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COVID-19 OPERATIONS CABINET COMMITTEE (COVID-O)

19 January 2021

REMOVING BARRIERS TO SELF-ISOLATION AND IMPROVING ADHERENCE
PAPER FROM THE DEPARTMENT OF HEALTH AND SOCIAL CARE (DHSC)

Summary

1. Self-isolation of people who have coronavirus is an integral part of the COVID-19 response and will remain so throughout the medium term alongside ongoing roll-out of vaccination, particularly in light of the threat posed by new variants. To drive up self-isolation of people with the virus and their contacts, it is essential not only to improve compliance for people who test positive but also to ensure high initial uptake of testing, both for people with symptoms and for high-risk people in asymptomatic groups. If our policies do not achieve high take-up of testing, we undermine the ability of the rest of our systems for contact tracing, self-isolation and local outbreak management to break chains of transmission. Now that contact tracing is working very effectively, with over 90% of index cases and contacts reached, we must further increase take up of testing, and isolation of those who need to isolate.
2. Individuals are expected to self-isolate if they or another household member have symptoms of COVID-19 and are legally obliged to do so if they test positive for COVID-19 or if they are a close contact of someone who has tested positive. While daily contact testing will be an important option in the future, right now we need to take decisive action to drive up take-up of testing and compliance with self-isolation. As case rates come down, we can combine stronger support for positive cases and stronger enforcement and compliance measures with daily contact testing.
3. This paper sets out the current evidence base and seeks agreement to the following mutually supporting elements:

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- Ramp up national communications campaigns, local engagement and targeted Test and Trace activity to improve the clarity of messaging around self-isolation requirements and raise awareness of the support available.
- Work with local authorities to provide a more consistent, visible and accessible framework of practical, social and emotional support, where it is needed, for people self-isolating.
- If and when daily contact testing is rolled out:
 - discontinue eligibility for the £500 Test and Trace Support Payment for contacts of confirmed cases, with a limited number of exceptions, including a parent or guardian of a child who is self-isolating;
 - extend eligibility for people who test positive beyond those on means-tested benefits. The paper sets out a range of options on which we would welcome the Committee's views.
- Update data sharing provisions to allow Test and Trace to provide police with relevant information, including the health status of the individual, to enable the police to enforce against breaches of the legal requirement to self-isolate when someone has tested positive with COVID-19.

Evidence base

4. Of the contacts surveyed by NHS Test and Trace in August and September 2020, 58% said they did not leave their home during self-isolation and 88% say they did not have close contact with people outside their household, with early results suggesting similar compliance rates for positive cases.¹ While these survey results most likely exaggerate compliance because of reporting bias, they suggest only a minority of people who have tested positive engage in activities likely to cause onward transmission. However, any improvement in compliance will contribute to stopping the spread of the virus.²
5. More fundamentally, there is a far larger number of people with the virus who could be self-isolating but are not doing so because they are not coming forward for testing in the first place. Based on the most recently available ONS data³, testing is successfully

¹ DHSC isolation survey – close contacts of confirmed cases (responses from 25 August 2020 – 14 September 2020). More recent survey data indicate higher reported compliance, but the results are likely to be distorted by national lockdown measures.

² SPI-B. The impact of financial and other targeted support on rates of self-isolation or quarantine. 16 September 2020.

³ Based on ONS estimated cases up to 22 November. The % has fluctuated from around 40% to 70%, with an average of around 50%.

identifying around 50% of positive cases. To optimise the overall impact of Test and Trace, it is essential to increase that proportion by encouraging more people – both symptomatic and in asymptomatic groups – to be tested. This is particularly important particularly in groups where there is the greatest risk of onward transmission by virtue of people's living conditions, working circumstances and other factors.

6. The most recent Cabinet Office polling indicates that only 36%⁴ of people with symptoms are coming forward for testing and that wanting to avoid self-isolation is now the single biggest reported barrier to requesting a test. The DHSC/BMG survey of people with symptoms who haven't had a test shows only around 26% reported compliance with self-isolation, with 15% reporting going to work. Local authority investigations of local outbreaks have often identified people with symptoms who carried on working. Local authorities also cite concerns about self-isolation as one of the most significant factors likely to affect uptake of community testing and other asymptomatic testing programmes. Action that successfully allays people's concerns about the impact of self-isolation can therefore be expected to improve both take-up of testing and subsequent adherence to self-isolation for those who test positive.
7. Evidence suggests that the main barriers to self-isolation relate to:
 - a. **Awareness:** a lack of accurate understanding about self-isolation requirements and the public health risks associated with not complying.
 - b. **Ability to self-isolate and wellbeing:** a need to leave home for essential supplies or to perform caring responsibilities or other practical tasks (e.g. dog walking); or concern that self-isolation will have a detrimental impact on mental health or wellbeing, including the effects of loneliness and boredom.
 - c. **Financial concerns:** while reported willingness of those on low incomes to comply with self-isolation rules is the same as other income groups, their reported ability to comply is lower, and lower socio-economic status is associated with lower compliance.⁵
 - d. **Scepticism:** a lack of belief in the scientific evidence or general resistance towards coronavirus rules and restrictions.

⁴ YouGov thrice weekly polling for the Cabinet Office, 4-6 January. From 14 September to the 30 December, the rate was even lower, ranging from 16% to 26%.

⁵ Smith LE, Potts HWW, Amlöt R, Fear NT, Michie S, Rubin GJ. Adherence to the test, trace and isolate system: results from a time series of 21 nationally representative surveys in the UK (the COVID-19 Rapid Survey of Adherence to Interventions and Responses [CORSAIR] study). BMJ (submitted)

8. To address those barriers, countries have adopted very different approaches to encourage self-isolation. **Annex A** sets out specific international approaches, but the majority of countries that are considered to have performed well have adopted a multi-faceted approach with targeted communications, financial compensation schemes, non-financial support and effective enforcement.
9. The proposals in this paper build on the existing four-fold strategy to improve compliance with self-isolation in England:
 - a. **Communications** to improve awareness of when people need to self-isolate, what this involves, its importance in stopping the spread of the virus, the support available and the consequences of breaking the rules.
 - b. **Practical interventions** to provide social and emotional support for those who need it, organised by local authorities and community groups.
 - c. **Financial support** for people who need it to support successful self-isolation.
 - d. **Enforcement** action against both individuals and employers for the most serious breaches of the legal self-isolation requirements introduced on 28 September 2020.

Ramping up communications

10. The Cabinet Office Communications Hub has been running a self-isolation campaign on social and digital channels, which it is preparing to improve and ramp up. The campaign reinforces the need for people to self-isolate immediately if they are symptomatic or have tested positive, makes clear this means not leaving the house throughout the 10-day period, and explains how people can access support. NHS Test and Trace is improving information about self-isolation on its website, expanding the remit of the NHS Test and Trace 119 service to respond to queries about self-isolation and strengthening messaging on self-isolation requirements at key points throughout the user journey, including through the NHS COVID-19 app. This is in addition to existing regular communication from NHS Test and Trace via text, email and phone for those instructed to self-isolate.

11. Test and Trace and MHCLG will also work with councils to go further in reaching vulnerable and hard to reach groups. MHCLG's £25m Community Champions scheme is funding 60 local authorities with high proportions of ethnic minority and disabled communities to run a new wave of communications and engagement, led by community members. Several regions have already started to develop bespoke

products to strengthen messaging about the importance of self-isolation, with particularly positive initial feedback from the North East campaign. We will work with regional partnership teams to help spread the most successful practice, using local, tailored communications to complement national campaigns.

Recommendation

- **Ramp up national communications campaigns, local engagement and targeted Test and Trace activity to improve the clarity of messaging around self-isolation requirements and raise awareness of the support available. (Early February)**
12. In the longer term, consideration should also be given to the wider approach towards illness in the UK. At present, there is a general assumption that when you are ill, you should carry on as normal rather than staying home and resting. This is problematic and the pandemic could present an opportunity to rethink this attitude. For instance, following SARS in 2003, it was recognised as sensible, reasonable and polite for someone to refuse to meet you for the first three days after aeroplane travel in certain Asian countries, given the virus transmission risks associated with flying. Opportunities to use communications to influence public attitudes around illness should be pursued as a priority.

Improving practical support

13. Some individuals self-isolating can access practical and emotional support (e.g. help with food deliveries, befriending services, support with essential tasks) from local authorities, voluntary/community organisations, and the NHS Volunteer Responder network. However, there is considerable local variation in the extent, visibility and timeliness of support available. Local authorities are funded to arrange support for clinically extremely vulnerable (CEV) people through the shielding programme. If the shielding support framework were adapted to provide a more consistent, visible and accessible support offer for people who are self-isolating, the estimated cost would be up to around £26m per month, based on the 9% of those told to self-isolate by Test and Trace who indicate a specific support need and current levels of prevalence. The capacity to deliver this proposal is likely to vary greatly between local authorities; departments would need to work with councils to co-design the scheme and provide clear public messaging about how to request support. Councils and other local partners

would need clarity on expectations and priorities, as well as sufficient lead-in time. Local lead-in times would vary, depending on the extent of support already offered and concurrent pressures faced by councils.

14. Community pharmacies are currently funded to provide a medicines delivery service for people who are shielding. We propose to expand the scheme to cover self-isolating individuals, eliminating the need for them to leave home to collect essential medication. The estimated cost would be around £5m per month.

15. **Alternative accommodation for people who are self-isolating:** A lack of suitable accommodation is frequently cited as a barrier to successful self-isolation. MHCLG officials considered options for sourcing alternative accommodation for those self-isolating, including through local authorities and private-sector partners, such as hotels and Airbnb. However, Ministerial steers are that there are significant delivery challenges and legal risks that mean it is unclear whether enough accommodation of the right type and quality, in the right areas, could be sourced to make this a viable offer for people self-isolating. It is also unclear how many people would take up an offer of accommodation, particularly if it meant separating vulnerable people from their families and support networks. Given the concurrent pressures on local authorities at present, MHCLG Ministers recommend focussing on options with better known public health and compliance benefits, and options with less delivery and health risks.

Recommendations:

- **Work with local authorities to provide a more consistent, visible and accessible framework of practical, social and emotional support for people self-isolating, modelled on the Shielding support framework (by end of February).**
- **Expand the medicines delivery service to cover people self-isolating (likely two to three week lead-in time following funding approval and agreement on patient validation).**

Financial support

16. Financial support can help increase compliance with the requirement to self-isolate and incentivise more people to get tested. As part of investigations into local outbreaks, local directors of public health have discovered that people continued to work with

symptoms and did not self-isolate because of potential financial hardship. Research conducted by the Cabinet Office Behavioural Insights Team (BIT) has shown that being guaranteed full pay was the strongest incentive to increase support for workplace testing and encourage workers to get tested.⁶ Nearly all countries that have successfully contained the virus provide financial support for self-isolation, whether through income guarantees, sick pay or targeted payments (see Annex A for more information).

17. In the UK, the Government already provides a range of financial assistance to people who are unable to work because of COVID-19. This includes Statutory Sick Pay (£95.85 a week, which can be claimed from the first day of isolation); Universal Credit, with rules relaxed for self-employed claimants (c.55% of self-employed people are eligible for some Universal Credit support if they are unable to work); and the Coronavirus Job Retention Scheme, with employees receiving 80% of their current salary for hours not worked, up to £2,500.
18. In addition to these support schemes, the Test and Trace Support Payment (TTSP) scheme provides a £500 lump sum to people on low incomes who have been told to self-isolate and cannot work from home. Eligibility is largely restricted to people in receipt of one of seven means-tested benefits, but with additional funding for local authorities to make discretionary payments to other applicants who they judge will suffer financial hardship as a result of self-isolation. HMT and DHSC have recently agreed that the scheme will be extended for two months (to 31 March 2021) on the understanding that the eligibility criteria will be reviewed. As of 18 January, over 70,000 payments have been made at a cost of £35m.
19. DHSC and BIT officials conducted a review of the first six weeks of TTSP and identified five key findings:
 - **The £500 payment to eligible people has supported people to self-isolate.** Tens of thousands of low-income workers have been supported so far. There is compelling anecdotal evidence of the impact of the £500 payment on low-income workers' ability to self-isolate.
 - **The eligibility criteria exclude some people who face hardship,** for example, people who earn slightly above the income thresholds for the qualifying means-tested

⁶ Two online experiments conducted by the Cabinet Office Behavioural Insights Team (3,774 UK adults on 28-30 Nov 2020 and 2,019 UK adults on 4-8 Dec 2020) tested which workplace incentives perform best to increase support for workplace testing.

benefits and parents/guardians who have to miss work to look after a child who is a non-household contact.

- **The discretionary scheme has led to a ‘postcode lottery’.** Local authorities have introduced very different criteria to manage the discretionary fund, resulting in inconsistency and lack of clear public messaging about who can expect to qualify for support.
 - **Administrating the scheme is resource intensive.** There are significant volumes of queries regarding the scheme, including complaints from people who do not meet the eligibility criteria.
 - **The application process is too complex.** SPI-B has recommended that financial support is most likely to be effective if it is paid out rapidly⁷, but it currently takes councils an average of 10 days to process, pay out and log successful applications. This has contributed to significantly lower than expected uptake (around 25% of those estimated to be eligible).
20. If daily contact testing can be rolled out, contacts of confirmed cases will be able to forego the need for self-isolation unless they test positive. The public health justification for daily contact testing is likely to rely in part on our confidence in being able to use it as an opportunity to improve uptake of testing and, for those who test positive, compliance with self-isolation. Although contacts will have the option of self-isolation, **we propose that TTSP should be restricted to positive cases** when daily contact testing is made available, subject to identifying any exceptions where a contact could not reasonably be expected to take part in daily testing, and that the savings should be used to help improve financial support for confirmed positive cases as set out below. The resources freed up would depend on the number of positive tests per day. For instance, assuming 33% uptake, the current scheme would cost £9m per week (including administrative costs) if restricted to positive cases, compared to £29m per week if contacts continued to be eligible. HMT have already agreed to extend the TTSP to the end of March, on the premise that TTSP will be restricted to positive cases once daily contact testing becomes widely available.
21. **We also propose that TTSP should be available to a parent or guardian (one per household) who is taking time off work to look after a child who has tested**

⁷ SPI-B, ‘The impact of financial and other targeted support on rates of self-isolation or quarantine’, 16 September 2020, p.6.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/925133/S0759_SPI-B__The_impact_of_financial_and_other_targeted_support_on_rates_of_self-isolation_or_quarantine_.pdf

positive for COVID-19. We recommend this covers the parents and guardians of nursery and primary school-aged children, and parents who care for secondary school-aged children who have support needs, the costs of which are reflected in the wider options below. HMT have already agreed to this change.

22. **We have identified four broad options for expanding the coverage of TTSP for people who have tested positive.** The options are designed to provide, to varying degrees, more certain and predictable entitlement to financial support. As a minimum, this needs to reach people currently seeking but being rejected discretionary funding, but – to maximise benefits – the aim should be to reach anyone likely to be deterred for financial reasons from taking a test or, if they test positive, from self-isolating. By limiting the scheme to those who test positive but expanding eligibility within that group, we would achieve greater value from this investment by improving both testing uptake and compliance with self-isolation for those who test positive. Even a relatively small improvement in these areas would have a major impact. If, for instance, we consider a population with 100,000 new daily cases, where the current rate of identification by testing is 50%, assumed compliance with self-isolation is 50%⁸ and there are on average 2.5 contacts per case, then even if testing uptake (as a proportion of infected cases) rose by only 5 percentage points and compliance with self-isolation by only 5 percentage points, this would result in around 5,000 more people (5% of all those infected) self-isolating, as well as an extra 12,500 close contacts (a 10% increase) identified and instructed to either self-isolate or take daily tests. This would represent clear value for money.
23. The cost estimates below assume 33% uptake of the scheme (allowing for some improvement from current uptake of around 10-30% of those eligible) and 45,000 positive cases a day. Options 1 and 2 could in practice have higher uptake, but it is difficult to estimate by how much (Annex B sets out full cost exposure). Costs would reduce in so far as prevalence falls. Options 1-3 would allow the discretionary element of the current scheme to be discontinued. All costings include administrative costs. These options would all require new funding from HMT.

Option 1: Make universal payments to all positive cases. Anyone who tested positive for COVID-19, irrespective of their age, employment status or ability to work from home, would be eligible for TTSP. This would be straightforward for local authorities to

⁸ Based on estimates from Test and Trace survey, but with downward adjustment for assumed reporting bias

administer, though it would lead to significantly greater volumes of applications than under the current scheme. Although this option would have the highest deadweight costs, it would also provide the greatest certainty and have the greatest impact on uptake of testing. It could possibly cause perverse incentives for some people who are not working to catch the virus in order to test positive and be paid £500, but the likelihood of this is considered low. This option would result in **198,000 people being eligible per week, which could cost £112m per week.**

Option 2: Make payments to all positive cases who cannot work from home while they self-isolate. Anyone who is employed or self-employed, cannot work from home and is losing income while self-isolating would be eligible. Most people who are furloughed would not be eligible. Local authorities would have to manage fewer applications than Option 1 but would need to check (as they do now for a more limited group) that applicants were employed or self-employed and that they would lose income because they were unable to work from home. This option would result in **106,000 people being eligible per week, which would cost £60m per week.**

Option 3: Make payments to positive cases who are on means-tested benefits or earning less than £26,495/year (the median income for England, including London). This would target additional support at people on lower incomes, without local authorities facing the administrative complexity of applying local discretionary rules. Local authorities would have to deal with higher volumes of applications than under the current scheme and would have to include an additional step in the administrative process to verify applicants' income levels (if not on a means-tested benefit). This option would result in **53,000 people being eligible per week, which would cost £30m per week.**

Option 4: Do not alter the national eligibility criteria (beyond excluding contacts and including parents of self-isolating children), but significantly expand the discretionary funding available to local authorities. This would enable local authorities to target funding to those in greatest need who do not currently qualify. However, it would impose a significant burden on local authorities, who would have to assess each case against local eligibility criteria. It would also have limited impact in encouraging greater uptake of testing, because potential applicants could not be sure in advance of applying whether they will be judged to meet the discretionary criteria.

24. A more radical approach would be to introduce an earnings replacement or compensation scheme, linked to individual levels of income, rather than a lump sum £500 payment. This would have the key benefit of tailoring payments to individual levels of lost earnings, but there would be complexities in assessing lost earnings for groups such as people on zero hours contracts, agency workers and the self-employed.

Recommendations

Following the implementation of daily contact testing (with up to four-week lead-in time from point of notifying local authorities of changes):

- **Restrict eligibility to positive cases, subject to identifying any exceptions for contacts who cannot reasonably be expected to participate in daily testing.**
- **Extend eligibility to a parent or guardian (one per household) who is taking time off work to look after a child who has tested positive for COVID-19.**
- **Widen eligibility criteria for positive cases to improve compliance with self-isolation and help increase testing uptake, based on one of the four options above.**

Enforcement

25. It is important that we have an effective enforcement mechanism both to act as a deterrent and to take action against the most serious breaches. The current approach for enforcement of self-isolation has been difficult to implement due to issues in ensuring the evidentiary chain, with only 155 fixed penalty notices (FPNs) issued by the police to date. Police have expressed a reluctance to issue FPNs because of challenges in evidencing that the person recorded as being under a legal duty to self-isolate is definitely the same person who took a test or was definitely a close contact of a confirmed case – and in evidencing a clear breach of the self-isolation rules.

26. DHSC and Home Office, working with the National Police Chiefs Council, have agreed improved arrangements to increase the likelihood of FPNs being successfully prosecuted, with an initial focus on positive cases (rather than contacts). Changes are due to be made shortly to the Self-Isolation Regulations to reflect these new arrangements. Where there is a suspected breach of the legal requirements, this will involve sharing data about whether the individual in question is required to self-isolate because they are a confirmed positive case or because they are a contact, given the different evidence required in these two scenarios. This will mean departing

assurances given to parliament and the public that Test and Trace would not share individuals' health data with the police. There is a risk that people will see this as encroaching on privacy and civil liberties, and this could deter some people from being tested or sharing information about their contacts. Legal review of the proposed changes to regulations suggests that it is, however, necessary and proportionate to share this information with the police. The Home Secretary and Secretary of State for Health and Social Care have agreed this approach.

27. We would not expect this change to lead to a large surge in the number of FPNs issued. Importantly though, we expect it would have a positive impact on behaviours because targeting individuals who should be self-isolating would at the very least remind and encourage them to do so. Furthermore, if we do not implement a solution to address police concerns soon, forces may stop issuing FPNs for breaches of self-isolation. This would become publicly known very quickly which would undermine confidence in the police's ability to enforce, as well as lessen the deterrent effect of the regulations and risk compromising public health.

Recommendation

- **Enhance the effectiveness of enforcement arrangements for breaches of the legal requirements for self-isolation by updating data sharing arrangements to enable Test and Trace to provide police with additional information on individuals who have been instructed to self-isolate. (By end of January)**

28. We have identified good examples of multi-agency approaches locally, aimed at dealing with non-compliance of this type, with the police working hand in glove with councils and other agencies. DHSC and Home Office will work with the police and councils to more rapidly spread these successful local approaches.

Next steps

29. Subject to COVID-O views, DHSC will work with HMT and Cabinet Office to agree funding arrangements for those changes that require additional resources, including identifying how far proposals can be funded within existing budgets, including the Contain Outbreak Management Fund (COMF) and how far it would require additional

funding.⁹ NHS Test and Trace is able to contribute up to £300m funding for the remainder of the 2020/21 financial year by reprioritising within its own budget.

30. The recommendations in this paper are specific to England. There is currently a high level of alignment across the UK on support for self-isolation, including equivalent Scottish and Welsh £500 support payments and a discretionary fund in Northern Ireland. We should engage the devolved administrations as early as possible on planned changes to our approach to seek to align the self-isolation support offer in different parts of the UK and avoid confusion for citizens.

⁹ Between 1 June and 2 December 2020, the total amount spent on support for people self-isolating was approx. 4% of the total COMF allocation. Total spend was significantly higher on testing (20%), compliance measures (13%) and contact tracing (12%). Data is based on returns from approx. 66% of all upper tier local authorities.

Annex A

International comparisons

Communications

Japan's 'Avoid the Three C's' campaign¹⁰, New Zealand's App awareness campaign¹¹ and Singapore's 'A Safe Singapore' campaign all make use of online and in-print information sheets to raise public awareness. New Zealand have created short videos depicting key parts of their test and trace user journey to raise awareness of the process. Similarly, South Korea have created a public information video to promote their '3 Principles' response to the pandemic¹². Other methods range from COVID-19 information websites to TV broadcast and print media.

Financial and non-financial support

Nearly all countries that have been successful in containing or eliminating the virus provide generous financial packages to their citizens who must self-isolate, whether through income guarantees, sick pay or targeted payments. For instance, the state of Victoria in Australia offers £800 one-off payments to eligible individuals who are forced to quarantine and in Taiwan, all those in self-isolation receive a non means-tested stipend of around £27 a day, in addition to any pay that their employer continues to pay them. In Germany, anyone required to self-isolate is paid 67% of their normal salary, up to a cap of £1,800 a month.

Internationally, several different approaches have been adopted. For instance, in Denmark food packages of three meals a day are offered free of charge, having previously cost 150kr (£13.46) a day for the three meals. Denmark have reported an estimated high compliance in self-isolation. Germany, Spain, South Korea and France also provide food packages. In Italy there is an arrangement with the Red Cross locally.

¹⁰ <https://www.mhlw.go.jp/content/3CS.pdf>

¹¹ https://covid19.govt.nz/assets/resources/posters/how-contact-tracing-keeps-us-safe_cartoon.pdf

¹² <https://www.youtube.com/watch?reload=9&v=sFSr6tosDkE&feature=youtu.be>

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Financial support

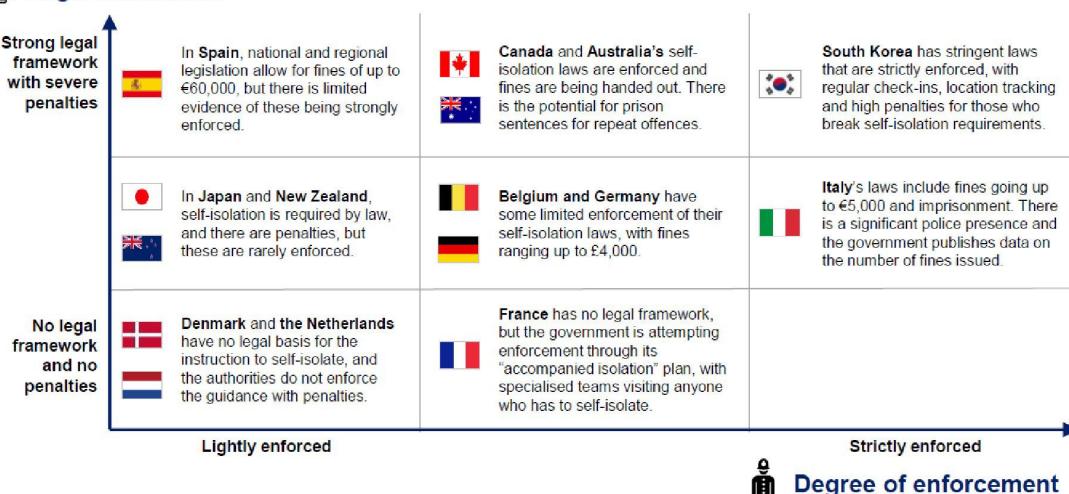
 Canada compensates anyone who has to self-isolate, or who is unable to work. New Zealand pays employers to allow employees to self-isolate at home	 Germany compensates individuals fully for lost earnings (up to six weeks) as a result of self-isolation, and also compensates parents if school closures result in lost earnings	 In South Korea , assistance is coordinated at local level, and usually includes financial support, free food in isolation facilities, and food deliveries to those isolating at home.
 Australia supports people who are already receiving state support, or who are experiencing financial hardship as a result of self-isolation.	  Italy and Spain extend sick pay to those who self-isolate (although not always contacts) and also support vulnerable people with food and medicine. Japan's assistance varies by city but can include cash hand-outs and food deliveries.	 France offers paid sick leave to those self-isolating, although this does not always include contact cases. In December , France set up an "accompanied isolation service", offering food deliveries and home visits.
  Belgium and the Netherlands do not offer any support that is directly tied to self-isolation instructions.	  Denmark has made separate isolation facilities available to anyone. Since December , these have provided free meals. In December , New York began providing self-isolation assistance packages with food, medicine and PPE.	No additional support for self-isolation Additional support for the vulnerable Additional support widely available

Non-financial support

Enforcement

There are a range of approaches used internationally to deal with enforcement from the very light touch approaches taken by Denmark and the Netherlands, where there is no legal basis for self-isolation, through to examples like South Korea, who conduct regular check-ins, location tracking and have high penalties for those who break the rules. Most countries with a legal framework enforce fines ranging from small to as high as 60,000 Euros in Spain, although we have been unable to obtain evidence as to how often these are used.

 **Legal framework**



Case Study: Australia

Self-isolation is imposed for 14 days. If, at the end of that period, the isolating case is still asymptomatic and has received a negative test, they are free to leave isolation. Those that refuse to be tested (in ACT and NSW) must isolate for 24 days. Although no data is available, the overall assessment is that compliance appears to be very high. Self-isolation is enforceable by Law. At state level, the government of NSW issued Orders under its Public Health Act (2010) defining restrictions and providing a legal basis for police fines for non-compliance. The state of Victoria declared a state of disaster under its Public Health and Wellbeing Act to provide the legal basis for enforcement. State health authorities regularly check-in and follow up with isolating cases, in person (random door to door) or by the phone to ensure adherence to self-isolation, tracking of symptoms and mental well-being. Isolating cases are also required to complete daily status updates via an online questionnaire.

Federal benefits and support include a Coronavirus Supplement (A\$550 per fortnight until 24 September, then A\$250 per fortnight until 31 December, then A\$150 per fortnight until 31 March 2021) which is applied automatically to those in receipt of an eligible income support payment. In addition, there are state-level support schemes:

- The Pandemic Leave Disaster Payment, a A\$1500 payment which is a taxable income, only made available to permanent residents or Australian citizens who need to self-isolate due to a positive Covid-19 test or because they are caring for someone with a positive test. This is administered federally and only available to those who live in Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria or Western Australia who have no income, earnings or salary from paid work, no income support payments, ABSTUDY Living Allowance, Paid Parental Leave or Dad and Partner Pay, no JobKeeper Payment and no ACT COVID-19 Hardship Isolation Payment.
- A\$450 Covid test isolation payment is administered by the State for those in Victoria who are required to self-isolate whilst they await a Covid test result, are not receiving an income during this time and have exhausted all sick leave or other options.

Annex B – Estimated costs for the Test and Trace Support Payment scheme

The devolved administrations will receive Barnett consequential on any new funding that is provided for the Test and Trace Support Payment Scheme.

33% uptake – 45,000 and 60,000 cases

Table 1: Costs of the Test and Trace Support Payment Scheme with 33% uptake and 45,000 daily cases

	Eligible applicants per week	Cost of £500 payments per week	Administrative cost per week	Total cost per week
Option 1: pay everyone who tests positive	197,673			£112,080,552
Option 2: pay everyone who tests positive and cannot work from home	106,324			£60,285,693
Option 3: pay everyone who tests positive, cannot work from home and earns less than £26,495	53,162		I&S	£30,142,846
Option 4: current scheme	15,949			£9,042,854

Table 2: Costs of the Test and Trace Support Payment Scheme with 33% uptake and 60,000 daily cases

	Eligible applicants per week	Cost of £500 payments per week	Administrative cost per week	Total cost per week
Option 1: pay everyone who tests positive	263,540			£149,427,240
Option 2: pay everyone who tests positive and cannot work from home	141,756		I&S	£80,375,805
Option 3: pay everyone who tests positive, cannot	70,878			£40,187,903

work from home and earns less than £26,495		I&S	
Option 4: current scheme	21,263		£12,056,371

100% Uptake – 45,000 and 60,000 cases

Table 3: Costs of the Test and Trace Support Payment Scheme with 100% uptake and 45,000 daily cases

	Eligible applicants per week	Cost of £500 payments per week	Administrative cost per week	Total cost per week
Option 1: pay everyone who tests positive	599,009			£339,638,038
Option 2: pay everyone who tests positive and cannot work from home	322,194			£182,683,918
Option 3: pay everyone who tests positive, cannot work from home and earns less than £26,495	161,097			£91,341,959
Option 4: current scheme	48,329			£27,402,588

Table 4: Costs of the Test and Trace Support Payment Scheme with 100% uptake and 60,000 daily cases

	Eligible applicants per week	Cost of £500 payments per week	Administrative cost per week	Total cost per week
Option 1: pay everyone who tests positive	798,606			£452,809,819
Option 2: pay everyone who tests positive and cannot work from home	429,564		I&S	£243,563,046
Option 3: pay everyone who tests positive, cannot	214,782			£121,781,523

work from home and earns less than £26,495		I&S	
Option 4: current scheme	64,435		£36,534,457

Assumptions for the number of applicants

The number of people who test positive does not directly multiply by £500 to get the scheme cost. For example, for Option 1 in a scenario of 45,000 daily cases and 33% uptake, the total number of eligible applicants is 197,673. This includes:

- people expected to test positive via PCR test per week: 103,950.
- people expected to test positive through a lateral flow device test: 42,240.
- people who are initially identified as contacts, but then test positive during their isolation period: 35,248.
- one parent/guardian, in instances where a child tests positive when the parent/guardian does not: 16,325.

This methodology has been applied across the different options.

There are no restrictions on Option 1 – every applicant who tests positive is eligible for the payment. Options 2 and 3 have been restricted and based on ONS data, assume 55% of people are of working age, economically active and not working from home. Option 3 has been restricted further based on current salary and benefits data.

Payments are only made to people who test positive. Each case is assumed to generate 1.7 contacts from contact tracing and 0.8 incremental contacts from the app, with an assumption that 20% will then go on to test positive. These figures are based on the total number of close contacts reached and asked to self-isolate between 26 November 2020 and 2 December 2020.