in order to enable an effective human-centred response.**
- **Governments should ensure they provide timely and easy to understand guidance on Covid-19 and local restrictions to those with a disability, impairment or sensory loss, in line with the aims of the Accessible Information Standard.⁵⁶**

⁵⁶ It is the law for the NHS and adult social care services to comply with the Accessible Information Standard. See further information: <https://www.england.nhs.uk/ourwork/accessibleinfo/>.

Conclusions & recommendations

While the rollout of the Covid-19 vaccine provides long-awaited hope that the pandemic and the shattering impact it has had on lives across the UK will soon be over, it is clear that the need for Covid-19 restrictions has not gone away yet.

With the introduction of new strains of coronavirus to the UK, and hospital admissions in January 2021 exceeding the numbers seen throughout the pandemic, the need for restrictions looks set to continue for the foreseeable future. This will mean a continuation of the myriad of challenges seen in this research, from the financial and emotional distress experienced by people living under ongoing restrictions, to a general lack of awareness of how to access the right support at the right time.

This research reveals vital insight into the impact of Covid-19 restrictions both local and national on people's finances and mental health, and highlights a number of key areas national government, local authorities, health bodies and VCS organisations must focus on in order to minimise the impact of ongoing restrictions.

It makes the case for improved and more inclusive support and information under local restrictions. Ensuring people are adequately supported to follow the rules in areas with high Covid-19 prevalence will not only help to suppress the virus but help to ensure these communities are not left behind as we look to build back better.

To achieve this, governments across the UK and their partners should take the following actions.

Mental health & wellbeing under local restrictions

- Governments across the UK should ensure local health systems have the capacity, resources and skills to meet the mental health and emotional support needs of those most at risk. This should include those living alone, the clinically vulnerable and clinically extremely vulnerable, as well as their carers and others in their household.
- Governments should support local authorities to provide advice and information about how to overcome loneliness and support friends and family members that may be struggling emotionally. This should always be published alongside communications and correspondence about restrictions in place locally, and should include information about support available in the local area.
- Emergency response partners, including local authorities, the NHS and the voluntary and community sector, should work together to offer psychosocial support, including support with loneliness, to anyone being advised to shield, take extra precautions or self-isolate.
- Government departments should work together to attach psychosocial support to other public services that are likely to encounter those most in need (such as those accessing mainstream benefits, and local authority emergency food support).
- Governments should ensure that local restrictions guidance continues to allow support bubbles for single person households, and meeting an individual from another household outdoors, as long as it continues to be safe. These exceptions should be promoted clearly in guidance and wider communications to ensure people do not restrict themselves from permitted interactions that could have significant benefits for their mental health.

Financial security under local restrictions

- Governments across the UK should ensure emergency financial support is available and promoted through local welfare assistance schemes, with appropriate investment across the four nations. These should be made available to people who have No Recourse to Public Funds.
- In England, the Department for Work and Pensions should invest at least £250 million per year in local welfare assistance over the longer-term, to give local authorities the confidence and certainty they need to develop an effective local welfare offer. National standards and guidance on how schemes are run and promoted are needed.⁵⁷
- Governments should review and rapidly improve self-isolation payment schemes so that the criteria are simplified and relaxed to ensure that anyone on a low income, or anyone who would experience financial hardship as a result of self-isolating, can easily access them.
- Governments should provide support to those who are struggling to pay their utility bills during Covid-19 and consider extending the Winter Fuel Payment to all vulnerable groups, such as those entitled to certain benefits.
- The Home Office should increase Asylum Support rates in line with the £20 per week increase to Universal Credit and enable ASPEN cards to be used online.

Barriers to accessing support under local restrictions

- Local authorities should identify areas and individuals most at risk to target support. This should be achieved by partnering with the voluntary and community sector and local communities, using tools such as the British Red Cross's Vulnerability Index.⁵⁸ When additional restrictions are put in place in local areas, practitioners should attempt active outreach to individuals not currently in receipt of support.⁵⁹
- Governments across the UK should ensure that those living under additional restrictions receive a level of support tailored to meet their individual needs, addressing both the access and cost implications for those who are vulnerable. This should specifically support those struggling to afford essentials, such as food, and those who take the decision to shield.
- Governments should ensure that all local authorities are fully resourced to continue to support the clinically vulnerable, clinically extremely vulnerable and non-shielded vulnerable, with access to essentials such as food. Emotional support, such as for loneliness, should also be attached to this provision.
- Governments should resource the voluntary and community sector to continue to support people with their practical and emotional needs during Covid-19 and in recovery.

57 There are significant differences in how local authorities run their local welfare schemes in England, and research by The Children's Society found that 1 in 7 areas had no scheme in place at all. Many are also poorly publicised and may involve highly opaque and onerous processes for applicants. Government guidance should ensure funding is effectively spent and there is greater consistency in provision across areas. See further recommendations on Local Welfare Assistance best practice: <https://www.childrensociety.org.uk/sites/default/files/2020-12/Utilising-the-COVID-Winter-Grant-Scheme-to-strengthen-Local-Welfare-Assistance.pdf>.

58 The British Red Cross has developed a Vulnerability Index, which is being piloted by some local authorities to target areas of greatest need: <https://britishredcrosssociety.github.io/covid-19-vulnerability/>. This might include: BAME people, single parents, people in lowest-paid occupations, people in receipt of benefits, people with a long-term health condition/disability, care workers, people with low savings, especially self-employed, families with dependent children, people with no recourse to public funds, asylum seekers, and people affected by domestic violence.

59 For example, organisations can request support from the Voluntary and Community Sector Emergencies Partnership online: vcsep.org.uk/request-support.

Accessing & understanding information about local restriction rules

- Governments across the UK should keep tiered or level systems as consistent as possible to avoid confusion and motivate people to follow the rules.
- Central and local government should ensure any guidance on the rules and restrictions during coronavirus is provided in multiple languages, as standard. This should be based on an assessment of local language use and be funded appropriately by central government.
- Local authorities should regularly disseminate information both online and offline that is easy to interpret and tailored to the local community. This should set out clear advice for clinically vulnerable and clinically extremely vulnerable people about what they can do, while staying safe. To complement this, local authorities should work with voluntary and community sector organisations, including grassroots organisations and community members, to proactively target information and advice to people who are digitally isolated, clinically vulnerable and clinically extremely vulnerable, and who speak English as a second language.
- Governments should establish effective early warning systems for local emergency response partners, including local authorities, health bodies and the voluntary and community sector, in areas that are about to enter into new or additional local restrictions, in order to enable an effective human-centred response.
- Governments should ensure they provide timely and easy to understand guidance on Covid-19 and local restrictions to those with a disability, impairment or sensory loss, in line with the aims of the Accessible Information Standard.⁶⁰

⁶⁰ It is the law for the NHS and adult social care services to comply with the Accessible Information Standard. See further information: <https://www.england.nhs.uk/ourwork/accessibleinfo/>.



Appendix I: Restrictions under different Tiers and Levels and Guidance for Clinically Extremely Vulnerable (CEV)

England

TIER 1	TIER 2	TIER 3	TIER 4
You can meet people indoors and outdoors, in groups of up to 6 people.	You cannot meet anyone you do not live with, indoors. You can meet with up to 6 people outside.	You cannot meet anyone you do not live with, indoors and in private gardens. You can meet with up to 6 people outside but only in public venues.	You cannot meet anyone you do not live with or are not in a support bubble with, indoors and in private gardens. You can only meet one person outside in public space.
Businesses can largely remain open, with Covid-19 secure measures.	Businesses can largely remain open, with Covid-19 secure measures.	Businesses can largely remain open, with Covid-19 secure measures.	Non-essential retail must close.
Hospitality and entertainment can largely remain open, with Covid-19 secure measures until 11pm.	Hospitality and entertainment can largely remain open, with Covid-19 secure measures until 11pm. Pubs and bars must close, unless operating as restaurants. Hospitality venues can only serve alcohol with substantial meals.	Hospitality and entertainment venues must close. However takeaway and delivery services are permitted.	Hospitality and entertainment venues must close. However takeaway and delivery services are permitted.
Public attendance at outdoor and indoor events is permitted, with reduced capacity.	Public attendance at outdoor and indoor events is permitted, with reduced capacity.	Outdoor and indoor events are not permitted.	Outdoor and indoor events are not permitted.
Public attendance at spectator sport is permitted, with reduced capacity.	Public attendance at spectator sport is permitted, with reduced capacity.	Public attendance at spectator sport is not permitted.	Public attendance at spectator sport is not permitted.
Places of worship are open.	Places of worship are open, but you must not socialise outside your bubble or household.	Places of worship are open, but you must not socialise outside your bubble or household.	Places of worship are open, but you must not socialise outside your bubble or household.
Weddings and funerals can be organised with limited numbers (15).	Weddings and funerals can be organised with limited numbers (15).	Weddings and funerals can be organised with limited numbers (15).	Weddings and funerals can be organised with limited numbers.
Outdoor sport continues.	Outdoor sport continues.	Outdoor sport continues, but higher-risk contact activity should not take place.	Outdoor sport or recreation is only permitted with members of your household or support bubble.
Indoor sport continues, with the rule of 6.	Indoor sport continues, but only mixing with a household and bubble.	Indoor sport continues, but only mixing with a household and bubble, and organised activity such as exercise classes cannot take place.	Indoor sport is not permitted.

When travelling to a higher tier, you follow the rules of that tier. If travelling to a lower tier from a higher tier, you must continue to follow the rules of the higher tier. Travel to, travel from, and stays in tier 3 are to be avoided.⁶¹ If you live in a Tier 4 area, you must not leave your home and you must not leave your Tier 4 area unless you have a reasonable excuse (e.g. for work, exercise or education purposes).

61 Department of Health & Social Care, Local restriction tiers: what you need to know (last accessed 19 December 2020) <https://www.gov.uk/guidance/local-restriction-tiers-what-you-need-to-know>

Scotland⁶²

LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
You can meet people indoors and outdoors, in groups of up to 8 people indoors of 3 households, and 15 outdoors of 5 households.	No in-home socialising. Max 6 people from 2 households can meet in indoor public places and 8 people from 3 households outdoors.	No in-home socialising. Max 6 people from 2 households can meet in indoor and outdoor public places.	No in-home socialising. Max 6 people from 2 households can meet outdoors and in public places, e.g. hospitality settings.	No in-home socialising. Max 6 people from 2 households can meet outdoors and in public places.
Businesses can largely remain open, with Covid-19 secure measures.	Businesses can largely remain open, with Covid-19 secure measures.	Businesses can largely remain open, with Covid-19 secure measures.	Businesses can largely remain open, with Covid-19 secure measures.	Non-essential retail closed. Click and collect outdoor retail permitted.
Hospitality and entertainment can largely remain open, with Covid-19 secure measures.	Hospitality and entertainment can largely remain open, with Covid-19 secure measures. Hospitality must close by 22:30.	Hospitality and entertainment can largely remain open, with Covid-19 secure measures. Hospitality indoors must close by 20:00, 22:30 outdoors. Alcohol only with a main meal.	Hospitality and entertainment can remain open. Hospitality must close by 18:00, and alcohol cannot be served.	Hospitality and entertainment is closed.
Events can continue, with Covid-19 secure measures. Indoor grouped standing events are not permitted.	Events can continue with Covid-19 secure measures. Outdoor grouped standing events are not permitted.	Events are generally not permitted, apart from drive in events.	Events are not permitted.	Events are not permitted.
Places of worship are open (max 50 people)	Places of worship are open (max 50 people).	Places of worship are open (max 50 people).	Places of worship are open (max 50 people).	Places of worship are open (max 20 people).
Weddings and funerals can be organised with limited numbers (max 50 people).	Weddings and funerals can be organised with limited numbers (max 20 people).	Weddings and funerals can be organised with limited numbers (max 20 people).	Weddings and funerals can be organised with limited numbers (max 20 people).	Weddings and funerals can be organised with limited numbers (max 20 people).
Outdoor sport continues.	Outdoor sport continues.	Outdoor sport continues.	Outdoor sports continues, except contact sports.	Outdoor sports continues, except contact sports.
Indoor sport continues.	Indoor contact sport not permitted.	Indoor contact sport not permitted.	Indoor sport limited to individual exercise only.	Indoor gyms closed.
Work from home advised for office workers, other workplaces are open.	Only essential workers to attend an office, other workplaces are open.	Only essential workers to attend an office, other workplaces are open	Only essential workers to attend an office, other workplaces open with enhanced protective measures in place.	Only essential workers to attend an office, outdoor workplaces, construction and manufacturing workers allowed.

Essential travel only to/from level 3 or 4 areas in Scotland, and to/from rest of UK. Follow rules and advice on international travel.

62 Scottish Government, Coronavirus (COVID-19): local protection levels (last accessed 19 December 2020) <https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/>

Guidance for people who are Clinically Extremely Vulnerable (CEV) by tier in England⁶³

	TIER 1: MEDIUM	TIER 2: HIGH	TIER 3: VERY HIGH	TIER 4: STAY AT HOME
Socialising	<p>When seeing people outside of your household or support bubble do not meet in a group more than 6</p> <p>Maintain strict social distancing, meeting outside where possible and keeping the number of people you meet low</p> <p>Always stay at least 2 meters from people visiting your home</p>	<p>Do not meet with people indoors unless they are in your household or support bubble</p> <p>Limit group meetings to 6 and this should only be done outdoors, including in a private garden</p>	<p>Stay at home as much as possible (aside from for outdoor exercise)</p> <p>Maintain social distancing with your household if possible</p> <p>Can only meet with people outside of your household or support bubble in certain outdoor places.</p>	<p>Shielding active. Significantly reduce social contact.</p> <p>Stay at home as much as possible, except to go outdoors to exercise or attend health appointments.</p>
Work	<p>Work from home where possible</p> <p>If unable to work from home the advice is to go into work, providing the employer has made reasonable workplace adaptations to become 'Covid secure'</p> <p>Explore eligibility for Statutory Sick Pay, Employment and Support Allowance, Universal Credit or the Coronavirus Job Retention Scheme (furlough)</p>			<p>Do not attend work (unless it is possible to work from home)</p> <p>Explore eligibility for; Statutory Sick Pay, Employment and Support Allowance, Universal Credit or the Coronavirus Job Retention Scheme (furlough)</p> <p>Still attend work (where you cannot work from home) if you live with someone who is CEV</p>
School	<p>Children should continue to attend education setting (school) unless they are under paediatric or other NHS care and have been advised by a medical profession to not attend an education setting</p> <p>Children whose parent or carers are CEV should continue to go to school</p>			<p>CEV children who are on the shielded patient list should not attend school.</p> <p>Children who are not CEB but live with someone who is CEV should attend school</p>
Going Outside	<p>Outdoor exercise encouraged in all tiers</p> <p>Consider going to shops and the pharmacy at quieter times of day</p> <p>Always wear a face covering (unless exempt)</p> <p>Utilise support networks to access food and medicines (including the NHS Volunteer Responders)</p>			<p>Advised not to go to shops or pharmacies (government support available if needed)</p> <p>Outdoor exercise encouraged at a safe distance</p>
Travel	<p>Walk or cycle where possible</p> <p>For longer journeys try to minimise the amount of people you come into contact with. Travelling by car is likely to mean fewer social contacts than using</p> <p>Avoid sharing a car with people outside of your household or support bubble</p>	<p>As with tier 1 and in addition:</p> <p>Minimise travel and avoid busy routes and times</p> <p>Avoid travel where possible unless for essential purposes</p>	<p>As with tier 1 and in addition:</p> <p>Do not travel outside of tier 3 area unless for specified reasons (work/ medical treatment)</p> <p>Reduce number of journeys and limit these to essential trips</p>	<p>Avoid all non-essential travel</p> <p>Travel for hospital and GP appointments (unless told otherwise)</p>

63 UK government, (22 December 2020), Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19; <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Guidance for people who are at the highest risk from Covid-19 by level in Scotland⁶⁴

	LEVEL 0	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Socialising	Follow advice for general population		Reduce the number of people/ households who you have contact with Avoid one metre zones	Avoid meeting people in indoor public spaces Limit meeting people outside of own household	Minimise contact with people outside of own household
Work (where you cannot work from home)	Attend work following a workplace risk assessment and once employer has made reasonable adjustments to protect you		Attend work following a workplace risk assessment and once employer has made reasonable adjustments to protect you Discuss any concerns with employer	Speak to employer to ensure all appropriate protections are in place Discuss any concerns with employer	Discuss any concerns with employer Where not possible to make the workplace safe do not attend work – the Chief Medical Officer will issue guidance and documentation to support this Level 4 does not mean you should automatically attend work
School	Follow advice for general population			Parents or guardians should discuss with clinician whether children should still attend education setting	Children on the shielding list should not attend school in person
Going Outside (including to the shops)	Strictly follow the guidelines when shopping			Strictly follow the guidelines when shopping Shop at quieter times Limit the number of times you go to the shops	
Travel	Follow advice for general population				Do not take public transport

64 Scottish Government, Extra protection level advice for people at highest risk from coronavirus (COVID-19) (last accessed 22 December 2020) www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2020/10/covid-19-scotlands-strategic-framework/documents/extra-protection-level-advice-people-highest-risk-coronavirus/extra-protection-level-advice-people-highest-risk-coronavirus/govscot%3Adocument/extra-protection-level-advice-people-highest-risk-coronavirus.pdf

Appendix II: Case studies



Case Study: James, 35-44, Leicester

James lives alone on the outskirts of Leicester. He has no friends or family nearby, and his son from a previous relationship lives with his ex-partner. James works full time for an IT company, but was put on furlough for three months over the summer. He describes living in Leicester this year as being under “the 100 day lockdown”, as his local area was placed into local restrictions immediately following the end of the first national lockdown.

James says that the communication around local restrictions wasn’t clear, and that he had to go on “15 different websites” to find out what the rules were in his area. He found the websites of local newspapers like the Leicester Post most useful in explaining the rules. Ideally, James would like all the information he needs to know to be clearly and concisely laid out in one single place.

James feels that he hasn’t been impacted as badly as others by local restrictions, but does struggle with the monotony of working from home and rarely seeing other people. The introduction of local restrictions had a substantial negative impact on his mood. When the UK was approaching the end of the first national lockdown, he could see “light at the end of the tunnel” and was hopeful that he might be able to do more things and see more people again. Learning that his area was to be placed under local restrictions was “really frustrating”. His typical week under local restrictions looks the same as it was under both national lockdowns, meaning that little has changed for him during the eight months since the pandemic began.



I feel like you do the same thing without fail daily. You wake up, do your work, you stop, you watch TV, you go to bed, you rinse and repeat. You can’t do much when you go out. It’s all just sit indoors. It’s like prison in a way.

The biggest challenge James has faced during local restrictions has been getting used to spending most of his time at home, while his office is closed. He describes this as “destroying his mental health” as he feels he has little reason to get up in the morning or follow a routine.

However, James found that when he started reaching out to other people over WhatsApp, and talking about his feelings, this helped him

cope. Some of these people are James’ friends who he previously lost contact with, and others are acquaintances he met through a Father’s support group. While spending so much time alone, James has found sharing his feelings with others through messages very helpful, and has tried to help others do the same in return.

Nevertheless, James says that he would be reluctant to access support for his mental health. This is because he feels uncomfortable opening up about how he is feeling and does not want to admit that he is struggling and needs help, due to his “pride”. He also feels more comfortable writing his feelings down in messages, rather than having to verbally explain how he is feeling over the phone. He thinks that services designed to support people who might be feeling like he is should not be framed as for ‘mental health’ as this could be off-putting for some.



Just needs to be something there where you can chat to someone generally. Maybe not framing it as a mental health thing, you just want to chat to someone. Someone a bit normal, no judgement.



Case Study: Faith, 35-44, Swansea

Faith is a single mum in her 30s, living in Swansea. She is originally from South Africa and was an asylum seeker. She has been through a lot since arriving in the UK, including domestic violence and homelessness, and she appreciates now having a roof over her head and clothes for herself and her son. Faith didn't go out much even before Covid-19, as she has a young child and little income. Under local restrictions, she only leaves her house to take her son to school and to do food shopping once a week. Her friends don't live nearby and she has no family in the UK, but she keeps in touch with them over the phone.



Before Covid I relied on those friends . . . I don't have family around, I am the only person from my family who is in this country. It can take its toll sometimes but I've learned to live with it.

Faith is currently on benefits and income support. Now her son is at school she is looking for work, as she will lose her income support next year when he turns five. She would like to work but has felt that it has been difficult to find a job so far. She is not aware of support around finances, food or mental health being publicised under local restrictions. She says she is coping, but that if it was possible to get some support with groceries

that would be helpful, as she is just about managing to cover food bills at the moment. She loves food and wants to have good food, but in order to make ends meet she often has to make changes or cut things out, such as meat. She has got some food from a local food bank before, but says that the quality isn't great.

Faith makes a conscious effort not to watch the news as it is too negative and she doesn't want to hear how many people have died from Covid-19. When she wants to find out what the rules are and what's happening, she searches online. She also has a Facebook account where she follows the local council and government bodies for updates. Faith feels fairly informed about what is happening, but can sometimes feel unsure about some of the terms used and what "Tier" she might be under*. The strictness of the circuit breaker lockdown in Wales came as a shock to her, and Faith found herself stuck trying to get home when the bus station closed at 6pm.

Faith finds it very confusing that there are different rules in different parts of the UK and that the different leaders of the UK share different messages. She doesn't think anyone is deliberately trying to be confusing, but she would like there to be awareness that not everyone listening to the updates is a native English speaker or understands what rules apply where.



My problem is, as not a British person, it gets confusing when someone is talking for England, Scotland and Wales – I take myself out of the confusion and focus on my local council.

"The government is not trying to confuse us [non-native speakers] when they speak, it's just that we start from a [lower] reception level to understand what is being said."

* Faith lives in Wales, where there is not a Local Restrictions Tier system, unlike in England and Scotland.



Case Study: Anwar, 35-44, Birmingham

Anwar is in his 40s, lives in Birmingham, and is a full-time carer for his mum. Anwar's Mum is classed as clinically vulnerable and Anwar himself had open heart surgery last year.

Birmingham went into Tier 2 of Local Restrictions in October. Anwar was happy that under local restrictions things were slightly less strict than under the national lockdown, and that support bubbles were allowed. This meant that he was able to see more people without feeling guilty. However, in general, the family have stuck to doing very little since the first national lockdown.

He feels the quality of information about local restrictions has been worse than for the first national lockdown. The news confused his family, as it felt like things were changing all the time “we can leave but then we can't enter, or we can't enter back in but we can leave . . . it was confusing”. Anwar has received a lot of information about how to stay safe during Covid-19 from a carers support group he attends, but this information doesn't make local restrictions any clearer for him.

Despite this, Anwar thinks there is a “lot more knowledge about what to do [to protect yourself] but in terms of actual support there is very little”. The council did send the family a letter saying “if you need us call us”, but when Anwar did call to try and sort out his Mum's blue badge, he didn't get a reply back for 14 days and the issue still hasn't been sorted.

Mental wellbeing has been a challenge for Anwar due to his increased isolation. He has felt depressed and unable to understand his emotions. Anwar is on medication for his depression and has online appointments with a psychiatric nurse. However, Anwar says that the support isn't the same over the phone as it is when having a face-to-face chat. He feels he is stuck at home, isolated and lonely. As his mum is over 70 and has seen on the news that older people are more at risk, she has become very fearful of going out and very “paranoid” about anyone coming into their home. The family have also lost an Auntie and other relatives to Covid-19.

The family's heating, electricity and food bills have increased due to them spending more time at home. Their Universal Credit payment was increased by £20 at the beginning of the year which helped. They have so far managed, but Anwar says that if he knew where to go for increased financial support, they might take it. However, Anwar thinks he would be more likely to ask his siblings for financial support, as he fears he would have to jump through lots of hoops to access any official support.



Case Study: Rosie, 35-44, Glasgow

Rosie has been living in Glasgow for two years. She loves her area and finds the people very friendly. She's happy to have spent so long in one place, having spent a few years being moved around whilst she waited for the outcome of her asylum claim. She has no friends or family who live nearby, but she keeps in touch with people she met during the asylum process on the phone and through Zoom. Rosie has a number of serious health issues, including diabetes, so has been shielding since March, except when she has to go to medical appointments. Local restrictions have therefore made little impact on her, as she did not change her routines at all after the first national lockdown ended. Rosie is therefore unsure which Level of restrictions Glasgow is currently under.

Keeping busy while shielding has been very difficult for Rosie, as she doesn't have a television, laptop or internet access in her flat. Her neighbour has let her use his WiFi, so she was able to access the internet through her phone. Rosie can't remember first hearing about local restrictions, but she does

regularly read the news on her phone on the BBC, The Mirror and other sites. Rosie also received a text from the Home Office telling her that a local lockdown was being introduced, as well as a letter from her housing association. The community practitioner at her GP surgery has also been very helpful in making sure that Rosie has all the information she needs. Overall, due to concerns about her health and uncertainty over the specific rules of local restrictions, Rosie has decided to just stay at home as much as possible.



I try as much as I can to understand rules. I generalise everything. I just know I have to stay home because I don't know. You never know. Tier this and Tier that, I really don't know, so I just no matter what I stay at home. Just a total lockdown on my end.

Rosie is also concerned about how people who are not as confident in their English as she is are able to follow and understand local restrictions.

Fortunately, Rosie has been able to access support which has ensured she has been delivered food throughout the pandemic when she has not been able to go out. Rosie was already involved with the British Red Cross before the pandemic, so when access to food became a challenge during lockdown, she was linked up with local community projects and food banks who deliver food to her every week.

It is the isolation and not seeing other people which Rosie has found most challenging. Rosie was used to being heavily involved with charities and groups related to asylum and really appreciates that these meetings have been moved online so she can still talk to people. Being in a new country, where she doesn't have relatives, online meetings and groups have been a vital lifeline during this time.



I can read and write, but when it comes to this Tier thingy, I'm having problems, so how about people whose English is not as good as me? All those people should be catered for, so they [people communicating local restrictions] need to do more. Everyone has a right to know what's going on and how to protect themselves, and they [people with weaker English] don't know the gravity of the pandemic.



It's not only giving people money, but talking to people, listening to people that's the biggest thing. Because if you can't share your problems it will kill you.



Case Study: Karen, 35-44, Liverpool

Karen lives with her partner and three daughters, aged 9, 13 and 15. After Liverpool was first put into Tier 3 restrictions in October, Karen became very nervous that her daughters were still expected to go into school even with Covid-19 rates being so high. Karen spends most of her time in her house and is too nervous to go food shopping.

This year has been very difficult for Karen and her family financially. Being at home more often has meant that all their bills have increased and her benefits now often don't reach the end of the month. She thinks gas and electric companies could be more helpful and understanding when they know people are isolating at home. Karen is very thankful for the food vouchers from her daughter's school, but she has struggled to get them to work in some shops. She found it embarrassing to keep asking about the vouchers, so gave up in the end.

When the local restrictions came into place, Karen's worries about finances and the stress of having to spend more time alone brought on a bout of depression. Karen was unable to get out of bed for days and she felt overwhelmed. At one point, her family received a call from NHS Track and Trace telling them to isolate. This made Karen worry, as they were low on food in the house and she didn't know how she was going to get more. Karen's family have never accessed food from a food bank before and didn't know how to go about it. When they rang a local food bank, they were told they needed a referral from the doctor. This made Karen panic as she didn't feel able to deal with the process. Karen was eventually directed to the British Red Cross Coronavirus Support Line, who were able to get food sent to her quickly and even called her back to check how she was doing. Karen says that, in general, she doesn't like letting people know that she is struggling as it feels "shameful and embarrassing".



I wouldn't ask anyone for anything but I was desperate.

Karen feels that when people are put under local restrictions or told to isolate, someone should check that they have food, gas and electricity in their homes. It would also be nice to get a call from someone asking how they are doing.