

Expert Report for the UK Covid-19 Public Inquiry

An analysis of the effectiveness of COVID-19 financial support and the impact on adherence with the Test, Trace and Isolate system

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Author statement

"I confirm that this is my own work and that the facts stated in the report are within my/our own knowledge. I understand my duty to provide independent evidence and have complied with that duty. I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my/our true and complete professional opinions on the matters to which they refer."

Richard Machin

26th March 2025

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Preamble

1. The author of this report is Richard Machin.
 - a. Richard Machin is an Associate Professor in Social Policy in the Social Work, Care and Community Department at Nottingham Trent University. He specialises in research on the UK social security system, poverty, and financial wellbeing. Recent research has focused on the Homes for Ukraine Scheme, Personal Independence Payment and debt and financial capability for prisoners and ex-offenders. His COVID-19 research explores financial support available to vulnerable groups and local government experience of managing the pandemic. He is co-editor of the policy and practice section of the Journal of Poverty and Social Justice and is an advisory board member for Trussell Trust's Hunger in the UK research.
 - b. Richard Machin gratefully acknowledges the contributions of Rich Pickford, Manager of Nottingham Civic Exchange (Nottingham Trent University), particularly with the development of the report recommendations, and Sam Williams (Research Assistant, Nottingham Trent University) for the completion of a literature review on financial support provided during COVID-19.

Executive Summary

Scope of the Report:

2. This report evaluates the effectiveness of financial assistance that was available to support and/or encourage self-isolation during the COVID-19 pandemic. The main focus is on the self-isolation payments that were introduced in 2020 in all four nations of the UK. These payments provided financial support to people on low incomes who were required to self-isolate but who would lose income as a result of not being able to work from home. Different self-isolation payments schemes were introduced in the four nations of the UK:
 - England: Test and Trace Support Payments
 - Scotland: Self-isolation Support Grant
 - Wales: Self-isolation Support Scheme
 - Northern Ireland: Discretionary Support self-isolation grant
3. Each of these payment schemes is analysed to explore how their availability and level of payment affected adherence to self-isolation and provided financial support. The eligibility criteria for each of the schemes is examined and the different ways in which the schemes were administered is explored. The relationship between self-isolation payments and other social security and welfare payments is discussed to provide a perspective on the overall level and adequacy of financial assistance available to people who were required to self-isolate. Consideration is given to the unequal impact of self-isolation on different groups in society with a particular focus on socio-economic status. Table 1 below provides a summary of the key features of the different self-isolation payment schemes.

Table 1: Summary of key features of self-isolation payment schemes

Scheme	Key Features
<p>England: Test and Trace Support Payment</p>	<ul style="list-style-type: none"> • Local authorities administered payments. • The main scheme issued payments of £500 to applicants in receipt of a means tested benefit. A separate discretionary element was also available to applicants who could demonstrate financial hardship as a result of self-isolation. • There were significant regional variations in how self-isolation payments were issued. Some local authorities exhausted funding for the discretionary element and, overall, there was a high rate of refusal for payments.
<p>Scotland: Self-isolation Support Grant</p>	<ul style="list-style-type: none"> • Self-isolation payments were issued through the existing Scottish Welfare Fund. • A main scheme was available to applicants in receipt of means-tested benefits. A discretionary element was available to offer support to people without recourse to public funds. • Applicants could apply in a variety of ways (including online or phone). • Payment was initially set at £500 but was changed several times to reflect changes in self-isolation guidance (£225 from 1 May 2002 and £250 from October 2022). • An independent review recommended that future schemes should operate on an entitlement, rather than discretionary basis and be delivered centrally (Scottish Government, 2022a).
<p>Wales: Self-isolation Support Scheme</p>	<ul style="list-style-type: none"> • Local authorities delivered a main scheme for applicants in receipt of a means-tested benefit or a discretionary element where there was evidence of financial hardship. • The initial payment of £500 was increased to £750 (August 2021) after a stakeholder engagement exercise and reduced to £500 in January 2022 for the remainder of the scheme until June 2022. • An official review found that public awareness of the scheme was low, there was confusion about differences between the main and discretionary scheme and the scheme website was hard to navigate.

<p>Northern Ireland : Discretionary Support self-isolation grant</p>	<ul style="list-style-type: none"> • Self-isolation support payments were based on the extent of financial hardship and household composition, making this scheme significantly different, and broader in scope, than those delivered elsewhere in the UK. • The scheme was delivered through the existing Discretionary Support Scheme. A more person-centred approach was adopted with telephone triage and application support. • Some concerns were raised that public awareness of the scheme was low because it was part of an existing welfare scheme and that the Department for the Economy would have been better placed to deliver self-isolation payments than the Department for Communities.
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Key Findings

4. This report finds that there is clear evidence that the ability and willingness to self-isolate is linked to financial status. The UK Government acknowledged the risk that people would not self-isolate because of their financial circumstances. This expert report recommends that self-isolation payments should sit alongside other forms of non-financial and practical support (such as food parcels, delivery of medication, referrals to voluntary sector organisations for wellbeing/practical support).
5. The self-isolation payment schemes were developed and implemented at speed and evolved over time to reflect the changing dynamics of the pandemic. While changes were implemented to enhance the schemes, these changes also caused administrative complications and contributed to a low public understanding of the payments.
6. There is an important relationship between self-isolation payments and the broader social security system. Self-isolation payments were introduced alongside a significant range of temporary COVID-19 amendments to the social security system. For some people, the temporarily enhanced levels of social security payments provided protection from the need to claim self-isolation support payments. For others, a newly established entitlement to social security benefits acted as a passport to eligibility for self-isolation support.
7. There are important links between financial security and mental health. This means that in a future pandemic self-isolation support payments should be seen as a policy priority in terms of overall wellbeing, as well as to promote self-isolation adherence. The Money and Mental Health Policy Institute (2025) highlights that financial difficulties are commonly associated with stress and anxiety, can have a negative impact on personal relationships, and can result in people cutting back on essentials such as food and utilities.
8. Similarly, academic research has found a reciprocal relationship between financial difficulties and psychological distress. For example, Jiménez-Solomon et al (2024) identified the negative mental health impacts of a reduction in income; a study by Kiely et al (2015) found that people with 'cash-flow problems had greater risk of mental health problems'. Swedish research provided people in contact with psychiatric and social services a monthly allowance of 500 SEK per month (approximately £35). People in receipt of the allowance reported improvements in mental health and enhanced social networks (Ljungqvist et al 2016). While this study does not provide a direct comparison with the purpose or duration of self-isolation support, it does underscore the links between mental well-being and income. These links were acknowledged in a review of the Self-Isolation Support Grant in Scotland (Scottish Government, 2023b) which found that an award of the payment had a positive impact on wellbeing and relationships.

Key Recommendations:

9. Future self-isolation payments should be delivered via an employer-delivered earnings replacement model. This model was used to deliver the Coronavirus Job Retention Scheme (CJRS) and Self-Employed Income Support Scheme (SEISS) and could be adapted to deliver self-isolation payments. The adoption of this model would create parity between those compelled to be at home for self-isolation purposes and those required to be at home

because their normal employment was suspended. To ensure scheme recognition, self-isolation payments should have a distinct branding, for example 'Self-isolation earnings replacement grant'. Entitlement to a self-isolation payment should automatically trigger referral to local authority for holistic, wrap-around support.

10. Self-isolation payment schemes should have a rapid review process.
11. Central government and local government websites should include a self-isolation payment eligibility checker
12. Self-isolation payment scheme guidance should include timescales for the issuing of a payment, and monthly reporting data should be published.
13. A communications strategy should be published which clearly indicates eligibility criteria and payment processes. Accessibility and language issues should be fully considered.
14. Careful consideration needs to be given to the scheme name for future self-isolation payments as there was confusion around this and how self-isolation support payments interacted with other support.
15. In a future pandemic software applications (central government and/or healthcare systems) should include clear information about self-isolation payments and include clear links to claim a payment.
16. In a future pandemic contact tracers should provide clear signposting to self-isolation payments and other local support for financial hardship (e.g., welfare rights, debt advice).
17. In a future pandemic full self-isolation payment equality impact assessments should be published in all four nations of the UK. Assessments should consider the impact on claimants with protected characteristics, as stipulated in the Equality Act 2010.
18. A consultation exercise should be delivered as soon as is practicable (with central and local government stakeholders, the voluntary and third sector and academics) so an agreement in principle/working framework can be provided for the level of self-isolation payments in a future pandemic.
19. In a future pandemic central and devolved governments should publish the policy rationale for the payment level of self-isolation payments and funding to local authorities for wrap-around support.
20. A full set of recommendations is provided at paragraphs 313-341.

Topic 1: Self- isolation payments policies

Overview

21. Self-isolation payments were introduced in all four nations of the UK in 2020. These payments were in recognition that self-isolation was one of the most effective ways of controlling COVID-19 and provided financial support to people on low incomes who were required to self-isolate but were unable to work from home and would lose income.
22. The following sections (paragraphs 28-81) of the report set out the policy rationale, eligibility criteria, claims process, timescales for self-isolation support schemes, and where data allows, details on the total number of self-isolation support payments issued in England, Scotland, Wales and Northern Ireland.
23. In England the **Test and Trace Support Payment Scheme** (TTSP) was launched on 28 September 2020. This followed earlier, targeted pilot schemes (see paragraphs 49-54). A £500 payment was available for the duration of the scheme which was administered by local authorities on behalf of the Department of Health and Social Care. Applicants needed to prove that they had been instructed to stay at home by NHS Test and Trace, were employed or self-employed, would lose income as a result of self-isolation and could not work from home. Eligibility for a means-tested benefit was required (paragraphs 34-40). Local authorities delivered a parallel discretionary scheme which could make a £500 payment to an applicant who was not in receipt of a means-tested benefit but could provide evidence of a low income and financial hardship (paragraphs 41-42). The TTSP scheme closed on 06 April 2022.
24. In Scotland, applications for **Self-Isolation Support Grant** opened on 12 October 2020, with the scheme being administered by Scottish local authorities. Payment levels were initially set at £500 for applicants in receipt of a range of qualifying means-tested benefits. Local authorities were given discretion to make a payment of a Self-Isolation Support Grant to applicants not in receipt of a qualifying benefit but who could prove financial hardship during the self-isolation period (paragraphs 64-66). The Scottish Government changed the payment rate of the Self-Isolation Support Grant twice during the duration of the scheme to reflect changing financial pressures experienced by the population and adjustments to self-isolation requirements (paragraph 65). The Self-Isolation Support Grant scheme closed in January 2023.
25. In Wales, the **Self-Isolation Support Scheme** launched on 16 November 2020 and the scheme was administered by Welsh local authorities. A £500 payment was made to applicants in receipt of a qualifying means-tested benefit who were required to self-isolate by NHS Wales Test, Trace, Protect (TTP). Discretionary payments of Self-Isolation Support were made to applicants who failed to meet the main criteria but could prove financial hardship as a result of the need to self-isolate (paragraph 73). Payments were increased to £750 in August 2021 (paragraph 71) and reverted to £500 in January 2022 (paragraph 72). The scheme closed in June 2022.

26. In Northern Ireland, financial support for people who were self-isolating significantly differed from the schemes elsewhere in the UK. From 25 March 2020, a non-repayable **Discretionary Support Self-isolation Grant** was available to provide cost-of-living support to households where there was *either* a diagnosis of COVID-19 *or* a requirement to self-isolate. Broader in scope than schemes administered elsewhere in the UK, the level of payment was individually calculated based on household composition and financial hardship (paragraphs 78-80). Discretionary Support self-isolation grants were administered by the Department for Communities as part of the existing Discretionary Support (DS) fund.
27. A table summarising the eligibility criteria for the self-isolation support schemes in the four nations of the UK is provided at paragraph 81.

England

Test and Trace Support Payment policy rationale

28. The UK government recognised self-isolation as one of the most effective ways of controlling the transmission of COVID-19 (Prime Minister's Office, 2020). Test and Trace Support Payments were intended to ensure that people on low incomes could self-isolate without suffering financial hardship. Initial government estimates indicated that approximately 4 million people in receipt of social security benefits in England could be eligible for payment (Prime Minister's Office, 2020). Test and Trace Support Payments were implemented alongside legal requirements to self-isolate if instructed by NHS Test and Trace and penalties for failure to comply (starting at £1,000, increasing to £10,000 for repeat or egregious offences).
29. The then Prime Minister Boris Johnson stated on September 20, 2020 "*while most people are doing their absolute level best to comply with the rules, I don't want to see a situation where people don't feel they are financially able to self-isolate. That's why we're also introducing a new £500 Test and Trace Support payment for those on low incomes who are required by NHS Test and Trace to remain at home to help stop the spread of the virus.*" (Prime Minister's Office, 2020, n.p).
30. Pressure had been building on the UK government to provide financial support to individuals who were required to self-isolate. A number of local authorities and directors of public health expressed concern that for some residents, financial hardship was having an impact on the ability to self-isolate (Department of Health and Social Care, 2020a).
31. The Task and Finish Group on Mass Testing (TFMS) advised the Scientific Advisory Group for Emergencies (SAGE) that it was essential for people to self-isolate after a positive COVID-19 test and that this would only be achieved by introducing a system of financial and social support, especially for those most socially excluded (SAGE Meeting 57, 2020, INQ000120558).

Test and Trace Support Payment Timescales

32. The UK government announced the launch of Test and Trace Support payments on 20 September 2020 (Prime Minister's Office, 2020), with claims allowed from 28 September 2020. Local authorities could not accept applications from people instructed to self-isolate

before 28 September 2020, even if the self-isolation period continued after 28 September 2020.

33. Initially, the scheme was due to expire on 31 January 2021, but was extended to 31 March 2021 and finally to 24 February 2022 (UK Health Security Agency, 2022a). People who tested positive after 23 February were no longer able to make a claim for this payment; however, anyone required to self-isolate before 23 February could still claim within 42 days of receiving their notification. The last day to make a new claim was 6 April 2022.

Test and Trace Support Payment eligibility criteria

Main scheme rules

34. Eligibility for a £500 Test and Trace Support Payment for people residing in England was based on the following criteria (Department of Health and Social Care, 2020b):
- instructed to stay at home and self-isolate by NHS Test and Trace, either because of a positive COVID-19 test, or recent close contact with someone who has tested positive.
 - not exempt from self-isolation
 - have responded to messages from NHS Test and Trace and provided all legally required information.
 - employed or self-employed (including those on zero-hours contracts)
 - are unable to work from home and will lose income as a result of self-isolation
 - current eligibility for (or the partner of someone in the same household who is receiving) one of the following means-tested benefits:
 - Universal Credit
 - Working Tax Credit
 - income-based Employment and Support Allowance
 - income-based Jobseeker's Allowance
 - Income Support
 - Housing Benefit
 - Pension Credit
35. A parent or guardian was eligible for a Test and Trace Support Payment in England if they met the following criteria (even if exempt from self-isolation) (UK Health Security Agency, 2022a) :
- Are the parent or guardian of a young person in the same household who is self-isolating and there is a need to take time off work to care for them
 - unable to work from home and will lose income
 - the young person is:

- aged 15 or under and has been told to stay at home and self-isolate by NHS Test and Trace because they have tested positive for COVID-19; or
 - aged 25 or under with an Education, Health and Care (EHC) Plan and been told to stay at home and self-isolate by NHS Test and Trace because they have tested positive for COVID-19; or
 - aged 25 and under, has an EHC Plan, and has been told to stay at home and self-isolate by NHS Test and Trace (or advised to do so by the NHS COVID-19 app) because they are the close contact of someone with COVID-19 and they are not exempt from self-isolation
 - the parent or guardian meets all the other criteria for a Test and Trace Support Payment or a discretionary payment
36. Multiple claims for Test and Trace Support Payments were permitted if an individual was asked to self-isolate more than once, provided they met the eligibility criteria for each individual claim and there were no overlapping periods of self-isolation.
37. Initially, local authorities could accept applications for payments up to 14 days after a period of self-isolation ended. From 18 January 2021, the rules changed and stipulated an application must be made within 28 days of the start of a period of self-isolation. A further change from 8 March 2021 allowed applicants to claim up to 42 days after the first day of self-isolation (UK Health Security Agency, 2022a). Applications were only accepted from individuals with a valid notification from NHS Test and Trace instructing them to self-isolate (initially by phone, email, text or letter and, from 10 December 2020 notification via the NHS app) (Department of Health and Social Care, 2020c).
38. People with 'no recourse to public funds' did not satisfy the criteria for a Test and Trace Support Payment through the main scheme, as all the qualifying benefits are classified as public funds. In these circumstances a claim could be made to the discretionary scheme (see paragraphs 41-43) providing all other eligibility criteria were met and an applicant faced financial hardship (UK Parliament, 2020).
39. People returning to the UK from abroad and were self-isolating were not eligible for a payment unless they tested positive for COVID-19 and were instructed to self-isolate by NHS Test and Trace (Department of Health and Social Care, 2020c).
40. Test and Trace Support payments were disregarded when calculating eligibility to social security benefits and paid on top of statutory sick pay. Test and Trace Support Payments were not subject to National Insurance contributions but were subject to income tax (Department of Health and Social Care, 2020b).

Discretionary scheme rules

41. Local authorities were permitted to make a discretionary £500 payment to residents in England (referred to as the discretionary scheme). The discretionary payment was aimed at people who were not in receipt of a means-tested benefit (benefits for people on low incomes) but still faced financial hardship as a result of self-isolation.

42. A discretionary payment could be awarded where an applicant met the main scheme self-isolation and employment criteria (see paragraphs 34-35) and the following additional criteria:
- not eligible for Universal Credit, Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit; and
 - on a low income and faced financial hardship as a result of not being able to work while self-isolating
43. Local authorities were given the powers to introduce additional eligibility criteria to determine if an applicant was experiencing financial hardship. Guidance states that applicants were asked to provide details of how much income they had lost as a result of the need to self-isolate (Department of Health and Social Care, 2020b). All people in a household who met the discretionary eligibility criteria were entitled to make an individual application for a Test and Trace Support Payment (Department of Health and Social Care, 2020b).

Administration and Application Process

44. English local authorities were required to have systems in place to deliver Test and Trace Support payments by 12 October 2020 (Ferguson et al 2021). Each local authority was responsible for implementing an online application system, with alternative formats for non-digital users, which could process, adjudicate and issue payments. Alternative formats included telephone and interpreter services, but were at the discretion of each authority meaning there was variation in provision across different local authorities. To ensure compliance with self-isolation regulations, systems were implemented to allow applicants to upload evidence electronically. Photographs of relevant documents were accepted where there was no access to scanning equipment (Department of Health and Social Care, 2020c).
45. Three pre-payment checks were required to establish that an applicant met the eligibility criteria for the scheme:
- a. had been instructed to self-isolate by NHS Test and Trace
 - b. was employed or self-employed and would lose income because of an inability to work from home.
 - c. was in receipt of a qualifying social security benefit.
- See appendix 1 for the full details of the evidence that an applicant was required to submit to comply with scheme requirements.
46. It was expected that payments through both the main scheme and discretionary scheme would be issued within three days of receipt of an application.
47. Applicants did not have review rights if a payment was refused because scheme criteria were not met. It was expected that local authorities would not refuse applications where an applicant had failed to provide supporting evidence and instead give an opportunity for this evidence to be submitted. Where the main scheme criteria was not met, local authorities

considered eligibility for the discretionary scheme (Department of Health and Social Care, 2020b).

48. Department of Health and Social Care guidance highlighted that local authorities played a key role in educating and supporting self-isolation adherence but not the enforcement of legal requirements. If during the administration of Test and Trace Support Payments local authorities suspected a resident to be breaking self-isolation rules, a referral to the police was expected to determine any necessary action, such as the issuing of a fixed-term penalty (Department of Health and Social Care, 2020a). Similarly, if a local authority suspected the fraudulent claiming of a Test Trace and Support Payment, a referral to the police was expected and the authority could recover cost from the fraudulent claimant (Department for Health and Social Care, 2020c).

Earlier Pilot Schemes

49. An earlier self-isolation payment pilot scheme was launched on 27 August 2020 and took effect from 1 September 2020. This pilot was restricted to Blackburn with Darwen, Pendle and Oldham in the North West of England (Department of Health and Social Care, 2020d).
50. This scheme differed from the nationwide test and trace support payments policy as it focused on specific areas of England with high rates of COVID-19. As with the national scheme which replaced this pilot, payments were targeted at people on low incomes who were unable to work from home. The scheme aimed to support people while self-isolating after a positive COVID-19 test or being identified by NHS test and trace as living in the same household/in contact with another individual with a positive COVID-19 test.
51. Eligible recipients received £130 (non-taxable) for the 10-day period of self-isolation. Other household members required to self-isolate for 14 days received £182. Non-household contacts required to isolate through NHS Test and Trace requirements received a payment of up to £182, depending on the isolation period. Payments were ignored as income for social security benefits such as Universal Credit or Working Tax Credit (Department for Health and Social Care, 2020d).
52. The areas chosen for this pilot were identified as having high COVID-19 infection rates and were under local lockdown restrictions. There is no evidence to suggest that these areas were chosen on the basis of other local demographics, such as socio-economic status of residents.
53. The TUC (2020a) criticised the level of payments issued through this pilot scheme, stating that £13 per day was insufficient to alleviate financial problems for people required to self-isolate. Similar criticisms were made by Debbie Abrahams, MP for Oldham East and Saddleworth ('This won't come close to covering people's lost income.') and Kate Hollern, MP for Blackburn ('Effective local lockdowns rely on people self-isolating when they're supposed to', Chaplain, 2020). It is not clear if feedback on the level of payments during the pilot led to the introduction of higher payments when the national TTSP was introduced.
54. Self-isolation support was discussed at COVID-O on 21 September 2020 (COVID-O minutes, 2020, INQ000090177). The paper stated that *"financial support pilots in Blackburn, Pendle and Oldham, at the equivalent level of SSP or £13 a day, have been unsuccessful. The local*

authorities involved consider this amount too low to improve self-isolation rates – take up has been poor, with only 12 people signing up” (COVID-O, INQ000203737, pg 15).

Number of Self-isolation Support Payments

55. The final available figures for TTSP were published on 14 April 2022. They stated that as of 6 April 2022, 571,548 successful TTSP claims were reported at a cost of £285.8 million. Of these, 56.4% were through the main scheme and 43.6% through the discretionary scheme (UK Health Security Agency, 2022b).
56. The accompanying commentary indicated that the number of awards fluctuated over time to align with the number of people testing positive for COVID-19, variances at local authority level, and numbers of people entitled to means-tested benefits in each locality.
57. The publication of NHS Test and Trace (England) statistics ended on 23 June 2022 (UK Health Security Agency, 2022c) following the introduction of the government's 'Living with COVID-19' policy (Cabinet Office, 2022).

Scotland

Self-Isolation Support Grant policy rationale

58. As with self-isolation schemes elsewhere in the UK the grant in Scotland was targeted at low-income workers facing a financial loss if required to self-isolate and aimed to provide financial support to meet basic needs (Scottish Government, 2023a). The grant was intended to support the Scottish Government's broader COVID-19 guidance.
59. The Scottish Government reviewed the eligibility rules for the Self-Isolation Support Grant to reflect changes in self-isolation regulation and broader economic factors (see details in paragraphs 64-66).
60. The Scottish Government (2020) stated that it was imperative that a compensatory self-isolation scheme was set up in a timely manner and called for adequate funding: *“While we continue to press the UK Government for clarity around consequential funding for the support scheme they recently announced, it is essential that we act swiftly so that people who need support are able to access it”*. (n.p)
61. A decision was made to deliver the grant through the existing Scottish Welfare Fund, a scheme administered by local authorities to support people in crisis or to promote independent living in the community. This allowed applicants to make an application online or via telephone. This was different to the scheme in England where there is not a national equivalent to the Scottish Welfare Fund, and meant that existing infrastructures could be used.
62. The statutory guidance for the Scottish Welfare Fund was updated to include details of the eligibility criteria and application process for the Self-Isolation Support Grant. Legislative powers came from Welfare Funds (Scotland) Regulations 2016.
63. Local authorities supplied data to the Scottish Government for monitoring purposes and for reimbursement of funds. The Convention of Scottish Local Authorities (COSLA) stated that

local authorities were best placed to run the scheme and had a track record in providing financial support to local residents (Scottish Government, 2020).

Self-Isolation Support Grant policy eligibility

64. From 12 October 2020, the Scottish Government opened applications for the Self-Isolation Support Grant (SISG). A taxable payment of £500 was made by local authorities through the existing Scottish Welfare Fund to applicants in receipt of Universal Credit or legacy benefits¹ who faced hardship. Local authorities were given discretion to make an award to applicants who did not meet these rules but could prove financial hardship due to low income during the self-isolation period (Scottish Government, 2020). The definition of a low income was 'being 25% above the established UC rate for their household type in their local authority area'. Applicants needed to provide a bank statement, proof of employment/self-employment, and a statement detailing the impact of experiencing a reduced income during the self-isolation period.
65. From 2 February 2021, eligibility was extended to include applicants whose earnings were at the Real Living Wage² level or less, to those receiving a Council Tax reduction on low income grounds, and to applicants required to care for another individual over the age of 16 required to self-isolate. The application period was extended to allow applications within 28 days of being notified of the requirement to self-isolate (Scottish Government, 2021a). From 1 May 2022 payments were reduced to £225 as a result of the reduction in the self-isolation period to 5 days and subsequently increased to £250 from October 2022 to align with minimum wage levels. In January 2023, the scheme closed for new applications.
66. SISG decisions could be reviewed using the standard Scottish Welfare Fund process: the local authority which issued the decision must receive a review request within 20 days of the initial decision. A stage 2 review could be pursued to the Scottish Public Service Ombudsman (SPSO) within one month of the local authority review decision. This differed from TTSP in England where there was no right of appeal.

Number of self-isolation support payments

67. Data on the number of Self-Isolation Support Grant applications is expected to be included in an addendum at a later date.
68. A total of £73.8 million was spent on SISG awards (Scottish Government, 2023a).

¹ Legacy benefits are those which Universal Credit is replacing (income-based Job Seekers Allowance, income-related Employment and Support Allowance, Income Support, Housing Benefit, Child Tax Credit, Working Tax Credit).

² The Real Living Wage is set independently by the Living Wage Foundation. It is based on the actual cost of living and is separate from the government's National Living Wage. In 2020, the real living wage was £9.50 (it has risen to £12.60 in 2024).

Wales

Self-Isolation Support Scheme policy rationale

69. On 30 October 2020, the Welsh Government announced details of the Self-Isolation Support Scheme. The scheme was part of the 'Protect' element of the Welsh Governments Test, Trace and Protect strategy (Welsh Government, 2020, INQ000147253). The policy rationale for the scheme in Wales was to alleviate barriers to self-isolation for people on low incomes who were unable to work from home and would experience a loss of income as a result (Prosser and Mack, 2022). The Test Trace and Protect (TTP) team in Wales reported that people were 'consistently reporting that financial constraints or income losses were barriers to self-isolation' (Prosser and Mack, 2022, p.5).
70. In line with TTSP in England, the scheme in Wales initially offered a £500 payment to eligible applicants with an additional discretionary element for people who did not meet the main criteria but could demonstrate hardship as a result of needing to self-isolate (further details in paragraph 34). Evaluation (based on interviews with applicants between November 2020 and March 2021) of the initial £500 payment found that it was 'making a difference to recipients' financial circumstances resulting from the self-isolation period and the financial support was welcomed.' (McAllister, Blunt and Davies, 2022, p.58).
71. In summer 2021, the Welsh Government reviewed the adequacy of the £500 payment. An increased payment of £750 was introduced from 07 August 2021 aimed at anyone earning up to the personal income threshold³ (Welsh Government, 2021b). Additionally, both the temporary Universal Credit uplift and Coronavirus Job Retention Scheme ended in September 2021 creating financial pressures which could, in part, be offset by increased self-isolation payments. The Welsh government engaged in stakeholder engagement when considering adjustments to payment levels of the Self-Isolation Support Scheme (Prosser and Mack, 2022). This is an example of good practice.
72. From 28 January 2022, the payment reverted to £500. This was broadly the equivalent of the amount for other schemes in the UK at that time. The decision aligned with the move to shorter isolation periods (from 7 to 5 days) introduced through the *Health Protection (Coronavirus Restrictions) (No. 5) (Wales) (Amendment) (No. 3) Regulations 2022*. The adjustment to the payment level was also based on feedback from local authorities, via the internal Self-Isolation Support Scheme Steering Group, that the majority of people claiming support under the scheme were losing approximately £200 to £300 during the self-isolation period. Analysis of peoples' experience of self-isolation by Prosser and Mack (2022) also influenced the decision.

Self-Isolation Support Scheme Eligibility

73. Claims were allowed from 16 November 2020 for people on low incomes and required to self-isolate by NHS Wales Test, Trace, Protect (TTP). Applicants could apply for a £500 payment through the scheme. Broadly reflecting the TTSP in England, the scheme was administered by local authorities and open to applicants in receipt of Universal Credit, or the

³ Tax free income permitted in each tax year. In February 2021 the UK Government increased the amount to £12,500.

following legacy benefits: Working Tax Credit, income-based Employment and Support Allowance, income-based Jobseeker's Allowance, Income Support, Housing Benefit and/or Pension Credit. A discretionary element for applicants who failed to meet the main criteria but could still prove hardship as a result of the need to self-isolate was available. The scheme did not have a right of review. Funding was provided directly by the Welsh Government (Welsh Government, 2020a).

74. On 7 December 2020, eligibility for the Self-Isolation Support Scheme was extended to parents and carers looking after a child or young person required to self-isolate (Welsh Government, 2020b). From 17 February 2021 the scheme eligibility was further extended to people with a personal income of less than £500 per week and those on Statutory Sick Pay (Welsh Government, 2021a).

Number of self-isolation support payments

Table 2: Data on the number of Self-Isolation Support Grant applications (expected to be included in an addendum at a later date).

Northern Ireland

Discretionary Support self-isolation policy rationale

75. Self-isolation support grants in Northern Ireland differed to payments elsewhere in the UK as the level of payment, rather than being paid at a flat rate, were individually calculated based on the extent of financial hardship and household composition, including the size of family and number of dependent children (paragraph 322 provides commentary on the differing delivery models for the schemes in the four nations of the UK).
76. Communities Minister, Carál Ní Chuilín stated that *'I firmly believe that the Discretionary Support Self-isolation grant offers an enhanced overall package when compared to other areas. We ensured that people in the North who are on a low income were amongst the first to be able to access specific financial support. There simply has been no comparable support available to most people in Britain.'* (Department for Communities, 2020, n.p).
77. From 17 November 2020, enhancements were made to the scheme by increasing the daily rates used to calculate the amount of an award as 'the effects of the pandemic show little signs of abating' (Department for Communities, 2020). The Department of Communities provided an indicative example of the increased payment: a couple with three children could be awarded £683 for a 14-day period of self-isolation. The eligibility criteria was also wider as applicants did not need to have been contacted by NHS Test and Trace, as long as they were displaying COVID-19 symptoms. There was no limit on the number of claims which could be made (NI Direct, 2020).

Discretionary Support self-isolation grant eligibility

78. In Northern Ireland the Discretionary Support self-isolation grant was available from 25 March 2020. This non-repayable grant was broader in scope than self-isolation payments in England, Scotland and Wales. It sought to provide cost-of-living support to households where there was *either* a diagnosis of COVID-19 *or* a requirement to self-isolate. Unlike self-isolation payment schemes elsewhere in the UK, full-time students were permitted to make an application if they could prove they were experiencing financial difficulties as a result of COVID-19. Guidance indicated that the grant could help with items such as food, toiletries or utilities (NI Direct, 2020).
79. Applicants could apply for more than one grant if financial difficulties resulting from COVID-19 persisted. A review process allowed applicants to challenge a decision, in writing or on the telephone, within 28 days of a decision (NI Direct, 2020).
80. To be eligible for a Discretionary Support self-isolation grant an applicant needed to demonstrate that a COVID-19 need had arisen in Northern Ireland which created a crisis or put health, safety or well-being at significant risk. An applicant's income (including that of a partner) was not permitted to exceed £26,769.60 per annum (disregarded income included disability benefits, Guardians Allowance, Child Benefit and Housing Benefit), and savings were taken into account when making an award (The Discretionary Support (Amendment) (COVID-19) Regulations (Northern Ireland, 2020). The StopCovidNI app generated a self-isolation certificate to allow an application for a Discretionary Support self-isolation grant.

Number of Discretionary self-isolation grant claims

81. In total, 34,058 discretionary self-isolation grant claims were processed in Northern Ireland between 2019 and June 2022. The total spent was £3.968m. Further detail on the number of awarded claims and number of payments is shown in tables and below.

Table 3: Number of Discretionary self-isolation Grant claims (DFC NI INQ000475204, page 29)

	Claims processed	Awarded claims *	Disallowed	% of claims awarded
2019-2020	171	171	0	100%
2020-2021	22798	17608	5190	77%
2021-22	10316	8767	1549	85%
April 2022-June 2022	773	647	126	84%
Total	34058	27193	6865	80%

*Awarded claims include those rejected by an applicant and did not result in a payment

Table 4: Discretionary Support self-isolation Grant spend (DFC NI INQ000475204, page 30)

	Number of payments *	Self-Isolation Grant Spend £
2019-2020	171	£0.026m
2020-2021	16724	£2.389m
2021-2022	8705	£1.443m
April 2022-June 2022	649	£0.110m
Total	26249	£3.968m

*The number of claims resulting in an award do not tally with the number of payments made as an applicant may have rejected the award offer. (DFC NI INQ000475204, page 30).

Table 5: Summary of eligibility criteria for self-isolation payments in England, Scotland, Wales and Northern Ireland

	ENGLAND	SCOTLAND	WALES	NORTHERN IRELAND
	Test and Trace Support Payment scheme	Self-isolation Support Grant	Self-Isolation Support Scheme	Discretionary Support self-isolation Grant
Start date	September 2020	October 2020	November 2020	March 2020
End date	April 2022	January 2023	June 2022	The regulations for the scheme (The Discretionary Support (Amendment) (COVID-19) Regulations (Northern Ireland) 2020, SI44) have not yet been repealed, so technically the scheme remains open but claims are restricted to align with Public Health Agency COVID-19 guidance.
Main eligibility criteria	September 2020 - April 2022: <ul style="list-style-type: none"> • Employed or self-employed • Instructed to stay at home and self-isolate by NHS Test and Trace • Unable to work from home and will lose income as a result of self-isolation 	October 2020 - February 2021: <ul style="list-style-type: none"> • Employed or self-employed • Instructed to stay at home and self-isolate by NHS Scotland Test and Protect • Unable to work from home and will lose income as a result of self-isolation 	November 2020 - February 2021: <ul style="list-style-type: none"> • Employed or self-employed • Instructed to stay at home and self-isolate by NHS Wales Test, Trace, Protect (TTP) • Unable to work from home and will lose income as a result of self-isolation 	Not applicable

	<ul style="list-style-type: none"> • Eligible for a means-tested benefit 	<ul style="list-style-type: none"> • Eligible for a means-tested benefit <p>From February 2021 scheme extended to:</p> <ul style="list-style-type: none"> • Workers earning the Real Living Wage or less • People in receipt of a council tax reduction on low income grounds 	<ul style="list-style-type: none"> • Eligible for a means-tested benefit <p>From February 2021 scheme extended to:</p> <ul style="list-style-type: none"> • People with a personal income of less than £500 per week • Those on Basic Statutory Sick Pay who have been asked to self-isolate by TTP 	
Discretionary eligibility criteria	<ul style="list-style-type: none"> • Not eligible for a means-tested benefit • Evidence of a low income and financial hardship provided 	<ul style="list-style-type: none"> • Evidence of a low income and financial hardship provided • Low income definition: 25% above Universal Credit level, including the temporary coronavirus £20 per week increase 	<ul style="list-style-type: none"> • Not eligible for a means-tested benefit • Evidence of a low income and financial hardship provided 	<ul style="list-style-type: none"> • Applicant or a member of immediate family diagnosed with COVID-19/told to self-isolate in line with guidance published by the Regional Agency for Public Health and Social Well-being. • Experiencing 'extreme or exceptional situation' or be in a crisis which risks immediate family's health, safety or well-being • Over 18, or at least 16 if no parental support

				<ul style="list-style-type: none"> • Total annual income after deductions must not exceed £26,769.60 • Savings could be taken into account when making an award
Level of payment	£500 (throughout the duration of the scheme)	October 2020-May 2022: £500 May 2022-October 2022: £225 October 2022-January 2023: £250	November 2020-August: £500 August 2021-January 2022: £750 January 2022- June 2022: £500	Individually calculated based on the extent of financial hardship and household composition. Total annual income after deductions could not be more than £26,769.60
Right of review	No	Yes (using existing Scottish Welfare Fund rules)	No	Yes (using existing Discretionary Support Scheme rules)
Tax liability	Subject to income tax. Exempt from Class 2 and Class 4 National Insurance contributions.	Subject to income tax. Exempt from Class 2 and Class 4 National Insurance contributions.	Subject to income tax. Exempt from Class 2 and Class 4 National Insurance contributions.	Not subject to income tax.

Topic 2: Self-isolation support payments as part of a broader range of support

Summary

82. In the previous section, details of the financial support available to those self-isolating was provided. It is important to note that there are strong arguments that self-isolation support payments should sit alongside other support (such as food parcels, delivery of medication, referrals to voluntary sector organisations for wellbeing/practical support) to ensure that financial assistance is aligned with practical and wellbeing assistance. This is demonstrated by the emphasis that the Scientific Advisory Group for Emergencies (SAGE) placed on holistic support (see paragraphs 124-128) and evidence that loss of income often leads to other health and wellbeing needs which require joined-up policy. Paragraphs 90 and 91 detail two specific policies which were targeted at protecting the incomes of employees in the care sector. There is a lack of evidence on the effectiveness of these schemes (either official government review or academic research). However, the willingness of the UK and Welsh Governments to introduce these bespoke payments indicates a concern that loss of income would have a detrimental impact on the ability of staff to self-isolate, and that this would have had particularly negative consequences in the care home sector
83. SAGE (SAGE Meeting 57, 2020, INQ000120558) identified four complementary support streams:
- **Financial support:** to reduce financial hardship during self-isolation.
 - **Tangible, non-financial support:** practical support such as food and care
 - **Information:** to detail self-isolation rules and support available
 - **Emotional support:** facilitating access to social networks or more formal clinical intervention
84. The Resolution Foundation (2021) emphasised that barriers to self-isolation are multi-faceted, the loss or reduction in earnings typically being accompanied with practical and health concerns (e.g., caring responsibilities, overcrowded housing, lack of access to essential supplies). This necessitates '*funding for local councils to provide comprehensive self-isolation support packages.*' Similarly, the Institute for Government (2021a) called for a joined-up policy to ensure that financial incentives to self-isolate are delivered with other support, arguing that this could even extend to the provision of alternative safe places for isolation if appropriate accommodation is not available.
85. Analysis of the role of local authorities during the COVID-19 pandemic found that they were often well placed to deliver holistic community support, having experience of administering localised schemes (Machin, 2023). There was a need for local authorities to deliver a range of new duties (e.g., collection and delivery of medicine, delivering online learning materials to home-schooling pupils) alongside the administration of financial support and maintaining statutory services (Machin, 2023).

Recommendation (see paragraph 324):

- **SAGE (2020) guidance on complementary support streams should form the basis of future policy responses to ensure that financial support sits alongside non-financial and practical support.**
- **In a future pandemic appropriate funding should be provided to local authorities to ensure that this combination of support can be appropriately delivered.**

Topic 3. Self-Isolation and Financial Status

86. There is clear evidence that ability and willingness to self-isolate is linked to financial status. During the pandemic, this was recognised by the UK Government, Scientific Advisory Group for Emergencies, a range of leading thinktanks and representatives of the medical profession.
87. In the early stages of the pandemic the UK Government made it clear that they wanted to avoid 'a situation where people don't feel they are financially able to self-isolate' (Prime Minister's Office, 2020). Similarly SAGE (INQ000120552; 2020) stated that providing appropriate financial support was key in encouraging people to self-isolate, and that financial assistance should be provided alongside emotional and practical support.
88. The Resolution Foundation (2021) and Local Government Association (2021) have emphasised that without adequate financial support many people would avoid testing and fail to comply with self-isolation regulations: *'The government must further expand financial support for self-isolation or risk undermining the vaccine rollout and exit from lockdown'* (Resolution Foundation, 2021, p.1) *'It has become clear that without adequate financial support to isolate at home, many people will avoid taking a test, even if they have symptoms or not stay at home for the full period of self-isolation'* (Local Government Association, 2021, n.p).
89. Evidence from members of the British Medical Association (2024, p34) linked financial pressures to reluctance to be tested for COVID-19 and called for higher levels of financial support to promote self-isolation: *'[Higher] self-isolation payments would have reduced the pressure on low paid workers to attend work when symptomatic.'* (Medical academic/GP, England). *I have had numerous patients who refused to countenance a diagnosis of Covid for economic reasons and therefore refused to be tested.'* (Salaried GP, England).
90. The Adult Social Care Infection Control Fund provided funding of £600 million to local authorities in England to support social care providers. Two rounds of funding were issued in May and July 2020. One of the aims of the fund was to ensure that staff required to self-isolate in line with government guidance could continue to receive full wages and did not have to rely on Statutory Sick Pay (Department of Health and Social Care, 2021a). However, only 11% of the fund was used for this purpose, with more significant amounts being used on measures to isolate residents within a care home (23%) and actions to restrict movement of staff within care homes (25%). (Department of Health and Social Care, 2021b).
91. Between November 2020 and June 2022, the Welsh Government provided funding of £8.2 million for the COVID-19 Sick Pay Enhancement scheme to ensure that social care workers required to self-isolate continued to receive full pay (Welsh Government, 2022a).

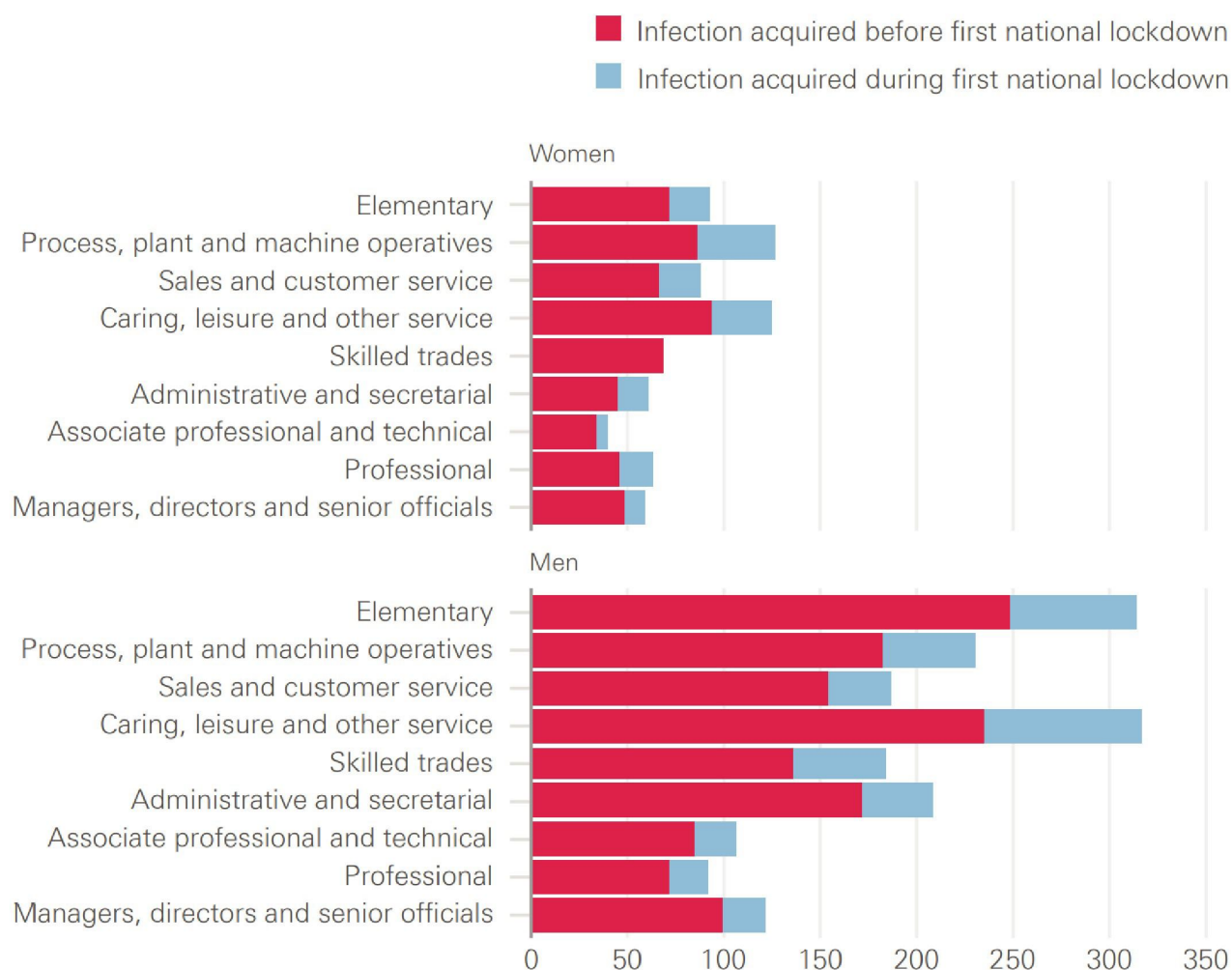
COVID-19 income protection policies

92. Because the ability to self-isolate is closely linked to financial status it is important to analyse the effectiveness of broader policies introduced during the pandemic which sought to protect incomes. The most significant policies which protected incomes were the Coronavirus Job Retention Scheme, Self-Employment Income Support Scheme, and temporary changes to welfare benefits (see Topic 8, paragraphs 239-242).

93. Brewer and Tasseva (2021) analysed the impact of the pandemic on household incomes in April and May 2020. They found that, on average, UK households experienced income losses of 6.9%, and earned income fell by 12.6%. Central government policy responses were critical, the Coronavirus Job Retention Scheme and Self-Employment Income Support Scheme delivered net income gains of 10.5%, the temporary uplift of Universal Credit resulted in a net income gain of 2.8%.
94. In accordance with this research Blundell et al. (2022) found that, in the short-term, disposable income inequality fell during the pandemic as a result of temporary social security enhancements and job support schemes. However, this was accompanied by increased inequality across a range of other experiences (including education attainment and mental health outcomes for women and young adults).
95. Yue and Cowling (2021) found that furloughed employees experienced an increase in their well-being but self-employed individual's wellbeing decreased. This was linked to a disparity in the effectiveness of the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme.
96. Overall, we can see that the Coronavirus Job Retention Scheme was more effective in protecting incomes than the Self-Employment Income Support Scheme (with a wide overall coverage and higher payment levels). Changes to the welfare benefit system provided a temporary boost for some claimants.

COVID-19 income inequalities and 'deprivation gap'

97. Income inequality has a significant impact on the ability to self-isolate. The evidence below demonstrates that the ability to self-isolate is linked to household income, employment type, housing and education status, gender and age.
98. A 'deprivation gap' was identified by Albani et al (2022, p.2) finding that 'low-income households were less likely to be able to work from home and were less able to self-isolate (due to financial constraints such as no/low sick pay)'. Mahase (2021) found that people working in employment sectors which remained open during the COVID-19 pandemic (particularly care and leisure) experienced poor coverage of Statutory Sick Pay and challenges in accessing isolation payments. This led to a reduced ability to self-isolate and increased exposure to and spread of COVID-19. The links between occupation and mortality in England and Wales are shown in figure 1 below:



Source: ONS, Coronavirus (COVID-19) related deaths by occupation, before and during lockdown, England and Wales: deaths registered between 9 March and 30 June 2020.

Figure 1: COVID-19 related deaths by Occupation

99. Fletcher et al (2022) highlighted that those from low-income households experienced greater hardship during the pandemic. This was associated with employment in a precarious labour market, low pay, and restricted work opportunities. This compared with those on higher incomes who had a greater capacity to deal with reductions in income and were more likely to remain in work.
100. Research has demonstrated that the ability to self-isolate was lower for the most economically disadvantaged. Atchison et al (2021) found that although *willingness* to self-isolate is similar across all income groups, *ability* to self-isolate is linked to household income, education status and housing. This study reported that the ability to self-isolate is three times lower for those with an annual income of £20,000 or less or savings of less than £100.
101. A positive correlation was also found between education status and ability to self-isolate. Respondents educated to degree level were more able and willing to self-isolate than those

with post-secondary but below degree level qualifications. Home owners were classified as more able to self-isolate than people renting in the social rented sector (local authority or housing association) and people living with family or friends.

102. Analysis of the COVID-19 policy response in the UK found some success in bolstering the safety net to protect the income of families. However, lower-income families were far more likely to have accrued additional debt, borrowed from immediate social networks and have relied on savings (Brewer and Gardiner, 2020a). Household debt is a further indicator of economic disadvantage and is likely to have had a negative impact on the ability to self-isolate. The consequences of a reduction in income for indebted households are significant (e.g., risk of bailiff or creditor action) and people experiencing debt were less likely to be able to utilise informal support (e.g., borrowing off friends and family) during the pandemic.
103. Knowledge of self-isolation rules in the UK was shown to be lower for people living in more deprived areas, and for people living in England compared with Scotland, Wales or Northern Ireland. Knowledge of the Test and Trace Support Payment was lower than for any other element of self-isolation rules and support (Smith et al, 2023).
104. The Health Foundation (2021) made clear links between health and socio-economic status. This significant study brought together an expert panel and drew on a literature review of 600 papers (excluding research with a low sample size) and evidence from 75 charities and health-related organisations. It found that in England, the COVID-19 mortality rate for the 10% of people living in the most deprived areas and aged under 65, was almost four times higher than for people living in the least deprived areas. It established links between type of work, COVID-19 transmission and self-isolation compliance. People employed in caring, leisure and service jobs had higher mortality rates and low levels of sick pay and this was found to be a barrier to self-isolation. The research cited two studies which examined the links between financial status and self-isolation. The CORSAIR (2021) project found that between 2 March 2020 and 27 January 2021, self-isolation compliance rates were only 20.2%, and 'going to work' was reported as the second most common reason for failure to self-isolate (after going to the shops for groceries or to a pharmacy) . Similarly, Liverpool's COVID-19 community testing pilot found that people were reluctant to participate in mass testing due to a fear that the need to self-isolate would result in a loss of income (University of Liverpool, 2024).
105. Both the Health Foundation (2021) and Institute for Fiscal Studies (2020a) made links between financial vulnerability and employment type. The Health Foundation highlighted risks in the security and care sectors, the IFS on restaurants, shops and leisure facilities. These employment roles were commonly associated with low rates of Statutory Sick Pay which reduced ability, and willingness, to self-isolate.
106. The IFS (2020a) found that low earners (defined as employees in the bottom tenth of the earnings distribution) were seven times more likely to have worked in employment sectors which were closed during lockdown, with a disproportionate impact on women (17% of whom worked in these sectors) and people under 25 (30% of whom worked in these sectors). The impact on self-isolation support payments was not explored. Although it has been established that concerns over loss of income can reduce self-isolation adherence (see paragraph 106) this study found that the majority of younger and low income earners lived with parents which helped to compensate for loss of earnings.

107. In summary, the above literature shows that although *willingness* to self-isolate is broadly consistent across all income groups, the *ability* to self-isolate is linked to household income and that low income households were less likely to be able to work from home. This underscores the need for self-isolation support in a future pandemic to be targeted at the groups who experience the most significant financial hardship and for an effective communication strategy focused on individuals and employment sectors where working from home is not possible.

COVID-19 Experiences for excluded groups

108. The design and implementation of self-isolation support schemes should recognise the needs of particular groups in society. The evidence presented in this section of the report demonstrates that the pandemic created financial and self-isolation challenges for women, young people, and people from ethnic minority backgrounds.
109. A study of non-pharmaceutical interventions, drawing on 105 sources of evidence, found that government support, such as through self-isolation support payments, was particularly important for women, younger people and those in precarious employment. Pre-pandemic financial resilience was important such that people already experiencing financial hardship were less likely to self-isolate. Groups that could not 'afford to isolate' included those unable to work from home, migrant workers, the self-employed, younger people, women and those from minority ethnic backgrounds (Keene et al, 2024).
110. Alongside the importance of financial hardship, Smith et al (2021) identified the presence of a dependent child in a household as being associated with lower self-isolation adherence and reluctance to test. The authors call for a greater level of financial (and practical) support asserting that behaviour is influenced by opportunity as well as motivation.
111. A study in Wales by Isherwood et al (2021) found that financial challenges associated with self-isolation were particularly severe for people with high income precarity, women and younger people (aged 18-29).
112. Interviews with 19 minority ethnic community leaders revealed that many chose not to report symptoms fearing that self-isolation would result in lost earnings (this was particularly the case for those on low incomes and in self-employment). Adherence to self-isolation guidance was a challenge for many because of language and digital exclusion. Digital exclusion can be described as 'sections of the population not being able to use the internet in ways that are needed to participate fully in modern society' (House of Lords Communication and Digital Committee, 2023). The cost of masks and sanitisers was an issue for many and there was a reported increase in reliance on food banks (Mahmood et al, 2021). In relation to self-isolation support payments, digital exclusion for those from minoritised ethnic backgrounds included challenges understanding scheme information on national and local government websites, difficulties completing online applications, and barriers to accessing advice about scheme rules.
113. A longitudinal study with mothers in Bradford revealed increased financial insecurity in the pandemic, with the greatest insecurity experienced by women of Pakistani heritage (Reece et al, 2023). Key predictors of financial insecurity included economic inactivity, eligibility for free

school meals and homeowner status. Protective factors included living in a household with two or more adults, living in more affluent areas and higher educational attainment.

114. The Joseph Rowntree Foundation (2020) found that the pandemic exacerbated existing economic inequalities, highlighting the disproportionate number of people from minoritised ethnic communities employed in low paid and precarious work. Particular concerns were expressed for those with No Recourse to Public Funds who could not access welfare payments, some of whom continued working in breach of public health guidance. Language barriers were found to be a further complicating factor, restricting understanding of, and access to, government financial support.

Social media insights

115. Social media analysis between 5 April and 28 May 2021 identified 5783 comments on COVID-19 testing and willingness to self-isolate (Dennis, Robin, and Carter, 2022). One of the themes that emerged on Facebook (similar findings were not reported on other social media platforms) was a perception that willingness to test was undermined by a lack of financial support to self-isolate:

“Isolation pay should be implemented or it will never go away”,

“All the urging in the world won’t persuade any who can’t afford to isolate if test is positive”

“many people can’t afford to test, a positive test mean no work, no money” (Page 8).

Topic 4: Adequacy and Scope of Self-Isolation Payments

116. Thus far, this expert report has described the key features of the self-isolation financial support schemes that were in operation across the UK, highlighted why financial support needs to sit alongside broader practical support and demonstrated that the ability and willingness to self-isolate is linked to financial status. The next section (paragraphs 117-172) analyses the adequacy and scope of self-isolation payments in the four nations of the United Kingdom. The focus is on access for marginalised groups, awareness of the schemes, number of claims, the application process, and timeliness of payments (although as indicated evidence available differs for each country).

Adequacy and scope of test and trace support payments in England

117. Analysis of the adequacy of TTSP in England has identified a range of significant issues and proposals for a more effective scheme. These include calls for more universal coverage, reform of Statutory Sick Pay eligibility, and administering self-isolation payments through the Coronavirus Job Retention Scheme and Self-Employment Income Scheme. The scope of the scheme has been criticised, particularly at the point of the initial TTSP launch, and a failure to meet the needs of specific groups in society.

NRPF (no recourse to public funds) restrictions

118. A parliamentary written question was tabled in October 2020 as there were concerns that some (unnamed) local authorities had attached NRPF restrictions to the discretionary scheme (UK Parliament, 2020). A government minister confirmed eligibility through the main scheme was prohibited but claims under the discretionary scheme were allowed (UK Parliament, 2020).
119. Joseph Rowntree Foundation (2020) expressed concern that people with NRPF who were legally working would experience financial hardship when required to self-isolate, or may ignore public health guidance. These challenges were exacerbated by a lack of clear guidance and language barriers.

Initial problems accessing TTSP

120. A number of issues emerged following the initial launch of TTSP. These were identified and resolved but as they relate to the basic administration of the payments they could have been foreseen and will have caused a delay or refusal of payment for some people. Initially TTSP could only be claimed if a code was issued by a human contact tracer. This was due to concerns about fraud, challenges from privacy campaigners, and the inability of the app to respond to rapid changes in quarantine policy and testing requirements (Sky News, 2020). A technical fix was found and from November 2020 (in England and Wales) people instructed to self-isolate by the app were able to claim TTSP, providing other eligibility criteria were met.

121. At the launch of self-isolation support schemes in England, Scotland and Wales the parent or carer of a child instructed to self-isolate would not themselves have been required to self-isolate and would not have been eligible for a TTSP⁴ (or Statutory Sick Pay). In these circumstances an employee could request to be furloughed and claim payment under the Coronavirus Job Retention Scheme, or take annual leave or unpaid leave. From 7 December 2020 in Scotland and Wales self-isolation support schemes were extended to parents of children required to self-isolate (Scottish Government, 2022a; Welsh Government, 2020b). In England, the corresponding extension for parents was announced on 22 February 2021 (UK Health Security Agency, 2022a). The extension of the schemes was designed to reduce financial hardship during self-isolation and control the spread of COVID-19.
122. In a future pandemic, it is recommended that self-isolation support scheme payments are available to parents or carers of children required to self-isolate at the inception of the scheme, to avoid the restrictions described above experienced during COVID-19.

Requirement for a positive lateral flow test

123. From January 2022, the UK Health Security Agency issued revised guidance which stated that people who had a positive lateral flow device (LFD) test result should self-isolate but were no longer required to have a polymerase chain reaction (PCR) test. However, more stringent rules remained in place for people to be able to claim a TTSP with a continuing requirement for a PCR test or an assisted lateral flow device (LFD) test (under supervision of a qualified professional) (UK Health Security Agency, 2022d). This was despite media reports that the advanced testing requirements for TTSP were likely to be in breach of equality and rationality grounds as they disproportionately affected people from low-income backgrounds who needed to claim a TTSP (The Guardian, 2022).

Enhancing the adequacy of TSSP through a holistic package of support

124. The evidence presented below (paragraph 126-129) demonstrates that financial incentives to self-isolate are most effective if provided alongside a range of other support. This can include welfare checks, provision of food, and debt and income maximisation advice. Local authorities played a key role in directly providing this support, and facilitating partnership work with community and voluntary sector organisations, although funding pressures made this challenging.
125. The National Audit Office (2020) asserts that countries with the most effective test and trace systems employed a combination of financial incentives, such as self-isolation grants, and other types of support such as food provision and local welfare checks. The NAO reported that the Association of Directors of Public Health (ADPH) had provided evidence that local authorities were often held back by a lack of funding and that there was too great an emphasis on one-off payments, which did not respond effectively to ongoing need. The House of Commons Committee of Public Accounts (2021) emphasised the key role that local authorities played in supporting a broad range of financial and non-financial test and trace

⁴ These restrictions were not an element of the Discretionary Support self-isolation grant in Northern Ireland.

functions, but that the pandemic caused a severe drop in income at the same time as creating a range of new responsibilities.

126. Policy in Practice (2020) emphasised the importance of promoting the availability of TTSP alongside advice to the public about other forms of financial help to assist with pandemic-related loss of income. A range of organisations should play a role in this income maximisation and debt advice work, including local authorities and advice agencies (Policy in Practice, 2020). Local authorities were urged to adopt a proactive approach to target the most vulnerable residents with financial and practical support using existing population data.
127. It has been recognised that self-isolation non-adherence is not just related to loss of earnings and that self-isolation grants should be combined with practical help (e.g. wellbeing checks, deliveries) especially for those in precarious and/or low paid-work (Nuffield Trust, 2021).
128. Research has demonstrated the links between pandemic-related financial pressures and mental health: *"We have been struggling financially and mentally... me and my partner are continuously arguing due to financial difficulties."* (Child Poverty Action Group, 2020, p.9). These financial difficulties were compounded by a lack of access to support services (GP, health care specialists and children's centres were cited). There have been calls for a coordinated response to complex mental health needs which includes integrating mental health interventions into sectors such as education and employment, prioritising the mental health of children and young people, and incorporating technological innovations in mental health services (Petersen et al, 2022; Kola et al, 2021).

TTPS challenges for the self-employed

129. The self-employed faced significant financial challenges during the pandemic often related to a lack of access to Statutory Sick Pay and restricted eligibility for Employment and Support Allowance. This created high demands from the self-employed for TTSP.
130. A study which drew on responses from 129 local authorities in England, Scotland and Wales found that 21% of all self-isolation support payments applications were made by the self-employed. Of these claims from the self-employed, 57% of applications were rejected. The most common reasons for rejection were difficulty in providing evidence to demonstrate loss of income and being on an income which was marginally too high to meet the basic eligibility criteria. The study found an overrepresentation of TTSP applications from the self-employed due to a lack of access to Statutory and Employer Sick Pay and the broader welfare benefits system.
131. The research called for significant improvements in financial support for the self-employed, primarily through reform of Statutory Sick Pay (see paragraphs 250-276 for full analysis), and increasing access to Employment and Support Allowance (ESA). ESA is a welfare benefit for people who are unable to work because of a health problem. This study argued that ESA would work more effectively for the self-employed if it was paid at a higher rate (2024/4 weekly payments are £90.50 for people over 25) and could be claimed at the start of a period of ill health (Community Union, 2022).

Delayed payment of social security benefits

132. The delayed payment of social security benefits created demands on the discretionary element of TTSP and resulted in applicants not being automatically eligible for the main scheme
133. There is a relationship between delays in the issuing of social security benefits and demand for TTSP. My experience demonstrates that the delayed payment of social security benefits creates demands on discretionary forms of financial support. It is reasonable to conclude, therefore, that during the pandemic problems accessing welfare benefits, in particular Universal Credit, created demands on the discretionary element of TTSP and resulted in applicants not being automatically eligible for the main scheme. There is a default 5-week wait for the first payment of this Universal Credit. Claimants can apply for an advance interim payment but this is a repayable debt (Machin, 2021)
134. Research from Citizens Advice (2020) found that 53% of survey respondents suffered hardship during the pandemic due to the five-week wait for initial payment. It is reasonable to conclude that this financial vulnerability in the Universal Credit waiting period will have led to an increased demand for TTSP. This is likely to have had a disproportionate impact on women and claimants from minoritised ethnic groups who are overrepresented in the overall number of Universal Credit claims (Baraki, 2020). These groups are more likely to undertake caring roles, take unpaid leave, and be employed in low-paid sectors, making them more vulnerable to job losses and reliant on benefits such as Universal Credit.
135. Overall, the Universal Credit system did respond to the unprecedented increase in claims but problems caused by the 5-week wait endured. Between February 2020 and February 2021, the number of claimants increased from 3 million to 5.9 million; in March 2020 88% of claimants received their first payment on time, this increased to 96% in April 2020. (Mackley and McInnes, 2021).

Differing local authority approaches

136. In March 2021 the UK Health Security Agency (2024) commissioned 16 pilot interventions, delivered by local authorities, with the aim of improving self-isolation adherence and engagement with the NHS Test and Trace service.
137. Three projects had a specific focus on TTSP:
 - a. Kirklees Local Authority reduced the evidence required to prove loss of income and increased the amount that could be claimed to a maximum of £1,000 but no evidence of impact was found.
 - b. Bradford Local Authority increased the TTSP earnings threshold from £350 per week to £500 per week. There was no increase in the number of TTSP applications but there was a positive impact on adherence, with an increase in the number of tracing calls answered. However, there was a negative impact on the number of contacts that were shared..
 - c. Wandsworth and Lambeth Local Authority broadened TTSP eligibility to residents earning up to £30,000 per year. There was no increase in the number of applications or

overall adherence. However, there may have been a small, positive impact on testing rates in the initial phase of the pilot.

138. The evaluation of the above pilots tested the hypothesis that the TTSP scheme did not provide an appropriate level of payment nor have an effective claims process. The evaluation was inconclusive. The above three pilots were unfunded and relied on existing local authority resources. It found that the pilots were conducted on a small scale making it unlikely that findings had a national significance. The evaluation did emphasise the importance of adopting a flexible approach to changing local circumstances and the value of collaboration between local authorities and the voluntary and community sector (UK Health Security Agency, 2024).

Universal payment of TTSP regardless of income

139. Some analysis has questioned the overall adequacy and appropriateness of the payment level of TTSP in England and called for universal payments. The New Policy Institute (2020) called for a universal system of TTSP to provide a greater incentive to self-isolate. This would mean removing qualifying eligibility, such as being in receipt of a social security benefit, and ensuring that all employees regardless of income were guaranteed payment during self-isolation. The estimated cost (up to January 2021) of this proposal was £1 billion. It was argued that this was an efficient use of public resources given the overall government funding for public services was £70 billion, and a scheme such as 'Eat Out to Help Out' cost £840 million.
140. Similarly, Child Poverty Action Group (2021) highlighted the effectiveness of providing self-isolation payments to all members of the public who tested positive for COVID-19.
141. The Institute for Government (2021a) cautioned that universal payments risk creating a poorly targeted scheme which is fiscally unsustainable. These concerns seem justifiable and a system of universal payments, while attractive in theory, would appear impractical.
142. An assessment of the adequacy and scope of TTSP in England is impeded by a lack of official evaluation by the UK government. This creates a reliance on analysis by thinktanks, charities, trade unions, and academics. While this is valuable, in a future pandemic, these types of evaluation are not a substitute for official government evaluation (which have access to a wide range of data and statistics and consider the extent to which stated policy aims have been met). Research has demonstrated the importance of TTSP for people who are self-employed and some issues for those with NRPF. Future schemes should provide clearer guidance for local authorities for these groups and evidence requirements for the self-employed need to be carefully considered to ensure a robust system but avoid high levels of refusals.
143. The interaction between the broader social security system and any future system of self-isolation payments is important. While a TTSP system cannot ameliorate the limitations of the social security system, there should be a recognition of how it can create financial 'pinch points' (e.g., the 5-week wait for the first payment of Universal Credit) which are likely to create higher demand for self-isolation payments. There is a lack of research on the need for repeated TTSPs, for example, someone who was required to self-isolate several times over a 2 year period. However, it seems likely that when someone has encountered problems

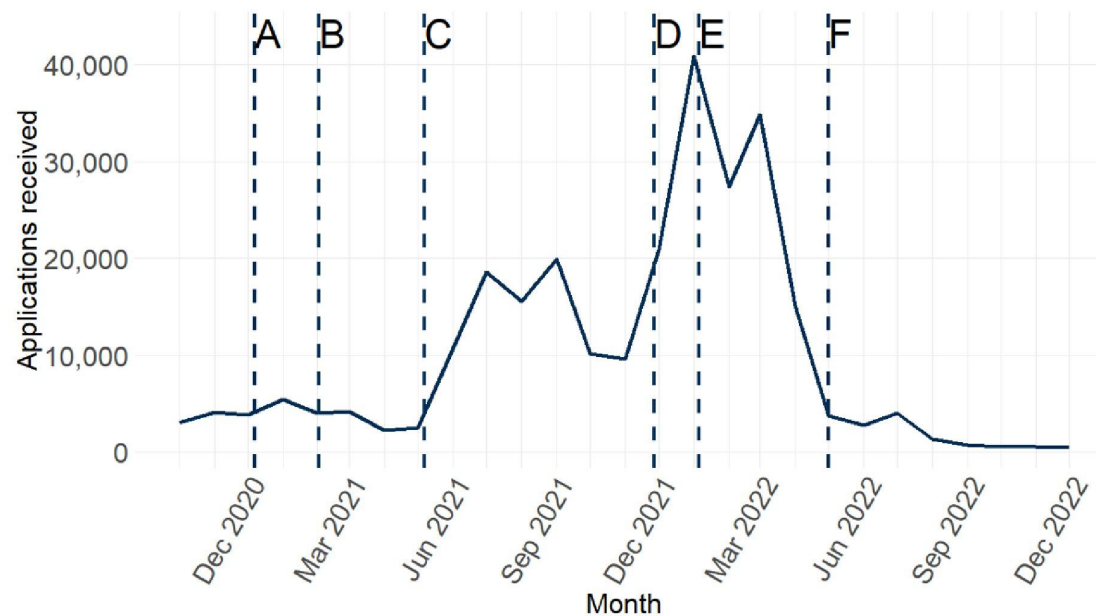
with the TTSP system (e.g., due to the initial ‘teething problems’ with the app or the provision of evidence to support a claim) this would prove a disincentive to make a future claim for a TTSP and adhere with self-isolation requirements. Where a repeated claim for a TTSP is required, local authorities should be encouraged to consider if there is information already provided on an earlier claim that does not need to be provided again.

144. In summary, the merits of a universal system of self-isolation payments (most notably coverage for everyone who must self-isolate and less administrative complexity) must be offset against the cost and risks of poor targeting. Instead of a universal system, this expert report has highlighted the need for a more extensive SSP system and modifications to the social security system, and in a future pandemic for self-isolation payments to be an element of a modified earnings-replacement model (drawing on the delivery model used by the Coronavirus Job Retention Scheme and Self-Employment Income Support Scheme).

Adequacy and scope of the self-isolation support grant in Scotland

Scottish Government review

145. Two Scottish Government reviews have assessed the adequacy and scope of self-isolation support. The first review analysed local authority data and the second review was a large scale qualitative analysis of people required to self-isolate.
146. A Scottish Government (2023a) paper reviewed the effectiveness of the grant in supporting self-isolation. Findings were based on monthly local authority returns specifically relating to the self-isolation grant and data provided to the Scottish Welfare Fund IT system (the two data sources were aggregated for the purpose of the report).
147. The report found that the award rate was lowest in the opening months of the scheme, believed to be connected to low public awareness and the development of local authority processes to support the scheme. Applications increased when eligibility was widened to include parents and carers required to self-isolate and payment levels were linked to the Real Living Wage. The number of applications was closely aligned with COVID-19 infection rates. The first peak started May 2021 was linked to the emergence of the Delta variant; in September 201 claims number had risen to almost 20,000. A larger peak in January 2022 occurred after the Omicron variant emerged (40,000 applications received):



Line A: grant opened to parents and carers

Line B: grant eligibility linked to Real Living Wage

Line C: emergence of Delta variant

Line D: emergence of Omicron variant

Line E: grant closed to vaccinated contacts who were no longer required to self-isolate

Line F: grant closed to unvaccinated contacts who were no longer required to self-isolate; testing was limited to specified at-risk groups.

Figure 2: Scottish Self-isolation Support Grant claims and COVID-19 infection rates (Scottish Government, 2023a).

148. 72% of total awards went to applicants who earned more than Universal Credit threshold levels and less than the real living wage. This indicates that the scheme was successful in targeting low-paid workers who were not entitled to welfare benefits but experienced financial hardship. Less than 1% of awards were granted to applicants with no recourse to public funds (NRPF).
149. Figure 3 below shows that, overall, 16% of applications were processed within 1 day, 25% within 7 days and 18% within 14 days. However, 20% of applications took longer than 28 days to be processed. It is important to recognise that these figures represent overall, average processing times. The report provides additional commentary which indicates that when there were high numbers of applications, waiting times increased. Most notably, in January 2022 when applications peaked at over 40,000, over half of applications took longer than 28 days to process. The report concedes that ‘application processing times were delayed at times when demand was highest’ and that Scottish local authorities weren’t able to adequately respond to demand by recruiting and training staff.

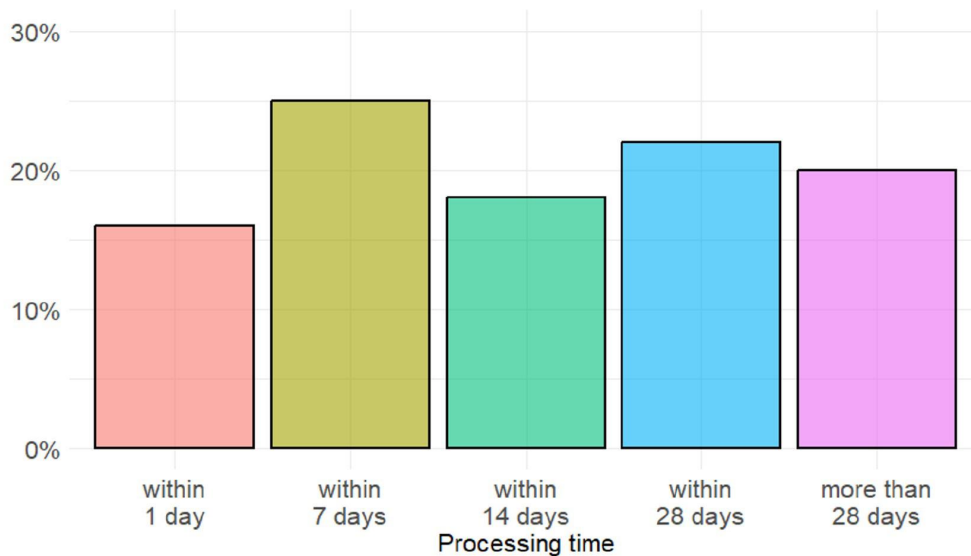


Figure 3: Overall processing times for Scottish Self-isolation Support Grant (Scottish Government, 2023a)

150. The implications are significant. The number of applications was closely linked with the prevalence of COVID-19 and at these times applicants had to wait longer for a decision. Although there is a lack of direct evidence it is reasonable to conclude that some applicants will have failed to adhere with self-isolation requirements during the adjudication period, and potentially continued to work. In a future pandemic it is important that self-isolation payment schemes are robust enough to cope with changing/increased demands and that appropriately trained staff are available to process claims.
151. Analysis of the overall demographic profile of claimants shows that 62% of awards were made to females and 38% to males, believed to reflect the profile of low-income workers.

152. The overall age profile of applicants was:

- Under 16: less than 1%
- 16-24: 31%
- 25-35: 31%
- 35-44: 22%
- 45-64: 16%
- Over 64: less than 1%

153. There was a clear correlation between deprivation rates and award rates (based on the Scottish Index of Multiple Deprivation, 2020):

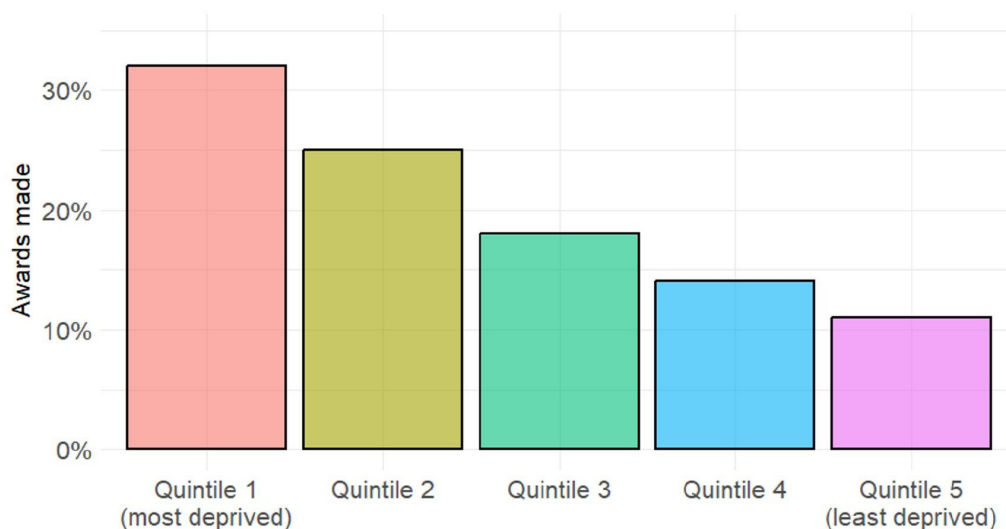


Figure 4: Links between deprivation and awards of Scottish Self-isolation Support Grant (Scottish Government, 2023a)

154. The Scottish Welfare Fund Review (Scottish Government, 2023b) of which SISG are a part, found that an award of a discretionary payment had a positive impact not only financially, but also on general wellbeing and relationships (with the converse being the case when a payment was refused). It was reported that the level of the payment was not always sufficient to cover immediate need and that the majority of applicants did not have alternative sources of income to rely on if an application was denied.

Qualitative research

155. Scottish Government commissioned research (2021b) using a mixed methods approach (4325 survey participants, 30 follow-up qualitative interviews with people either required to self-isolate or their close contacts). It found that only 8% had applied for a SISG and that awareness was higher among those on low incomes, although there was a perception that the eligibility criteria was too restrictive.
156. The SISG was seen as an important earnings replacement for people unable to work during isolation by participants in the qualitative research:

[Self-Isolation Support Grant] did cover up the income that was lost for that kind of job, so I would say to that extent it was helpful...My missus did bridge the gap in terms of her work hours. It came down to the same, it just bridged the difference. It was helpful in that way, but apart from that there was no additional kind of positive in relation to it (Scottish Government, 2021b, pg 81).

157. One participant recommended that the SISG should be universally available to everyone who self-isolates regardless of income.
158. Overall, this Scottish research demonstrates the importance of flexible self-isolation support scheme administration to ensure that payments are made in a timely manner during periods of high demand. Clearly, there are resource and staffing issues that are connected to this. The demographic profile of claimants revealed through this research is important, and demonstrates the need to appropriately promote future schemes to females and younger claimants who may not have previous experience of claiming payments from a local authority.
159. A further example of best practice in Scotland (Scottish Government, 2020a) which was not discussed in detail by the above research was the provision of The Local Self-Isolation Assistance Service. Local authorities contacted people who were required to self-isolate with an initial 30-minute phone call, and a further two 10-minute calls. The aim was to not only maximise take-up of the self-isolation support grant, but also to refer to other sources of support (e.g., food, medication, support provided by the voluntary sector). In a future pandemic this sort of holistic support should be delivered throughout the UK and aligns with SAGE's argument for the need for financial support to be delivered alongside non-financial support (paragraph 82).

Adequacy and scope of the self-isolation support scheme in Wales

Qualitative research

160. Of the four nations of the UK, the Welsh Government has commissioned the most detailed qualitative analysis of the adequacy and effectiveness of self-isolation payments.
161. An internal review of the scheme (Prosser and Mack, 2022) was completed by the Welsh Government's Knowledge and Analytical Services. Four local authorities participated in the research (Cardiff, Ceredigion, Rhondda Cynon Taff and Wrexham) recruiting 195 participants who were recipients of self-isolation support.
162. Figure 5 below summarises the key findings from the study, with 88% agreeing that the payment enabled self-isolation and 31% stating that self-isolation would not have been possible without payment.

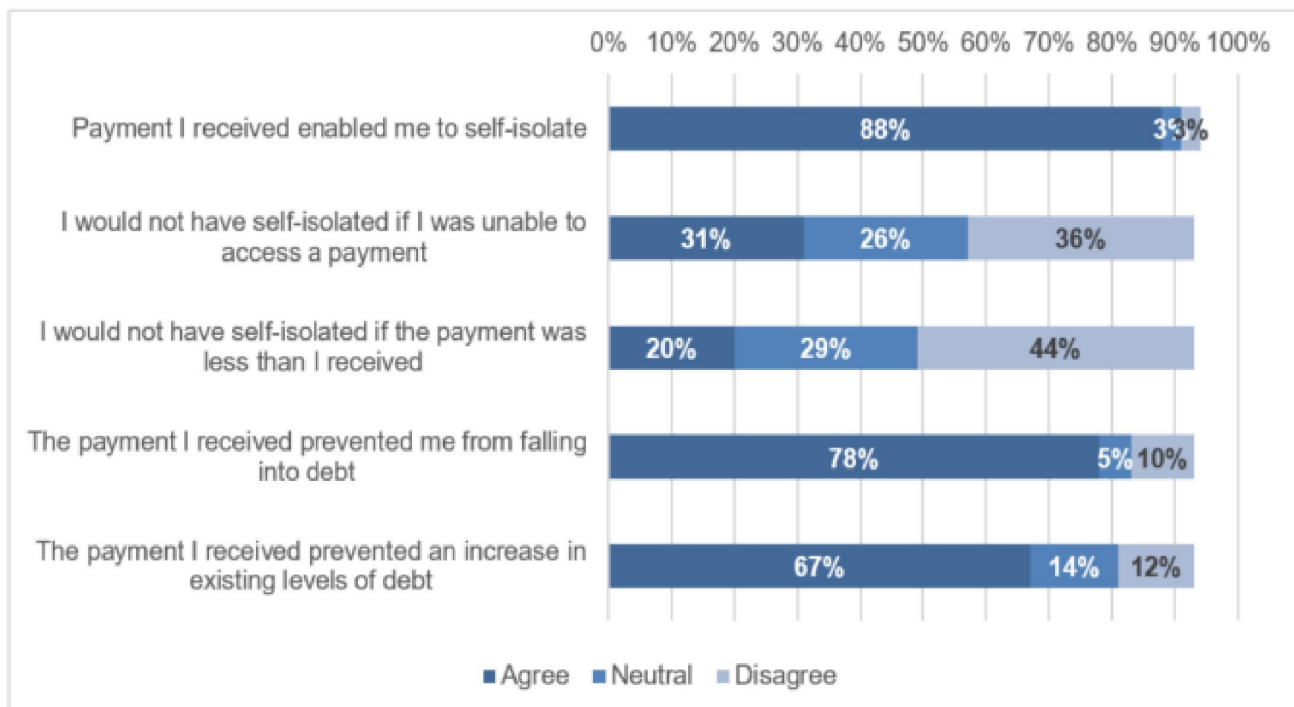


Figure 5: links between ability to self-isolate and payment of Welsh Self-isolation Support (Prosser and Mack, 2022)

163. More than 50% of respondents who received the initial £500 payment stated that they had lost income as a result of self-isolation. For respondents who received the £750 payment (increased payment from 9 August 2021), just under 25% reported that they had lost income as a result of self-isolation. More effective administration and increased payment were amongst the recommendations from participants for scheme improvement.
164. A second study commissioned Beaufort Research on behalf of Public Health Wales' Research & Evaluation (R&E) Division to analyse self-isolation experiences of people contacted by Test, Trace, Protect (TTP) service in Wales (McAllister, Blunt and Davies, 2022). Forty participants were recruited and interviewed via online focus groups and semi-structured telephone interviews.
165. Participants reported that the financial impact of self-isolation often continued after the isolation period had finished, with ongoing debt commitments such as rent and utility arrears and credit card costs. Financial hardship was compounded when participants were required to self-isolate for more than one period.
166. A range of perceptions were recorded about the level of payment. Typically, respondents believed that £500 was an appropriate amount, particularly if this closely matched lost earnings during isolation. Some participants felt that a higher amount, similar to usual earnings, was needed to meet financial needs.
167. The availability of financial support was not generally considered to be the defining factor in self-isolation adherence. Protecting family members, the wider community and a moral duty were more influential drivers.

168. Overall, there is much value to this qualitative research from Wales (although detailed quantitative analysis based on local authority data is not available). The qualitative research demonstrated that the financial consequences of self-isolation are often long-term; again this indicates the importance of applicants being signposted to other support with income maximisation and debt management. This research indicates that the self-isolation support scheme payments were unable to provide full financial compensation for self-isolation, particularly when payments were initially set at £500.
169. There are some limitations to this research, given its small-scale and relies upon self-reported information. It only captures people who received a self-isolation payment or had been contacted by test and trace and does not report the views of people on low incomes who may have chosen not to self-isolate because of financial hardship.

Adequacy and scope of the Discretionary Support self-isolation grant in Northern Ireland

Department for Communities review

170. A 2022 Department for Communities review of the wider Discretionary Support scheme, of which self-isolation grants were a part, consulted applicants, advice agencies, scheme staff and policy leads. The review revealed that there were reputational issues with the self-isolation grant linked to both perceived low payments and poor administration. The review found that unrealistic demands were placed on a discretionary scheme which did not have the capacity to meet complex pandemic-related needs.
171. There is a lack of detailed research or analysis on the adequacy and scope of the self-isolation support grant in Northern Ireland. There is however more information available on the administration of the Northern Irish scheme and this is detailed in the next section of the report (paragraphs 199-206. Detailed qualitative analysis (such as that carried out in Wales: Prosser and Mack, 2022) and quantitative analysis (such as that carried out in Scotland: Scottish Government, 2023a) would have been valuable.
172. The analysis that is available discusses the strengths and limitations of incorporating bespoke self-isolation support within existing welfare programmes. The administrative convenience/efficiency of this is offset by a low claimant awareness of self-isolation support and a lack of a unique identity for the scheme. This expert report accepts these concerns and recommends that in a future pandemic self-isolation support should be separately delivered to other existing welfare payments, and be administered centrally. However, local authorities should still play a key role in promoting the scheme and providing other advice/information to support self-isolation such as debt advice and practical support.

Recommendations (see paragraph 326):

- **A research project is required to gain further insight on local authority experience of delivering self-isolation support payments and applicant insights into experience of claims process and adequacy of payments.**

- **A wide range of organisations have the expertise to conduct this research, including academic institutions, research bodies and groups such as the Social Security Advisory Committee or the Work and Pensions Committee.**
- **Research is required with people unable to self-isolate because of financial hardship (or perceptions of this). Research should capture the experiences of seldom heard groups such as those in precarious work, migrant workers and people with no recourse to public funds.**
- **Research is required with local authority decision makers across the four nations of the UK. This should focus on experience and knowledge of self-isolation payments, strengths and limitations of self-isolation payment administration and best practice guidance for a future pandemic.**

Topic 5: Local Authority Administration

England

173. A number of issues have been identified with the local authority administration of TTSP in England. These centre on shifting timescales and expectations based on changes to central government regulations and self-isolation scheme rules, alongside concerns about a lack of funding to meet local need. Research indicates substantial regional variation in the administration of TTSP, in many areas a high number of applications were rejected, and differing experiences of the main and discretionary schemes.

Differing regional experience and appeal rates

174. In February 2021 the TUC (2021a) published an analysis based on Freedom of Information requests responses from 175 local authorities in England (data accurate to 6 January, 2021). The research found that 37% of applications to the main scheme were successful and 21% of applications to the discretionary were successful.

Table 6 : Number of successful TTSP applications in England (up to January 2021)

Applications by main and discretionary scheme (responses from 116 councils)	Main	Discretionary
Applications received	39615	31979
Payments made	14853	6805
Percentage of applications accepted	37	21

175. A regional variation was evident with 30 local authorities having an acceptance rate of 10% or less and six local authorities having an acceptance rate of less than 2%. At the time of publication, the TUC estimated that 27% of local authorities had either exhausted funding for the discretionary scheme or were close to that point. There is no evidence to suggest that in areas where there were low acceptance rates there was an impact on public confidence in the scheme.
176. Specific regional variations cited include Rochford District Council accepting more than 70% of all applications and Oxford City Council accepting fewer than 10%. Blackburn with Darwen Council spent over £300,000 on the main scheme despite receiving initial central government funding of £86,000. Hull City Council spent over four times its initial £100,000 funding.

177. It was estimated that there was a £28.6 million shortfall in national funding for the main scheme and a £28.3 million shortfall in national funding for the discretionary scheme. The total estimated funding gap is indicated in table 7:

Table 7 : Estimated local authority funding gap for TTSP

All funding gap	
Total applications	120,489
Number of councils providing application numbers	171
Initial funding for the scheme	£40 million
Cost if all applications from 116 councils accepted	£60.2 million
Overall number of councils	314
Average applications per councils	705
Estimated applications for all councils	221,249
Estimated cost across all councils	£110.6 million
Funding gap just from 171 councils	£20.2 million
Estimated funding gap: all councils	£70.6 million

178. In May 2021, the TUC (2021b) conducted further research following the continuation of the TTSP scheme and allocation of further local authority funding. A 64% rejection rate was recorded by the 94 councils which responded. A marked regional variation in rejection rates persisted ranging from 19% to 98%.
179. Child Poverty Action Group (2021) reported that data obtained by the Labour Party indicated that three-quarters of applications to the discretionary scheme were rejected and that demand for this element of the scheme far outweighed demand for the main scheme.

180. Separate research by BBC News (2021), based on FOI responses from 271 local authorities in England and Wales found that:
- a. In England between September 2020 and January 2021 212,000 people applied for a TTSP and 74,400 claims were awarded (35.1% successful claims rate).
 - b. In Wales between November 2020 and January 2021, 15,000 applications were made and 5,400 were successful (36% successful claims rate).
181. Commenting on these results the TUC stated that it demonstrated that the TTSP scheme was 'too patchy, too strict, and is riddled with problems that were inevitable when the government rushed out a new, underfunded scheme'. The results certainly demonstrate that a national scheme, administered on a local level produces mixed outcomes for claimants. There are a wide range of variables which will have had an impact on TTSP scheme administration and decisions, such as the socio-economic status and demographics of the local population, the political party which had control of the council, and rates of COVID-19 transmission. This produced outcomes that could be more accurately described as 'inconsistent' rather than 'patchy'. This expert report has raised concerns about changes to TTSP rules after it was launched (see section 'Initial problems accessing TTSP') as this causes claimant confusion and administrative uncertainty.

Reasons for TTSP rejection

182. The BBC research (2021) recorded the following reasons for rejection to the TTSP:

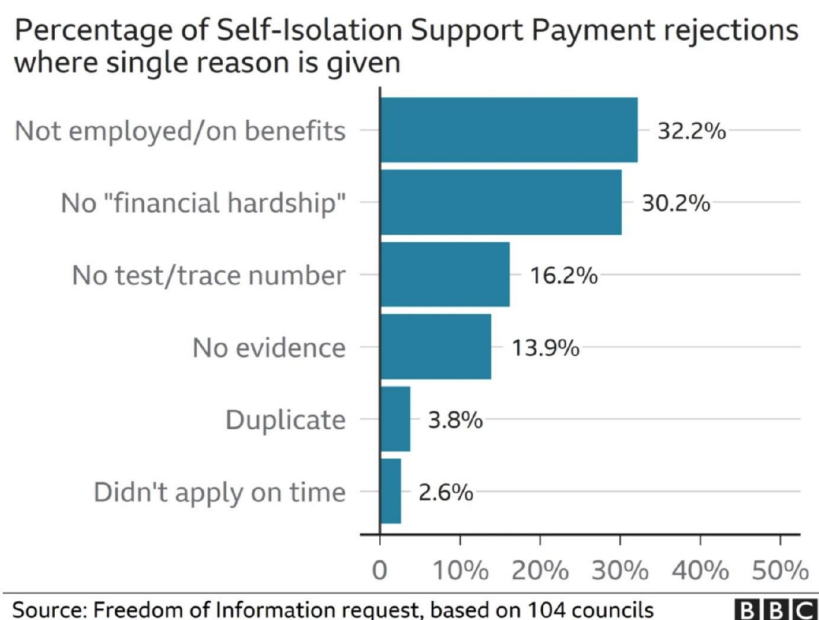


Figure 6: reported reasons for TTSP claim rejections

183. In summary, there is an absence of official evaluation on the local authority administration of TTSPs in England. The most detailed research in this area has been undertaken by a trade union and media organisation using Freedom of Information data. There are some consistent patterns which emerge from this research: the overall number of successful applications was

low (particularly for the discretion element of the scheme) but there were very significant regional variations, local authorities experienced significant pressures in administering TTSP and the level of funding provided was considered to be inadequate (TUC, 2021a; BBC Reality Check, 2021).

184. The high level of TTSP rejections is linked to claimants being unable to provide sufficient evidence and local authority judging that there was no evidence of 'financial hardship'. The former reason may indicate that TTSP claimants were not provided with enough guidance about supporting information, the latter reason highlights the challenges in administering a discretionary scheme on a local basis.

Scotland

185. In Scotland Self-Isolation Support Grants (SISG) were delivered by local authorities using the application processes of the existing Scottish Welfare Fund. Local authority discretion allowed a variety of application types, most commonly online or telephone and more exceptionally, in post or in person.
186. The Scottish Government believed that local authorities were well placed to deliver SISG alongside other forms of wrap-around support, and that councils were better placed to deliver benefits than Social Security Scotland (an executive agency of the Scottish Government which delivers other means-tested, disability and carers benefits) (Convention of Scottish Local Authorities, 2020). Welfare Fund regulations stipulate that decisions should be issued to an applicant by the end of the working day after which an authority receives all necessary information; these rules were extended to SISG. There was a two-tier review process for SISGs, firstly a request to the local authority which made the decision to look at their decision again, and secondly an independent review (Convention of Scottish Local Authorities, 2020).
187. An independent review of the Welfare Fund (Scottish Government, 2023b), including the administration of SISG, was commissioned by the Scottish Government (data analysis from 32 local authorities, interviews with 46 applicants, interview with 19 local authority staff, interviews with 16 community stakeholders – prisons, advice agencies, food banks, housing organisations).
188. The research found that the volume of SISG applications in late 2021/early 2022 drove up the decision-making timescales. Community stakeholders expressed concern that a shift to online decision-making during the pandemic had become the default position and other application and support routes were marginalised. Some local authority staff expressed concern that online application processes weakened established links between councils and residents. It was recommended that in future emergencies self-isolation financial support should be based on defined and fixed criteria and not on a discretionary basis and if this was the case could be administered centrally.
189. The additional burden of delivering SISGs created staffing pressures such that *'resources were often spread very thin, resulting in staff absences as well as high staff turnover due to burnout, which in turn put more pressure on other staff'* (Scottish Government, 2023b, page 73). In relation to data collection, the review found that in Scotland there is a higher level of monitoring than schemes elsewhere in the UK but gaps still exist in relation to equality characteristics and missing application information.

190. In summary, the Scottish experience of administering SISGs demonstrates some of the dilemmas in delivering emergency financial support. The Scottish Government, with some justification, decided that local authorities were best placed to deliver SISG utilising local knowledge and the existing systems in place through the Scottish Welfare Fund. However, it is evident that as the scheme progressed local authorities found it increasingly difficult to manage the level of claims that were made and that a more person-centred approach to decision making was disregarded in favour of online adjudication. It is particularly striking to note that the review referred to in paragraphs 187-190 expressed concern about self-isolation support being administered (in part) on a discretionary basis. This is of relevance to the recommendation of this expert report that future self-isolation financial support should be delivered centrally using fixed criteria but that alongside this a mandatory referral should be made to a local authority to provide wrap-around support.

Wales

191. Public Health Wales' Research & Evaluation (R&E) Division carried out research on the experiences of Welsh residents instructed to self-isolate by Test, Trace, Protect (TTP) (McAllister, Blunt and Davies, 2022).
192. A range of barriers were identified which impeded applications. These included a claimant assumption that they would not be eligible, a belief that savings were too high, and that the application process would be too onerous and lengthy. Although many participants found the online application process to be straightforward, concerns were raised about the level of information that needed to be provided to support a claim (particularly personal and financial information), confusion about the differences between the main and discretionary scheme, and difficulty providing electronic copies of bank statements and payslips.
193. For a limited number of respondents accessibility issues were raised, including webpages being hard to navigate, information being badly worded, a lack of telephone helpline, and questions hard to comprehend.
194. Some participants were not clear about why a payment had been refused. The following were (self-reported) reasons for application rejection:
- Income (of applicant or partner) too high
 - Being in receipt of a pension
 - Being in receipt of a payment through the Self-employment Income Support Scheme
 - Not being in receipt of qualifying benefit
 - Being unemployed
195. TUC Cymru reported that the Welsh Self-Isolation Support Scheme had more appropriate funding which avoided examples of local authorities being unable to fund the scheme entirely or severely limit discretionary payments. A question tabled in the Welsh Parliament on 25.01.2021 indicated that of 24,251 applications received and 7,254 payments were made (Welsh Parliament, 2021).

196. The Welsh experience of scheme administration provides some valuable learning. The 'postcode lottery' and funding issues found in England were largely avoided through a more comprehensive funding regime. This emphasises that whatever decisions are made about scheme eligibility and administration, delivering effective self-isolation support is intrinsically linked to the provision of adequate national government funding. Welsh authorities were able to deliver more 'generous' discretionary self-isolation support, not because of more effective systems/processes, but because they received a higher level of resource.
197. The reasons for refusal in Wales are linked to claimants being unable to demonstrate they meet the basic rules of entitlement. This differs from the experience in England where a high percentage of claims were refused as they failed to demonstrate 'financial hardship' (for the discretionary element of self-isolation payments).
198. Less positive experiences in Wales centre on concerns about the level of information that needed to be provided to support a claim and low levels of claimant awareness about scheme rules. This is of relevance to the discussion in the next section of the report on 'Awareness and promotion of self-isolation support payments'.

Northern Ireland

199. In Northern Ireland the COVID-19 self-isolation grant was part of an overall Discretionary Support (DS) scheme which provides emergency loans and grants in exceptional or crisis situations.
200. The 2022 Independent Review (Department for Communities, 2022) recommended that self-isolation support should not be part of the DS scheme. It was acknowledged that the DS provided an existing mechanism to administer self-isolation payments but that incorporation into a broader administrative structure could be confusing for applicants and the unique purpose of self-isolation support was obscured.
201. There is merit in placing self-isolation payment schemes outside existing welfare payments systems to ensure they are recognised as separate and unique. However, a simple separation of self-isolation support from other existing forms of welfare payments is unlikely, in and of itself, to create a high level of public recognition and awareness. Alongside the separate administration of self-isolation payments, careful consideration needs to be given to scheme name, discoverable key words for internet searches, and prominent promotion of schemes on central and government websites. It should also be recognised that incorporation of self-isolation payments into existing welfare payment schemes brings administrative and staffing efficiencies.
202. It was recommended that responsibility for self-isolation support should not rest with the Department for Communities, but should be shifted to the Department for the Economy where links to employers and trade unions are in place which could be used to target low paid workers.
203. As self-isolation payments are in place to support people on low incomes who are unable to work, there is a strong rationale for the responsible department to have strong links with employers and employee representatives. However, Departments of this type are not likely to have experience of administering welfare payments.

204. A differing administrative model for self-isolation support was used in Northern Ireland. The operating system for DS uses a telephone triage system to screen calls and where necessary, assist with applications. A self-service application was then expected but where this was not possible assistance was provided by a triage team. A financial support officer then gathered evidence and a decision was issued to the applicant via a phone call and follow-up letter. A review could be requested within 28 days of a decision. The incorporation of the self-isolation support grants into the DS system did not result in an increase in the number of reviews, considered to be an indication of the effectiveness of the scheme.
205. Overall, the review found the administration of the DS scheme to be effective, although claimant awareness was often patchy. Many claimants felt supported by staff when there was direct contact, although this would have been enhanced by telephone call-backs being made within a specified timeframe.
206. In Northern Ireland applications for the COVID-19 self-isolation support grant were supported by a more person-centred approach than in the other nations of the UK. The telephone triage system and offer of support with the application process provided a more comprehensive level of support than elsewhere in the UK. Although not explicitly stated in the review, this presumably also gave an opportunity to discuss other support needs with a claimant (e.g., a referral for money advice or emergency food provision). As decisions on a claim were also delivered via a phone call, this would have meant that claimants were clearer about the reasons for a decision and could then decide whether to pursue an appeal. Whilst this is an example of good practice in the administration of financial support, the smaller population size in Northern Ireland will have made this easier to deliver. Ultimately, the review found that self-isolation support should sit outside existing, localised support and this aligns with the recommendations of this expert report.

Local authority administration key points

207. In England a postcode lottery was evident with outcomes on TTSP decisions significantly varying between different parts of the country. Concerns were raised about inadequate funding, particularly of the discretionary element of TTSP, and this led to a high number of claim refusals. TTSP was delivered outside existing welfare schemes with no right of review.
208. In Scotland, SISGs were delivered as part of the existing Scottish Welfare Fund. Local authority discretion allowed for a range of different claims (online, phone, person, post) but at times of high demand online claims were increasingly relied upon. Although local authorities were considered to be well placed to administer local support, concerns were expressed about the discretionary nature element of self-isolation support, leading to an official government review recommending that eligibility criteria should be fixed and the scheme administered centrally.
209. In Wales, the self-isolation support scheme was more comprehensively funded than in England. This meant that there were less pronounced regional variations in entitlement than in England, and an ability to accept a higher number of claims to the discretionary element. However, there were concerns about the low levels of claimant awareness about scheme rules.
210. Northern Ireland delivered the most person-centred scheme, with telephone triage and support being a key feature. The COVID-19 self-isolation support grant was delivered as part

of the existing Discretionary Support Scheme. This meant self-isolation support could be delivered through existing administrative mechanisms but led to a low level of public awareness of the uniqueness of support.

211. A review of the local authority administration of the schemes, feeds into the following recommendations:

Recommendations (see paragraph 322):

- Self-isolation payments should be administered through centralised job retention/self-employment schemes with an automatic referral to local authorities for wrap-around support.
- Self-isolation payments should be rolled out as part of early pandemic response when self-isolation measures are initially imposed (this was the case in Northern Ireland but not in England, Scotland or Wales).
- Self-isolation payment schemes should have a rapid review process. Timescales for a review should be reduced to 14 days to allow timely resolution of dispute.
(NB: if self-isolation payments are administered through centralised job retention and self-employment schemes this should significantly reduce the level of disputes).
- Central government and local government websites should include a self-isolation payment eligibility checker.
- Self-isolation payment scheme guidance should include timescales for the issuing of a payment, and monthly reporting data should be published. The timely award of self-isolation payments is key in encouraging self-isolation adherence and reducing financial hardship.
- Self-isolation payment scheme guidance should include specific guidance on how to process and record claims from applicants with no recourse to public funds (NRPF). This is to protect NRPF applicants from being incorrectly deemed to be in breach of immigration conditions.
- Central government should prioritise avoiding changes to scheme criteria following scheme launch to avoid lack of public understanding and regular administrative changes/updates.
- A communications strategy should be published which clearly indicates eligibility criteria and payment processes. Accessibility and language issues should be fully considered.

Topic 6: Awareness and Promotion of Self-Isolation Support Payments

212. As highlighted earlier in this expert report, there is a correlation between knowledge of self-isolation rules and socio-economic status. Smith et al (2023) found that knowledge was lower for people living in areas of higher deprivation with a perception of lack of information, although knowledge did increase as the pandemic endured. This research found that younger people had less knowledge than older people, and men less knowledge than women.
213. Opposition politicians expressed concerns in relation to awareness of self-isolation support payments. In November 2020, the Labour Party stated that neither the COVID-19 app or government website included details about English TTSP and called for a national and local communication strategy (Dodds, 2020). A TUC survey (2021a) found that overall, 21% of workers were aware of TTSP. However, awareness dropped to 18% for people in insecure work, 16% for low-paid workers, and 16% for those not in receipt of sick pay.
214. Research on public awareness of self-isolation support payments provides a mixed picture. A TUC survey (2021b) in England found that overall 21% of workers were aware of TTSP. Awareness dropped to 18% for people in insecure work, 16% for low-paid workers and 16% for those not in receipt of sick pay. Data for this research was collected in May 2021 and based on a survey of just over 2,000 employees.
215. A small scale 2022 ONS survey (1,006 participants) found that 94% of participants did not apply for a TTSP. Of these, 66% stated that they were aware of the scheme but did not meet the eligibility criteria, and 20% were not aware of the scheme.
216. Analysis of discretionary payments in Northern Ireland (Department for Communities, 2022) highlighted the importance of a clear and transparent scheme name in aiding public awareness. Concerns were raised that the Department for Communities did not have a systematic take-up and communications strategy, compounded by the move to online service. An overreliance on the general NI-Direct website was noted and intuitive search terms for self-isolation payments were not matched by information on the website.
217. Research on the SISS in Wales (McAllister, Blunt and Davies, 2022) reported that confusion about scheme rules was common and that official publicity was rarely seen. Approximately a third of participants did not apply for a SISS through a lack of awareness of the payment and awareness was lower for low-income groups. Conversely, those on higher incomes were more likely not to apply on the basis of a perception of ineligibility. Satisfaction was high when contact was initiated with the local authority – 84% indicated that their needs had been met. A range of useful information sources were identified including news, NHS and Citizens Advice webpages, TV News and social media. There was a lack of ability to refer to SSIG by the scheme name, the ‘£500 payment’ was a common attribution. Typically people only became aware of the SSIG after a period of self-isolation had begun.
218. In Scotland the Scottish Welfare Fund, through which the Scottish Self-Isolation Support Grant was delivered, was promoted by local authorities in a variety of ways (Scottish Government, 2023b). This included promotion of the scheme to other council departments, third sector organisations and external stakeholders (e.g. the Prison Service), as well as

direct promotion to the public (leaflets, direct mailings, local and social media). Self-isolation cases and close contacts were contacted by Scotland's contact tracing services and provided with information (verbal or digital) on financial support available. Additionally, a text back service allowed the sharing of case/contact data with the relevant local authority, if authorised by a resident. However, some local authorities did not engage in any promotion of the scheme as there was concern about creating an unmanageable demand for a discretionary fund. The reliability and value of social media communications was also questioned. For example, one local authority which promoted the scheme through Facebook, reported that this led to poor targeting and an increase in ineligible claims.

219. COSLA (2020) reported that the Scottish Government intended to promote the Self-Isolation Support through a targeted newspaper, television and radio campaign. There is evidence that the scheme was promoted through video content on Facebook and YouTube and through local media channels (it is unclear whether direct TV and radio adverts were delivered).
220. This review revealed that from an applicant perspective there was a distinction between applicants who had previously claimed social security payments and/or payments through the local authority, and those for whom the pandemic created significant financial hardship for the first time and had no previous experience of previous engagement with welfare bureaucracy. The former group had a clearer understanding and awareness of how to make a claim and find information. This was much less clear for the latter group who relied on family and friends, the Department for Work and Pensions, online searches and professional guidance from organisations in the advice sector (e.g., Citizens Advice), and public and third sector agencies (e.g. debt advisers, social workers). Stakeholders (organisations which supported or worked with applicants) commonly commented that those with no previous experience of claiming social security payments should be more effectively targeted.

Key Points

221. Awareness of self-isolation payments is often lowest amongst groups most likely to qualify for support: younger people, women, low-paid/insecure workers and people living in areas of higher deprivation.
222. Name recognition of self-isolation support payment schemes was low. This expert report recommends a concise, clear and intuitive name for payments. For example, 'Self-Isolation Support Grant' as delivered in Scotland is clearer than 'Test and Trace Support Payment Scheme' in England.
223. A clear communications strategy is required to increase awareness and take-up of self-isolation support payments. Clear and consistent information should be provided through the central government website and app (including weblinks to the claims process). This should be consolidated with consistent information on local government websites. Employers should be encouraged to promote self-isolation payments to employees, particularly in sectors where there are significant numbers of people in low-paid work. Awareness can be driven up through effective messaging on news and social media channels.
224. A co-ordinated take-up strategy should be implemented to raise awareness of self-isolation payments. Local authorities are well placed to deliver take-up activities and have experience of similar work (e.g., take-up of Pension Credit, Council Tax Support). Local authorities have access to data on local populations for targeted promotion. However, some local authorities

(particularly in England) may be reluctant to fully engage take-up activities if they do not have sufficient resources to administer a self-isolation support scheme and to make payments.

Recommendations (see paragraph 324):

- **Careful consideration needs to be given to a scheme name for future self-isolation payments. Name recognition was low for the COVID-19 self-isolation payments.**
- **Intuitive search terms need to be developed for all website content (including central and local government websites) with clear links to scheme name, self-isolation requirements and application process.**
- **In a future pandemic, software applications (central government and/ or healthcare systems) should include clear information about self-isolation payments and include clear links to claim a payment.**
- **In a future pandemic, contact tracers should provide clear signposting to self-isolation payments and other local support with financial hardship (e.g., welfare rights, debt advice). This was the case in Scotland.**
- **In a future pandemic, particular consideration should be given to groups of people who have no previous experience of claiming financial support from government schemes. There was a lack of consideration of stigma and barriers to claiming financial support in the development and implementation of COVID-19 self-isolation payments.**

Topic 7: Self-Isolation Support and Equality Impact Assessments

225. This section of the report considers the provision of self-isolation support payments from an equalities perspective. It analyses the availability and content of equality impact assessments in the four nations of the UK as they relate to self-isolation support payments. An equality impact assessment is an evaluative tool to assess the impact of policy in relation to the protected characteristics as set out in the Equality Act 2010 (race, disability, sex, gender reassignment, sexual orientation, age, religion or belief, pregnancy, marriage/civil partnership). An equality impact assessment can consider broader issues such as the impact of policy in relation to socio-economic status, the use of different languages, or political opinion. The completion of an equality impact assessment is important so that the impact of policy on key groups in society (as indicated above) is identified, and policymakers and administrators can consider if amendments to policy are required to ensure it more appropriately responds to need. The failure to complete an equality impact assessment risks the assumption that a policy appropriately meets the needs of groups with protected characteristics when this may not be the case.
226. Across the four nations of the UK equality impact assessments relating to self-isolation payments were conducted in markedly different ways.
227. England: The government assessed the impact of the TTSP on the protected characteristics groups specified in the Equality Act, Public Sector Equality Duty and section 75 of the Northern Ireland Act. The assessment concluded that there was no specific impact on any of the protected groups (see table 8).
228. Scotland: The Scottish Government's (2022b) equality impact assessment of the SISG drew on a range of sources to analyse the impact of the grant on groups with protected characteristics. These included statistics published by the Scottish Government Economist (OCEA), Office for National Statistics, the Annual Population Survey and local authority SISG data. The assessment found that ethnic minority groups, women, people with disabilities, children, young people and younger adults, people in precarious work and people on low incomes experienced disproportionate financial impacts because of the requirement to self-isolate. The assessment found that the SISG acted as a mitigating factor for these groups (see table 8).

Table 8: Summary of self-isolation support payment equality impact assessments in England and Scotland

Protected characteristic groups	England	Scotland (Scottish Government, 2022b)
Racial groups	No specific impact	<p>People from minority ethnic groups are more likely to be in low income professions and disproportionately impacted by the requirement to self-isolate. People from minority ethnic backgrounds are more likely to experience relative poverty, child poverty and ill health than people identifying as 'White-Other' or 'White-British'.</p> <p>A higher proportion of people from minority ethnic groups work in hospitality, retail, care and leisure with less opportunity to work from home. The Self-Isolation Support Grant can provide targeted support to those on incomes below the real living wage.</p>
Disabled/not disabled	No specific impact	<p>Disabled adults are disproportionately represented in low income households and represent a third of all Scottish adults. Pandemic support is required to avoid increasing inequalities for this group. The Self-Isolation Support Grant provides some mitigation with a focus on low income workers who cannot work from home. Without financial support income inequalities for adults with disabilities would be exacerbated. Almost a quarter of disabled people require support with groceries, food and medicine delivery, the local Self-Isolation Assistance Service provided this type of support during COVID-19.</p>
Sex	No specific impact	<p>No available evidence to demonstrate that men are disproportionately impacted. Evidence suggests self-isolation causes financial hardship for women who are more likely to provide unpaid care (27% of women in total) and be in less secure, lower paid work. During the first lockdown mothers were 1.5 times more likely to lose or leave employment as a result of caring responsibilities. Women are more likely to live in poverty and may be forced to choose between caring roles and going to work. Between October and November 2021, 55% of SISG claimants were women.</p>
Gender reassignment	No specific impact	No specific impact
Sexual orientation	No specific impact	No specific impact
Age	No specific impact	<p>Children and young people may be required to self-isolate or be affected by parents or carers having to self-isolate. If this results in a loss of income children and young people's wellbeing could be affected. SISG supports lower income parents who may be under pressure to continue working despite self-isolation requirements. Young adults (16-24) are more likely to experience relative poverty than older adults. Low income and precarious employment for this age</p>

		<p>group may disincentivise self-isolation compliance, SISG was designed to provide financial support for those required to self-isolate earning below the real living wage. The Scottish Government targeted low income parenting groups as a priority for SISG. Between October 2020 and November 2021, 34% of SISG applicants were aged 16-24.</p> <p>Older people in low-paid work may experience financial hardship as a result of isolation requirements, this is not assessed as more significant than for other age groups. COVID-19 transmission rates are higher in older people, those in this age group who are working are more likely to need to self-isolate. A slightly higher percentage of female pensioners (18%) are in poverty compared to men (15%).</p>
Religion or belief	No specific impact	Religion or belief: no evidence to suggest that the provision of the SISG disproportionately affects people from a faith background (although Muslim Adults were more likely to be in relative poverty than adults overall).
Pregnancy and maternity	No specific impact	No specific impact, eligibility for the SISG is unrelated to pregnancy or maternity leave (although links between pregnancy and poverty were identified).
Marriage and civil partnership	No specific impact	<p>No specific impact.</p> <p>It was noted that single adults (27%) and divorced/separated adults (27%) were more likely to live in relative poverty than cohabiting adults (19%) and married adults (13%).</p>
People with dependants	No specific impact	Not recorded
Political opinion (Northern Ireland only)	No specific impact	Not recorded
People who use different languages (including Welsh Language and British Sign Language)	No specific impact	Not recorded

Socio-economic impact	No specific impact	<p>People on low incomes, in precarious work and without access to SSP are most affected by self-isolation requirements, with disproportionate impacts for minoritised ethnic groups and people with disabilities.</p> <p>People living in the most deprived Scottish Index of Multiple Deprivation Quintiles were more likely to report financial hardship as a result of self-isolation (21%) than the higher three deprivation quintiles (8%) and more likely (13% to 5%) to have applied for a SISG.</p>
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229. **Wales:** There is no evidence of an equality impact assessment which specifically relates to the Self-Isolation Support Scheme. Equalities issues connected to the broader Test, Trace, Protect strategy were continually reviewed and the impact on the protected characteristics specified by the Equality Act were considered. There is an acknowledgment that there were some time delays in responding to the needs of specific groups, but that appropriate action was taken. A review of the 'Impact assessments: coronavirus' webpages of the Welsh Government website (2022) demonstrates how the impact of COVID-19 was measured from an equality opportunities perspective.
230. A total of 51 impact assessments were completed during the COVID-19 pandemic. Some of these related to specific areas such as schools, the NHS, public health, travel and business and others were more general assessments of the impact of measures to restrict the impact of COVID-19 (Welsh Government, 2022b). Self-isolation as a general theme is analysed in many of these assessments (notably in relation to the infringement on people's liberties and a negative impact on physical and mental health), as is financial support/socio-economic status (particularly in relation to the CJRS) but a full assessment of the Self-Isolation Support Scheme itself is absent. An equality impact assessment (Welsh Government, 2022c) assessing the transition from pandemic to endemic reported that guidance to self-isolate remained in place and that this necessitated the continuation of the self-isolation support scheme. The scheme was seen as a mitigating factor in symptomatic employees returning to work, particularly those from low income households.
231. **Northern Ireland:** a full equality impact assessment was not deemed to be required. Screening and Rural Needs Impact Assessments were completed before the Discretionary Support Self-Isolation Grant was introduced and concluded that there would be no adverse impact on any particular groups as the grant would provide COVID-19 related living expenses to all citizens who satisfied the eligibility and income conditions (INQ000475204, page 19).

Summary and Evaluation

232. Across the four nations of the UK there was not a consistent approach to conducting self-isolation support payment equality impact assessments. In a future pandemic it is recommended that all four nations of the UK adopt the same approach to measuring equalities. The equality impact assessment completed by the Scottish Government provides an example of best practice in this area and the approach taken here should be adopted by all UK nations.
233. In conducting the equality impact assessment the Scottish Government drew on a wide range of evidence as described in paragraph 228. The impact of self-isolation support payments was clearly considered in relation to all of the protected characteristic groups, and the findings broadly align with research and evidence from charities and think tanks.
234. The view taken by this expert report is that the Equality Impact Assessment completed in England was inadequate and the evidence it presents is inconsistent with established knowledge on the disproportionate impact of self-isolation on certain groups in society. A clear rationale has not been provided for why there is 'no specific impact' on any group in society. This is not consistent with the research detailed in paragraphs 108-114 (COVID-19

experiences for excluded groups) which outlines the disproportionate impact of the pandemic on, for example, women, minority ethnic groups, and younger people.

235. In Wales, the importance of self-isolation payments for low income households was established but there needed to be a specific equality impact assessment for the Self-Isolation Support Scheme, clearly detailing any impact on specific groups. The absence of a full equality impact assessment means we cannot fully determine the impact of self-isolation support in Wales on people with protected characteristics, or fully assess the view of the Welsh government of the payments from an equalities perspective.
236. Similarly, in Northern Ireland, a detailed equality impact assessment relating directly to the Discretionary Support self-isolation grant was not completed and this means clear analysis of equalities issues is lacking. It is noted that in Northern Ireland a needs assessment was carried out before the implementation of the self-isolation support payments. However, the conclusions that this drew were very general and did not consider in detail the impact on people with protected characteristics.

Recommendation (see paragraph 327):

- **In a future pandemic full self-isolation payment equality impact assessments should be published in all four nations of the UK, considering the impact on claimants with protected characteristics as stipulated in the Equality Act 2010.**

Topic 8: Self-Isolation Support: Interaction with the Social Security System

237. Self-isolation support payments were provided alongside a range of significant amendments to the social security system during the COVID-19 pandemic. This included the temporary increase of the UK's main means-tested benefit, Universal Credit, an increase in the level of housing support, enhanced support for employees and self-employed workers, and changes to the disability benefits system. These changes had a significant impact on access to self-isolation support payments. For some enhanced social security payments provided protection from the need to claim self-isolation support payments, for others a newly established entitlement to welfare benefits acted as a passport to eligibility for self-isolation support.

Technical changes to social security provision during the COVID-19 pandemic

238. A range of technical changes were introduced to the social security system and are detailed in paragraphs 239-243, with a comment on the relevance to test, trace and isolate.
239. **Universal Credit:** from 6 April 2020 the standard rate of Universal Credit was increased by £20 per week. This enhancement remained in place until 30 September 2021. During the pandemic the number of Universal Credit claimants increased from 2.9 million in February 2020, to a peak of 6 million in March 2021 (DWP, 2023). During the pandemic work-related requirements were temporarily suspended and the housing cost element of Universal Credit was given a budget increase of £1 billion (Machin, 2021). Universal Credit can be claimed by people in low-paid employment or the self-employed (as well as those out of work) and was a passported benefit for the self-isolation payments in England, Scotland and Wales. The temporary increase in rates of Universal Credit played a partial role in alleviating financial hardship during the pandemic, although the in-built 5-week wait for first payment may have caused short-term financial difficulties for people who were required to self-isolate.
240. **Disability and carers benefits:** from 17 March the government suspended face-to-face assessments for all Personal Independence Payment (PIP)⁵ and Employment Support Allowance (ESA)⁶ claims, substituted with paper-based and telephone assessments. In England and Wales the rate of the main social security benefit for carers, Carer's Allowance, was not increased (in Scotland a one-off supplement of £230.10 was provided). Eligibility rules were relaxed to allow continuation of a claim where a caring role paused due to the person being cared for being in self-isolation. Local authorities were allowed to implement their own eligibility criteria for the discretionary element of self-isolation payments and may have considered entitlement to disability benefits when assessing 'financial hardship'.
241. **Coronavirus Job Retention Scheme (CJRS):** launched in all four nations of the UK in March 2020 to provide financial support to employees unable to work as a result of

⁵ A non-means tested benefit for people of working age to help with the extra costs of a long-term physical or mental health condition.

⁶ A social security payment to help with living costs for people who are unable to work. There are two types of ESA: income-based and contribution based.

COVID-19 restrictions. Initially the UK government paid up to 80% of wages capped at £2,500 per month (HMRC, 2020a). The scheme ended on 30 September 2021 and had supported 11.6 million jobs at a cost of £68.9 billion (ONS, 2021; HM Revenue and Customs & HM Treasury, 2023).

- 242. **Self-Employment Income Support Scheme (SEISS):** from May 2022 the SEISS allowed a self-employed claimant to claim a grant to the value of 80% of three months trading profit, capped at £7,500 (HMRC, 2020b). Four further iterations of the SEISS were rolled out to September 2021 with reduced allowances for trading profit and maximum payments. 2.9 million people were awarded a grant at a total cost of £28.1 billion (HM Revenue and Customs & HM Treasury, 2023).
- 243. Both the CJRS and SEISS played an important role in protecting jobs and reducing reliance on means tested benefits. If these schemes had not been introduced there would have been greater pressures on self-isolation payments.

The scale and adequacy of social security during the COVID-19 pandemic

- 244. In March 2020, the UK Government announced additional funding of £7 billion for the social security system (Machin, 2021). Analysis indicated that 59% of this additional resource was claimed by claimants in the lowest quartile of income distribution (Brewer and Gardiner, 2020b). Support for unemployed claimants was raised to a level not seen for twenty years. During the pandemic the poorest fifth of UK households experienced the greatest decrease in earnings (Institute for Fiscal Studies, 2020b). Amendments to the social security system were critical in sustaining income for this demographic.
- 245. However, it has been argued that the pandemic exposed the shortcomings of a social security system which had been cut significantly in the previous decade. This left a system vulnerable to the unexpected financial hardship experienced by many households as a result of the pandemic (Machin 2021).
- 246. The uprating of Universal Credit was a temporary measure and a similar uplift was not put in place for longer-term recipients of legacy benefits (Harris et al., 2020). Changes to Universal Credit regulations did not address the 5-week wait for receipt of the first payment (Millar 2020).
- 247. The UK government did not reverse the overall benefit cap rules which limit the overall amount of benefit income that a household can claim. This resulted in some households deriving little or no gain in the temporary increase in the rate of benefits, and some households being newly subject to the cap (Work and Pensions Committee, 2020).
- 248. It has been argued that the changes to the social security system did not do enough to protect the incomes of women and claimants for minority ethnic groups. Women rely more heavily on social security income than men (particularly women with disabilities, in low-paid work and from minoritised ethnic groups) and are overrepresented in precarious and work in frontline services. The pandemic reinforced gendered inequalities in caring roles (Women's Budget Group, 2020) and women are less likely to qualify for Statutory Sick Pay. The temporary welfare changes did not do enough to address these entrenched inequalities (Machin, 2021).

249. Minority ethnic groups are more likely to be self-employed or have a zero-hours contract with little or no access to sick pay, and experience digital exclusion (Qureshi et al., 2020). Black African and Black Caribbean households have a higher percentage of lone parents and dependent children (Platt et al., 2020). These factors contributed to a greater reliance than other groups on welfare payments during the pandemic.

The importance and limitations of Statutory Sick Pay

250. There is an important relationship between Statutory Sick Pay (SSP) and self-isolation support payments. The eligibility criteria for Statutory Sick Pay in the UK is more restrictive than in many other European countries (Oakley, 2023; Community Union 2022). A considerable body of evidence highlights that the restrictive nature of SSP created a need for self-isolation payments. Reform of SSP, to increase its scope and level of payment, would reduce financial hardship during periods of sickness.
251. SSP is paid to employees who have been ill for more than 3 days in a row and earn at least £123 per week (2024/5 rates). A fit note⁷ must be provided if an employee is off work for more than 7 consecutive days. SSP can be paid for up to 28 weeks at £116.75 per week (2024/5 rates) from the fourth day of a period of sickness. Contractual sick pay can be paid at the same time as SSP. The self-employed are not entitled to SSP.

SSP rules and COVID amendments

252. From 13 March 2020 (until 25 March 2022), SSP was payable from the first day of an employee's sickness absence. Employees unable to work because of self-isolation were entitled to SSP and employees who were able to work from home were entitled to be paid their regular wage (the Statutory Sick Pay (Coronavirus) (Suspension of Waiting Days and General Amendment) Regulations 2020).
253. For an employee to be entitled to SSP they must earn at least the 'lower earnings limit' (LEL). In 2019/2020 SSP was paid at a weekly rate of £94.25, with a lower earnings limit of £118 per week. In 2020/21 the weekly rate of SSP was £95.85 with a lower earnings limit of £120 per week.

Limitations of SSP created a demand for TTSP

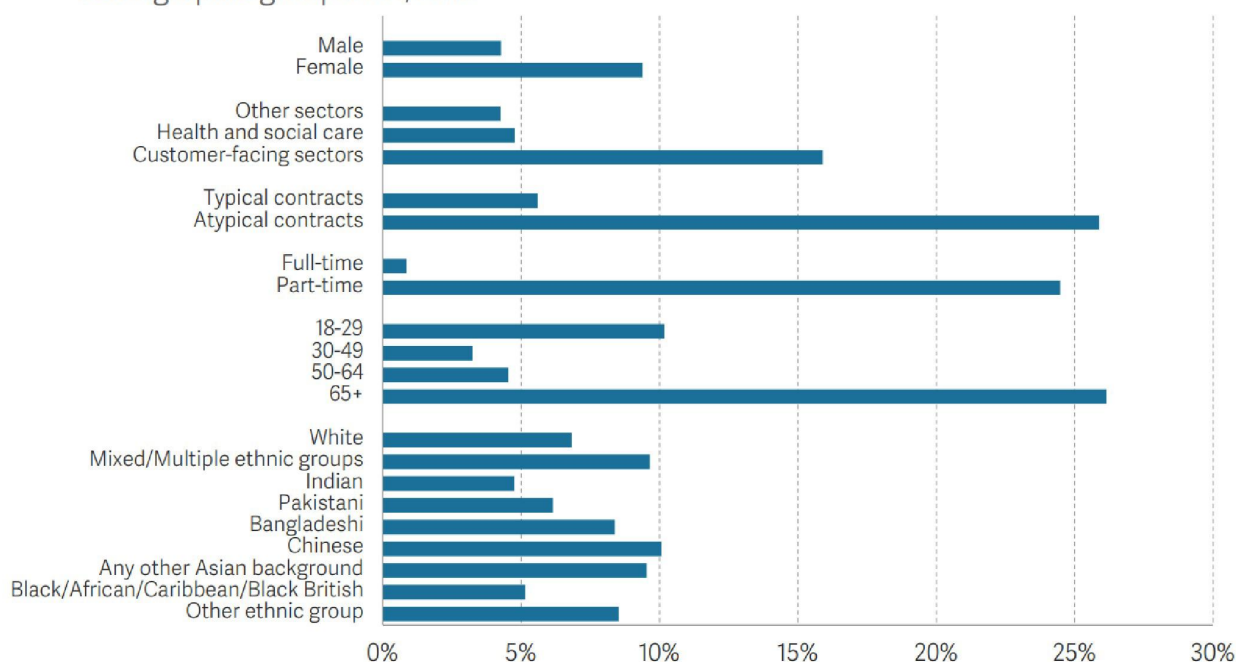
254. During the pandemic two million of the lowest paid workers were not entitled to SSP (as they had earnings below the LEL). For those who were entitled, rates were lower than in many countries with similar market-based economies⁸ (Resolution Foundation 2020a). It is asserted that this placed 'the financial burden of self-isolating on the individual' as many people experienced financial hardship during a period of absence from work. A poorly functioning sick pay system affects the ability to take time off work, and some employees may feel they need to continue working during a period of illness (Resolution Foundation, 2020a).

⁷ An official statement from a registered healthcare professional providing an assessment of fitness to work.

⁸ Countries which are members of the Organization for Economic Cooperation and Development (OECD).

255. The Resolution Foundation (2020a) cite Office For National Statistics data (ONS, 2020) to demonstrate the links between sick pay, employee decisions about continuing work and rates of COVID-19. During the early phase of the pandemic, the ONS found lower rates of COVID-19 transmission in care homes residents where staff were paid sick pay. However, the ONS data is not compelling ('there is some evidence that in care homes where staff receive sick pay, there are lower levels of infection in residents.'). It does infer a link between enforced presenteeism due to lack of sick pay and COVID-19 transmission. However, in the health and social care sector there may have been other pull factors for staff to remain in the work place to ensure continuing care of patients/residents.
256. Due to the lower earnings limit (LEL) employees who are ineligible for SSP are likely to be in low-paid or part-time employment, in customer facing sectors (commonly retail, hospitality and arts and leisure), with an overrepresentation of women, younger and older employees. Figure 7 below shows a demographic profile of employees earning below the LEL.

Proportion of employees earning below the Lower Earnings Limit, by selected demographic groups: UK, 2019



NOTES: SSP covers all types of employment contracts, but employees on flexible or zero-hour contract have to prove their average earnings, which can be a challenge. Therefore, these figures may underestimate how many workers would receive SSP in case of illness. Atypical contracts include agency workers and workers on temporary and zero-hour contracts.

SOURCE: RF analysis of ONS, Labour Force Survey.

Figure 7: Proportion of employees earning below the Lower Earnings Limit by selected demographic groups. Resolution Foundation (2020a)

257. TUC research (2020b) found that almost 25% of employees (6.4 million) only receive basic SSP when they are off work sick, while 57% receive full pay. There is a correlation between levels of pay and likelihood of receiving full sick pay. It found that young workers are most likely to receive only SSP, Black and minority ethnic employees are more likely than white

employees to receive no SSP at all, and less likely to receive full sick pay (TUC, 2020b). Men are more likely to receive their full pay than women when off sick, with women more likely to receive only SSP:

- 35% of employees earning less than £15,000 per year are entitled to full sick pay, compared to 87% for employees earning over £50,000 per year.
- 62% of men are entitled to receive full pay, compared to 52% of women
- 26% of women receive only SSP, compared to 21% of men
- 77% of employees who work from home are entitled to receive full sick pay, compared to 50% of employees who work outside the home
- 12% of black and minority ethnic employees receive no sick pay at all, compared to 9% of white employees
- 53% of black and minority ethnic employees are entitled to receive full sick pay, compared to 58% of white employees

258. The above analysis and statistics demonstrate how many of the lowest paid workers in the UK are excluded from SSP. This has a disproportionate impact on part-time employees, those working in public-facing jobs, and young workers, women and minority ethnic workers. This exacerbates income inequalities and the deprivation gap discussed in paragraphs 97-107.

Potential alternatives to SSP during the COVID-19 pandemic

259. In December 2020, the Resolution Foundation (2020a) research suggested that using the mechanisms of the Coronavirus Job Retention Scheme and the Self-Employment Income Support Scheme would have been a more effective way of providing short-term earnings replacement provision for people required to self-isolate, provided more comprehensive financial support, and encouraged a higher level of self-isolation compliance.
260. There were three iterations of the CJRS between 20 March 2020 and 30 September 2021, under each 80% of an employee's wage were paid by the grant, as the scheme progressed employer contributions to wages, pension and national insurance contributions incrementally increased⁹.
261. **Support via the Coronavirus Job Retention Scheme:** the CJRS scheme could have been extended to include payments to workers who were required to self-isolate and were unable to work from home. Earnings would have been replaced in line with the scheme regulations. Resolution Foundation analysis suggested that under the CJRS employer contributions

⁹ **CJRS phase 1: 20 March 2020 to 31 October 2020**

CJRS covered 80% of an employee's wages (capped at £2,500 per month) and until 01 August 2020, employer National Insurance and pension contributions. From September and October 2020 respectively, the CJRS only covered 70% and 60% of wages and employers were required to make top-up contributions to 80% of an employee's wage.

should be set at zero, to encourage employers to retain staff (as footnote¹⁰ indicates employers were only exempt from contributions until 1 August 2020 (Ferguson and Priestley, 2021)).

262. Figure 8 shows Resolution Foundation calculations on the comparative earnings replacement rates provided through an amended CJRS and SSP (2020/21 rates) alongside Universal Credit replacement rates. Self-isolation through the CJRS would have provided a median employee with £330 per week compared to £95.85 per week through SSP. An estimated two million employees not eligible for SSP (due to the LEL) would have been entitled to support under the CJRS. The estimated additional cost would have been £314 million per month (as CJRS regulations evolved from 1 August 2020 some of these costs would have been passed to employers).
263. The above figures are represented in Figure 8 which shows the amount of income that is replaced per week for an employee unable to work and receiving support via the Coronavirus Job Retention Scheme (blue line), compared to an employee unable to work and receiving Statutory Sick Pay (purple line). These two income replacement rates are shown against the weekly replacement rate for a Universal Credit claimant (red line). It demonstrates that support via the Coronavirus Job Retention Scheme was substantially more generous than support provided via Statutory Sick Pay.

¹⁰ **CJRS phase 2: 01 November 2020 to 30 April 2021**

Employers could flexibly furlough staff and claim a HMRC grant valued at 80% of an employee's wage, capped at £2,500 per month. National Insurance and pension contributions were met by the employer.

CJRS phase 3: 01 May 2021 to 30 September 2021

Until June 2021, the CJRS continued to cover 80% of an employee's wage.

From 01 July 2021, CJRS covered 70% of an employee's wage, employers made a 10% top-up contribution.

From 01 August 2021, CJRS covered 60% of an employee's wage, employers made a 20% top-up contribution.

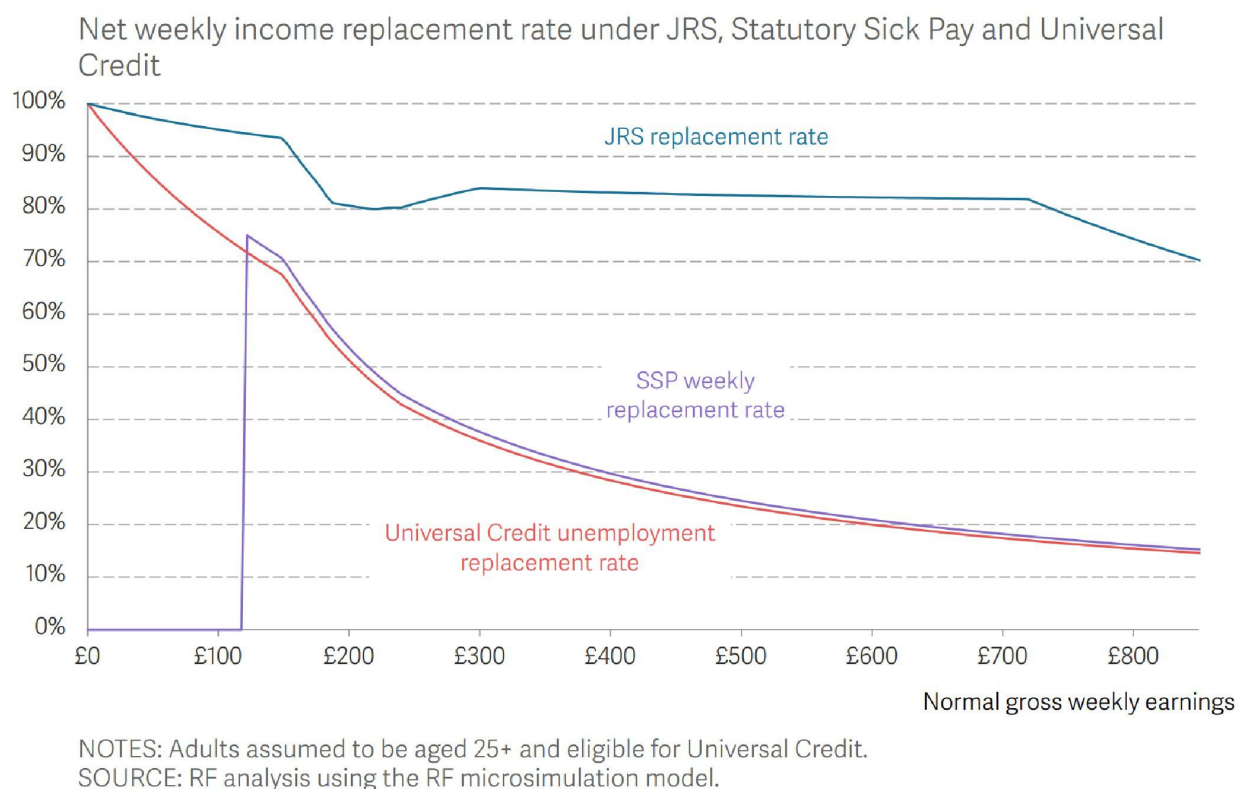


Figure 8: Net weekly income replacement rate under JRS, SSP and Universal Credit. Resolution Foundation (2020a)

264. **Self-Employment Income Support Scheme:** Resolution Foundation analysis (2020a) demonstrates that modifications to the scheme would have allowed claims from self-employed workers who needed to self-isolate for short periods. As scheme rules made payments of up to 80% of three month's trading profits, significant amendments would have been required to allow for considerably shorter-term awards reflecting self-isolation periods (or mechanisms for recovering payments made for a longer period which were no longer required as self-isolation had ended).
265. This expert report recommends that future self-isolation payments be provided through a modified model of centralised schemes such as the CJRS and SEISS – but that alongside this there should be an automatic referral to the local authority for other wrap-around financial and practical assistance. During the COVID-19 pandemic the adoption of this policy would have provided a more generous earnings replacement rate than the self-isolation support schemes delivered in the four nations of the UK. Centralised schemes such as CJRS and SEISS proved to be more administratively efficient than the locally delivered self-isolation payments, they had a higher scheme/name recognition, were more widely reported on in news outlets and avoided the stigma that some may feel in claiming a welfare payment from a local authority. Employers played an important role in providing staff with information about CJRS.
266. There are some disadvantages associated with this proposal, principally that this would be considerably more costly than the system of self-isolation payments that was delivered

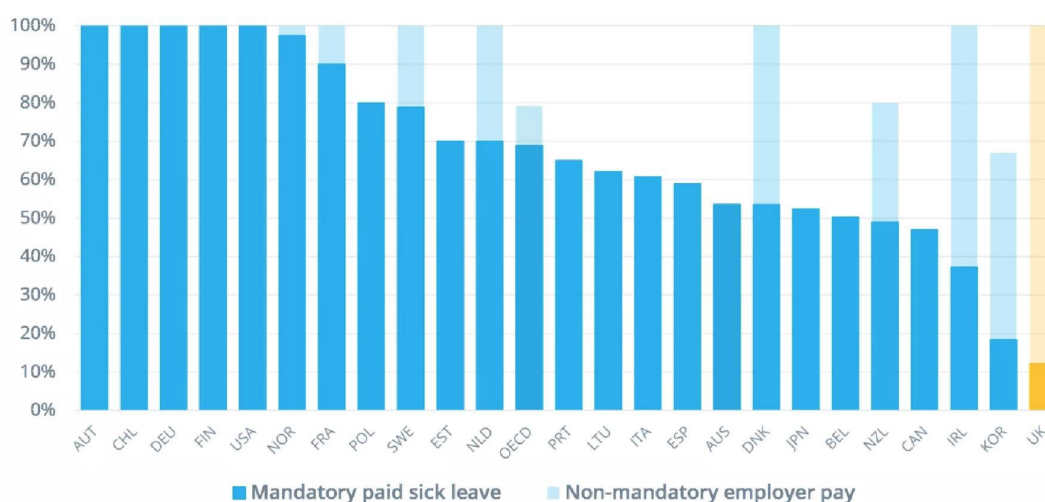
during the COVID-19 pandemic, and the risks that local knowledge and relationships with communities that local authorities have may not be fully utilised.

Longer-term modifications to SSP

267. During the pandemic a range of organisations proposed substantial reform of SSP to reduce financial hardship and reliance on welfare payments including self-isolation support grants.
268. The TUC (2020b) called on the government to:
- Abolish the Lower Earning Limit (£123 per week)
 - Remove the waiting period (currently 3 working day)
 - Align SSP payments to the real living wage (the 2024 real living wage is £12.60 per hour)
 - Provide employers with additional funds to cover SSP costs
269. If implemented, these TUC proposals would create a more comprehensive SSP system, with higher levels of weekly payments, paid at an earlier point, and to a greater number of employees. The TUC report does not clearly estimate how much additional funding employers would need to be provided with to allow for the proposed SSP enhancements. This may mean the proposals are problematic in financial and political terms and unlikely to be adopted
270. It is speculative but reasonable to conclude that the SSP reforms proposed above would have a positive impact on self-isolation compliance. The current lower earnings limit rules mean that there is an overrepresentation of people in low-paid and insecure employment who do not qualify for SSP. If these proposals were implemented, the financial hardship experienced by low-paid and insecure workers during a period of sickness absence would largely be alleviated and it seems likely that this would encourage people to remain off work.

Provision of SSP compared to sick leave payments in other countries

271. Analysis from the Institute for Government (2021b) demonstrates that in 2020 the UK had the lowest level of SSP of any OECD country (see Figure 9). In five countries, including Germany and the United States, mandatory sick pay replaced 100% of an employee's earnings for the first two weeks of COVID-19 absence, compared to a replacement rate of 10% in the UK.
272. Direct comparison of welfare regimes is complex and these figures do not indicate the level of contractual sick pay paid by employers. In the UK, approximately 25% of employees do not receive contractual sick pay, with an overrepresentation in sectors at greater risk of contracting COVID-19 (Resolution Foundation, 2020a).
273. The UK's sick leave arrangements compare unfavourably to other countries with similar market economies. This has significant implications during a pandemic in the UK, creating two key pressures: the first on individual employees who experience a financial burden during self-isolation, and second on the government to intervene with tailored self-isolation support schemes to compensate for the gaps in SSP provision.



Source: OECD, *Paid sick leave to protect income, health and jobs through the Covid-19 crisis*, July 2020

Note: The results refer to the first two weeks of mandatory quarantine for a full-time private sector worker on an average wage

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Figure 9: Sick leave payments during COVID-19 as a percentage of previous earnings, selected countries. Institute for Government (2021b)

274. TUC Cymru (2021) argue that there is a correlation between countries with the best track record in self-isolation adherence and high levels of statutory sick leave payment schemes. They cite New Zealand, Taiwan, Singapore and South Korea as indicative examples.
275. There appears to be merit to these claims but a higher level of analysis (ideally by an economic think-tank or academic institution ahead of any future pandemic) would be required to establish a firm link between sick leave payments and self-isolation adherence in the countries referenced above. A broader range of factors beyond provision of sick pay (e.g., cultural norms, pandemic legislation and surveillance measures) would need to be considered, alongside analysis of sick pay provision.

Relationship between self-isolation support payments and sickness, disability and carers benefits

276. Sickness, disability and carers benefits are a significant element of the social security safety net. Some benefits, notably Employment and Support Allowance, directly supported people who were sick or self-isolating during the pandemic (particularly the self-employed who could not claim SSP). Other benefits such as Personal Independence Payment and Carer's Allowance provide social security payments to claimants with long-term daily living or mobility needs, or significant caring roles. While these benefits had a less immediate impact on the ability to self-isolate for short periods, the claims process and level at which they are paid has a significant impact on the longer-term financial resilience of people with disabilities.

Employment and Support Allowance (ESA)

- 277. The policy rationale for introducing COVID-19 changes to ESA was to ensure that ESA was paid from the first day of sickness of self-isolation. ESA is a fortnightly payment for claimants with limited capacity for work due to a disability or health condition.
- 278. During the pandemic ESA claimants affected by coronavirus did not have to serve the usual seven-day waiting period to make a claim (The Employment and Support Allowance and Universal Credit (Coronavirus Disease) Regulations 2020). This included anyone with COVID-19 or in self-isolation. The relaxation to the waiting period rules aimed to remove incentives for people to continue working and failing to self-isolate.
- 279. For most claimants initial payments during the pandemic were lower than SSP rates (£73.10 in 2019/20; £74.35 in 2021/22, although in some circumstances a Universal Credit top-up could be claimed and restricted to 12 months (excluding those with the most severe health conditions). The Resolution Foundation (2020a) called on the Government to increase the level of ESA by £20 per week as was with Universal Credit, but this was not implemented.
- 280. A Work Capability Assessment (WCA) is used to determine eligibility for ESA, usually through a face-to-face assessment. During the pandemic these were suspended between March 2020 and May 2021, and replaced with telephone and paper-based assessments (DWP, 2024).
- 281. Evidence from Citizens Advice (Fennell, 2021) shows that a significant number of ESA claimants were informed that remote assessments were inconclusive and a decision could not be made until face-to-face assessments resumed. For some this resulted in a lower level of benefit being paid, or for claimants being asked to prepare or look for work when this was inappropriate.

Carer's Allowance

- 282. Carer's Allowance can be paid to people who are in work, meaning some people required to self-isolate would have been recipients. For the discretionary element of self-isolation payments, local authorities may have treated Carer's Allowance as eligible income when assessing if a claimant was experiencing 'financial hardship'.
- 283. Carer's Allowance is a non-means tested benefit for people who have a significant and regular caring role for a person with a disability. A claimant must engage in 35 hours of care per week, and if in work earn less than a set threshold (£128 per week in 2020/21).
- 284. Carer's Allowance was paid at £67.25 per week during the first year of the pandemic and in England and Wales payment levels were not increased. However, eligibility was amended to allow the continuation of entitlement where a caring arrangement had ended due to a claimant of care self-isolating. (Regulation 9 of The Social Security (Coronavirus) (Further Measures) Regulations 2020). During the pandemic in Scotland a twice yearly Carer's Allowance supplement was introduced, giving carer's allowance claimants a double payment on a specified date (Scottish Government, 2021c).
- 285. Carer's UK (2020) highlighted that 81% of carers experienced extra costs during the pandemic. They criticised the payment level of Carer's Allowance and called on the UK Government to at least match the COVID-19 increases made to Universal Credit and to

increase the earning limit to National Living Wage levels. Carers Wales (2020) found that the number of unpaid carers in Wales rose from one in six to over a fifth of the population. Moreover, 68% of carers stated they were concerned about the ability to cope in future lockdown, with the level of carer's allowance cited as a contributing factor.

Personal Independence Payment

- 286. Personal Independence Payment can be paid to claimants who are in work, meaning some people required to self-isolate would be PIP claimants. Local authorities may have assessed PIP as eligible income when deciding if a claimant was experiencing financial hardship and could be awarded the discretionary element of self-isolation payment'.
- 287. Personal Independence Payment (PIP) is a non-means tested benefit paid to claimants who have long-term daily living or mobility needs. It aims to assist with disability-related costs and can be paid if a claimant is in or out of work.
- 288. During the pandemic, unlike claims for means-tested benefits (most notably Universal Credit), there was a sharp decrease in PIP claims awarded. Concerns were raised that this was due to claimants having difficulty in accessing medical evidence to support a claim (Work and Pensions Committee, 2020) or difficulty in fully articulating health needs in telephone or online assessments in the absence of face-to-face medicals (Machin, 2021).
- 289. Attention has been drawn to the level at which disability benefits are paid. The Disability Benefits Consortium (2019) found that between 2008 and 2018 disabled claimants experienced an average annual reduction in benefit entitlements of £1,200. The charity Scope (2024) estimated that in 2019/20 households with at least one disabled adult or child required an additional £975 per month to maintain similar living standards of a non-disabled household. Research has highlighted concerns about the commodification of medical assessments for disability benefits with commercial companies undertaking assessments. An alternative model where assessment is based on medical evidence from a claimant's GP or consultant is preferred, an approach largely adopted by the Scottish Government (Machin and Reynolds, 2023).

Self-isolation and social security key points

- 290. The UK government introduced significant changes to the social security system during the COVID-19 pandemic, most notably increasing the level of payment of Universal Credit, and relaxing some of the eligibility and assessment criteria for disability benefits including Employment Support Allowance and Personal Independence Payment.
- 291. For some people enhanced social security payments provided financial protection from the need to claim self-isolation payments. For others, a newly established entitlement to benefits such as Universal Credit or Employment Support Allowance provided passported eligibility to a self-isolation payment.
- 292. When assessing entitlement to the discretionary element of self-isolation payments, local authorities may have classified disability benefits (e.g., Personal Independence Payment or Employment Support Allowance) as eligible income and this, potentially, made it harder to prove 'financial hardship' was being experienced.

293. In the UK Statutory Sick Pay (SSP) is more restrictive and less generous than in many other European countries. During the pandemic more than two million of the lowest paid workers were not entitled to SSP, with an overrepresentation of women, young workers, and some minoritised ethnic groups.
294. Evidence suggests that a poorly functioning SSP system affects the ability of people to take time off work, meaning some people may have continued to work when they were required to self-isolate.
295. The CJRS and SEISS were important schemes in protecting jobs and allowing people to remain at home during the pandemic. This expert report recommends that self-isolation payments would be more effectively administered and deliver a higher level of earnings replacement if delivered through a modified version of centralised schemes such as the CJRS and SEISS – but that an automatic referral to the local authority should also be triggered to consider other financial and practical support that could be provided.

Recommendations (see paragraph 329):

- **Reform of SSP: remove the lower earnings limit and waiting period.**
- **Significant changes to Universal Credit would reduce levels of financial hardship which have been proven to weaken self-isolation compliance.**
- **Changes to Carer's Allowance are recommended: review the payment level of CA, 2024/5 rate of payment is only £81.90 per week.**
- **Changes to disability benefits system are recommended: review of appropriateness of assessment processes and use of commercial providers (for both ESA and PIP assessments), move to a model where evidence provided by a claimant's GP or consultant is relied on (as is the case with Adult Disability Payment in Scotland).**

Topic 9: International Learning

296. This section of the report looks at the ways in which other countries provided financial support during COVID-19 self-isolation and reflects on learning for the UK.
297. International comparison is valuable. We are able to consider the impact of a range of different self-isolation interventions and models, assess their effectiveness, and identify best practice.
298. However, it is not a straightforward exercise, and a detailed systematic review is outside the scope of this report. A range of factors make international comparisons complex including: COVID-19 transmission rates on a national and local level, the impact of other non-pharmaceutical interventions (e.g., travel and work restrictions, penalties for non-compliance, travel and work restrictions, nature of lockdowns/curfews), population demographics, pre-pandemic inequalities, adequacy of occupational and government sick pay schemes, and coverage provided by social security payments.
299. There is a lack of academic literature which focuses on the specific issue of self-isolation payments. Typically research focuses more on job retention schemes, and broader fiscal and monetary policy trends.
300. For example, Segarra-Blasco et al (2021) analysed non-pharmaceutical interventions in 59 countries and found that they contributed to an 'economic slump'; an initial 'do whatever it takes' approach to policy intervention, gave way to a recovery phase characterised by policy focused on marginalised groups. Similarly, Hale et al (2021) found a commonality in government policy responses during the initial months of the pandemic. Strong containment policies were rare in March 2020, but by the following month 'intensive policy responses had become a global phenomenon', followed by considerable divergence as countries lifted and reduced restrictions and support.
301. Dosi et al (2020) find that employment status and profession had a significant impact on experience during the pandemic: health risks were higher in low-income jobs, job losses were more pronounced in temporary and low-paid jobs and opportunity to work from home was restricted in low-income occupations. These are important considerations for the design and implementation of self-isolation payment schemes, which should target those with the highest economic and health risks.
302. The international comparison set out here has, therefore, drawn not only on academic papers but also government policy statements, media reports and blogs. While there is value in these sources of information, it is recognised that they are not peer-reviewed and are more subjective in nature.
303. Seven countries have been chosen for review. The selection was made on the availability of publicly available information on self-isolation support, and to provide a wide geographic range, including Oceania, the Middle East, East Asia, North America, Central and Northern Europe (Australia, Israel, South Korea, USA, Slovakia, Germany and Sweden).

Table 9: International experience of self-isolation payments

Country	Self-isolation support policies	Analysis
Australia	<p>The Pandemic Leave Disaster Payment introduced in August 2020 was a taxable payment for people required to self-isolate, quarantine or care for someone as a result of COVID-19.</p> <p>Initially it was paid at 1,500 Australian dollars (approximately £750) for each 14-day period for which someone was required to self-isolate.</p> <p>From January 2022, the payment levels were reduced: 750 Australian dollars (approximately £375) for workers losing 20 hours or more of paid work per week, 450 Australian dollars (approximately £225) if 8-19 hours of paid work per week was lost, and no payment for loss of less than 8 hours paid work per week.</p> <p>Eligibility required a health officer to advise that self-isolation was required.</p> <p>The mandatory self-isolation was 14 days.</p>	<p>The payment was criticised for imposing a 14-day time limit to apply and for not being available for people in receipt of social security payments (Goldie, 2022).</p> <p>Concerns were raised about the timing of the reduced payments in January 2022 which coincided with an increase in COVID-19 cases (Australian Council of Social Service, 2022).</p> <p>People who did not qualify for the payment could apply for a social security payment (e.g., a JobSeeker payment) although there was a 2-week wait for the first payment which was paid at 315 Australian dollars per week.</p>
Israel	<p>Full-time employees who were required to self-isolate were provided with up to 80% of original salary. Self-employed individuals who were required to self-isolate could apply for grants in three stages covering up to 70% of monthly income.</p> <p>Additionally, each Israeli citizen was awarded a one-off grant of \$220 per adult (approximately £175) and \$150 per child</p>	<p>Israeli research (563 respondents) reported on the intention to self-isolate when state-provided compensation for lost wages was provided, and when this was removed. 94% of respondents indicated that they would comply with self-isolation requirements when government self-isolation compensation was provided and 0.7% indicated that they would not comply. When self-isolation</p>

	<p>(approximately £120), up to the fifth child (Bodas and Peleg, 2020).</p> <p>The mandatory self-isolation period was 10 days which ended when a certificate of recovery was issued. The Ministry of Health and police conducted checks for non-compliance, which could result in fines and potentially imprisonment (Patel et al, 2021a).</p>	<p>support was removed, the self-reported compliance rates fell to 57% (Bodas and Peleg, 2020).</p> <p>There was significant criticism of the universal grant, which was considered as poorly targeted and failing to meet the needs of those experiencing the most severe financial hardship as a result of the pandemic. This research did not find links between the provision of the grant and easing of hardship as a result of self-isolation due to a lack of targeting (Feldman and Heffetz, 2022).</p>
South Korea	<p>Financial support was provided for all people who were required to self-isolate regardless of income.</p> <p>Daily necessities and sanitary provisions were provided up to a value of US \$60 (approximately £45), with an additional financial payment of US\$374 (approximately £300).</p> <p>Accommodation facilities were provided for people who could not self-isolate at home, for example, overseas nationals (Korean Infectious Disease Control and Prevention Act).</p> <p>The mandatory quarantine period was 14 days (Patel et al, 2021a).</p>	<p>The self-isolation support implemented by South Korea was influenced by experience of previous epidemics. There is learning from South Korea about the need for long-term strategic planning (Kennedy, 2024).</p> <p>Loss of income was identified as a barrier to self-isolation in South Korea. However, financial support was one element of a broader policy to 'reimburse, monitor and sanction' (Ryu et al, 2020). Financial support sat alongside monitoring interventions including a mobile application installed by the government on the mobile phones of those required to self-isolate, a requirement to provide individual location and health data, and random visits to self-isolating individuals. Penalties for non-adherence included a fine of up to 10 million Korean won (approximately £5,500) or a prison sentence of up to 1-year. Failure to comply could result in a requirement to wear an electronic tag.</p>

USA	<p>The Families First Coronavirus Response Act (FFCRA) was passed in March 2020. It allowed employees to take up to 14 days of paid sick leave, up to a cap of \$511 per day (approximately £400), if required to self-isolate, had COVID-19 symptoms, or were under lockdown orders.</p> <p>Additionally, it provided funding of up to 12 weeks of emergency child care leave to care for a child due to closure of school or child care facilities (Pichler, 2020).</p>	<p>An academic study found that the FFCRA was effective in preventing new COVID-19 cases, suggesting that eligibility to payments through this policy resulted in approximately 400 fewer confirmed cases per state per day (Pilcher, 2020).</p> <p>The FFCRA was criticised for a wide range of exemptions, which excluded an estimated 68 to 106 million workers from support. The exemptions included businesses with more than 500 employees (including 2 million staff employed in grocery stores), and business with fewer than 50 employees where payment of paid child care jeopardised the business. Employers could exempt health care providers and emergency responders. The Department of Labour (DOL) allowed wide discretion for employers to make decisions on employee exemptions (Glynn, 2020).</p>
Slovakia	<p>The Slovakian Government compelled employers to excuse absence from work for self-isolation purposes. An employee was entitled to 'quarantine sick pay', paid at 55% of normal salary, from the first day of self-isolation. This was paid by the state Social Insurance Company, not employers. People were required to self-isolate for 10 days.</p> <p>Additionally, 'nursing compensation' was available, covering 55% of usual wages, for the entire period that an employee was caring for a child due to school closures or a relative who is quarantined (Hodon et al, 2020).</p>	<p>In addition to the financial support provided to people required to self-isolate, the government introduced strict employment protection measures under the Labour Code (e.g. protection from termination of contract). This was designed to enhance employment rights for employees who were self-isolating (Hodon et al, 2020).</p> <p>To self-isolate at home, individuals had to agree to the installation of a mobile application which used location tracking and facial recognition (Patel et al, 2021a).</p> <p>State provided facilities were available for people who could not self-isolate in their own home. Similar accommodation schemes were implemented in the United States (for example, New York</p>

		City), Denmark, France, Finland, Italy, and Norway (Patel et al, 2021b).
Germany	<p>Public health legislation stipulates that employers must continue to pay the regular salary of employees who are required to self-isolate for up to 6 weeks. Self-employed workers could claim the costs of lost income when self-isolating for up to 6 weeks (Ellison et al, 2022). Payments were administered by regional government.</p> <p>The mandatory self-isolation was 10 days.</p> <p>Monitoring included home visit and phone checks</p> <p>Fines of up to 25,000 Euros or up to 5 years imprisonment for non-compliance (Patel et al, 2021a).</p>	<p>Existing statutory sick pay regulations provided support for self-isolating workers which was more generous than the self-isolation support payment schemes in the UK. Academic analysis argues that the effectiveness of self-isolation support was a contributory factor in reducing infection rates, which were 35% lower in Germany than the UK (Ellison et al, 2022).</p> <p>Reports in the UK media suggested that self-isolation support in Germany was 'generous', leading to high levels of compliance. There was cross-party support for the self-isolation measures and financial hardship was not considered as a contributory factor in non-compliance (BBC, 2021a).</p> <p>It should also be noted that a stricter regime of penalties was present in Germany compared to the UK. Breaking self-isolation rules resulted in fines of up to 25,000 euros (approximately £20,500) and up to 5 year imprisonment, and could legally be considered as attempted bodily harm.</p>
Sweden	<p>Self-isolation support built upon Sweden's existing 'universal protection systems rather than means-testing and targeting' (Ellison et al, 2022, p. 252).</p> <p>Employees received 80% of pay during a period of sickness (up to 14 days), and for people who were required to self-isolate during the pandemic, sick pay could be claimed from the first</p>	<p>The sick pay adjustments introduced for employees and the self-employed during self-isolation, have been assessed as increasing the accessibility and generosity of an already comprehensive social insurance system (Greve et al, 2020).</p> <p>The COVID-19 measures attracted much public support, and a key role of the economic response was to reduce social</p>

	<p>day of absence rather than the usual second, and the need to provide a medical certificate was suspended.</p> <p>Sick pay eligibility was extended to people without COVID-19 but who had high risk medical conditions and were advised to stay at home.</p> <p>During the pandemic sick pay was capped at SEK 700 per day (approximately £50) for employees, and SEK 804 per day (approximately £60) for the self-employed (BBC, 2021a).</p> <p>The Swedish Government did not impose strict non-compliance penalties, instead relying on existing laws, constitutional rights and individual responsibility (Larsson, 2022).</p>	<p>inequalities; despite this COVID-19 infection rates were higher for foreign-born populations (Greve et al, 2020).</p> <p>There were reports in the media that hourly paid and temporary workers were not fully covered by the pandemic measures and that this encouraged some employees to continue to work with COVID-19 symptoms (BBC, 2021a).</p>
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Lessons for the UK

304. International evidence is consistent with UK evidence in finding that financial hardship impedes self-isolation and that high levels of self-isolation adherence are linked to comprehensive financial support. This was particularly the case for the evidence reviewed from Israel, USA, South Korea, and Germany. It should be recognised that in these countries financial support sat alongside a higher level of practical support and heavier monitoring and fines, than was the case in the UK.
305. The evidence analysed for this section of the report did not explore the timing of the introduction of self-isolation support in the respective countries and whether, for example, the early introduction of financial support resulted in higher rates of self-isolation adherence. Longitudinal research of this nature would be valuable.
306. Evidence from Australia demonstrates that it can be important to adjust the payment level of self-isolation support, but that there must be a clear rationale to do so (and these should be based on transmission rates).
307. The evidence from Australia highlights the important relationship between self-isolation support payment and the wider social security system. In Australia, there were criticisms that social security claimants were excluded from self-isolation support. In a future pandemic policy makers must be confident that a two-tier system is not developed where less favourable self-isolation incentives are provided for those in receipt of social security.
308. Evidence from South Korea suggests that the provision of universal financial support for everyone who was required to self-isolate was effective, although there are clear cost implications.
309. In some countries analysed (most notably, South Korea and Slovakia) financial support during self-isolation sat alongside a strict system of monitoring and non-adherence penalties. Political, legal and cultural norms in the UK mean in a future pandemic the level of government monitoring and sanctions seen in these countries is unlikely to be adopted in the UK.
310. In some countries analysed financial payments were complemented with practical supplies (e.g., food and sanitary items in South Korea) and accommodation (Slovakia). In the UK, the provision of such support may not be seen as a direct function of the state, but this expert report has emphasised the importance of self-isolation payments sitting alongside practical assistance (e.g., medication, food supplies) which could be managed by local authorities and voluntary sector groups.
311. Evidence, particularly from the USA, demonstrates that when designing the eligibility criteria for self-isolation payments, there should be a clear identification of workers and employment sectors which are most likely to experience financial hardship during self-isolation, and are, therefore, most in need of government support. In the USA, the opposite was the case where a series of wide-ranging exemptions to self-isolation scheme rules, effectively disqualified many of the most financially vulnerable citizens from receiving support.
312. This expert report has demonstrated that in the UK the need for stand-alone self-isolation support payments was linked to a poorly functioning statutory sick pay system, which

excludes many workers from support and has a low earnings replacement rate. This expert report has called for reform to SSP in the UK (see theme 5 recommendations, paragraph 329a). In countries (most notably Germany and Sweden) with a more comprehensive and generous statutory sick pay system, self-isolating workers were able to claim support through existing social protection systems. This meant that these governments (Germany and Sweden) did not need to develop short-term, targeted self-isolation support schemes.

Topic 10: Implications for pandemic response and recommendations

313. This section of the report sets out implications for future pandemic response in relation to self-isolation support payments. Five themes are discussed, and recommendations included in each theme:

Theme 1: Level and adequacy of self-isolation payments

Theme 2: Administration of self-isolation payments

Theme 3: Holistic advice, information and support

Theme 4: Statistics and monitoring

Theme 5: Interaction with the social security system

Theme 1: Level and adequacy of self-isolation payments

314. **Implications for pandemic response**

- a. This report has provided clear evidence that the ability and willingness to self-isolate is linked to financial status. This was acknowledged by the UK Government when introducing the TTSP scheme (Prime Minister's Office, 2020) and SAGE identified that self-isolation rates are likely to be improved with the provision of appropriate financial support.
- b. A compelling range of expert opinion (for example: Resolution Foundation, 2021; Local Government Association 2021; British Medical Association 2021) has emphasised that without appropriate financial support people are less likely to be able to adhere to self-isolation regulations.
- c. This report has identified that the COVID-19 pandemic created particular financial challenges for women, young people, parents, those in precarious work and people from ethnic minority backgrounds.
- d. When considering the adequacy and scope of self-isolation payments the merits of fixed vs discretionary support and national vs localised schemes need to be considered.
- e. Fixed schemes provide certainty, are more straightforward to promote and administer. However, there needs to be a confidence that payment is fixed at an appropriate level to avoid financial hardship and non-adherence with self-isolation requirements. Discretionary schemes can be tailored to the needs of individuals or geographic areas but are harder to administer, relying on individual assessment of need and are still budget limited.
- f. National schemes have a clarity, higher level of public understanding and are administratively less complex. Localised schemes are more flexible, can respond to individual and geographic needs more appropriately, but create inconsistencies and rely on discretionary decision-making.

315. This expert report has identified six main options for delivering self-isolation payments. These options and comment on their scope and adequacy is presented below:

Options based on national level scheme rules

Option 1: Universal payments model

316. Under this model a payment would be made to everyone who self-isolates and cannot work from home. This is an entirely comprehensive system which would alleviate financial hardship as a result of loss of earnings. It would be straightforward to administer as it avoids a complex set of eligibility criteria, although it may still require people to proactively claim – unless payment was automatic when a self-isolation notification is issued through an app, for example. This option would be expensive: estimates suggest that during the COVID-19 pandemic a universal payment of £500 per week, would cost £453 million per week, 12 times the expenditure of TTSP (ICPA, 2020).

Option 2: Direct earnings replacement model

317. As with option 1 this would significantly reduce non-adherence with self-isolation rules as there would be no (or minimal) financial consequences to self-isolation as earnings would be fully compensated. This option would be expensive, administratively complex and rely on submission of real-time earnings information.

Option 3: Fixed level model

318. This would replicate the main TTSP scheme in England (£500 payment). It provides clarity and consistency but relies on confidence that the payment is set at an appropriate level. To any fixed level model there is inevitably a ‘cliff-edge’ scenario where some people fall just outside the scope of full earnings compensation. During the COVID-19 pandemic there was a lack of transparency about how the £500 was reached.

Option 4: Self-isolation payments delivered via an earnings replacement model

319. Self-isolation payments delivered through an earnings replacement model. As with the CJRS and SEISS this would be a nationwide scheme administered by employers.
320. A separate self-isolation scheme name and eligibility criteria would be adopted to distinguish between a self-isolation payment and payments provided through the CJRS or SEISS. Scheme rules would need to ensure that payments were made in a timely manner to encourage compliance with self-isolation requirements.
321. Overall, during the COVID-19 pandemic earnings replacement schemes proved to be effective and were delivered in an efficient manner. There was a high level of public awareness, they were well publicised through official government channels and news outlets. The adoption of this system would create parity between those compelled to be at home for self-isolation purposes and those required to be at home because their normal employment was suspended. There is flexibility to change the earnings replacement level as was the case with the CJRS and SEISS.

Options based on devolved/localised scheme rules

Option 5: flexible payment model

322. A system of varied payments reflecting transmission rates and broader economic circumstances (e.g., end of social security enhancements, end of CJRS), this is based on the model adopted in Scotland during COVID-19 (and to a lesser extent the Welsh Self-Isolation Support Scheme). A changing/flexible scheme inevitably causes administrative complexity, it is harder to promote and understanding/awareness may be poor. There are strong arguments that the devolved, flexible Self-Isolation Support Grant was a recognition of intrinsic weaknesses in national schemes to support people required to self-isolate and was an attempt to provide 'bolt-on' support for people who, for example, may not qualify for SSP. This requires constant review and change to ensure payment is set at an appropriate level.

Option 6: Payments based on individual assessment of need:

323. This model is most closely aligned to the Discretionary support self-isolation grant delivered in Northern Ireland. It is a tailored and person-centred model which looks not just at earnings replacement but more broadly at financial hardship. It requires a high level of staff discretion, and is time consuming to administer. It carries all of the risks/drawbacks of any discretionary scheme. It requires people to understand the criteria and to submit a claim and is potentially complex and expensive.

324. Theme 1 recommendations

- a. Option 4 is adopted: self-isolation payments should be delivered via an employer-delivered earnings replacement model, with an automatic referral to the local authority for holistic, wrap-around support.
- b. This would use the national delivery model adopted by CJRS and SEISS. Self-isolation payments would sit alongside other forms of pandemic earnings replacement support with bespoke eligibility criteria to ensure timely and appropriate levels of payment.
- c. To ensure scheme recognition, self-isolation payments should have a distinct branding, for example 'Self-isolation earnings replacement grant'.
- d. Although evidence is limited, this recommendation is made on a review of the data from the small-scale research in Wales and Scotland and review in Northern Ireland. There is, however, considerable support for this option from thinktanks and professional bodies. This option would reduce levels of financial hardship during self-isolation although it is more expensive than the self-isolation schemes delivered during COVID-19.
- e. The merits of this scheme include the efficiency in scheme administration, extended scope of payments compared to the schemes delivered during COVID-19, and a reduced onus on the public to understand complex scheme rules and to submit a claim. This option removes the complications of discretionary schemes and could prove viable both politically and in terms of resources/funding.
- f. The disadvantages of this scheme are that it does not fully utilise local authority knowledge of local need. This makes providing holistic/wrap around support more challenging. It only considers financial consequences of self-isolation and not other

broader support needs. However, it is recommended that an award of a self-isolation payment through a centralised scheme triggers an automatic referral to the local authority for an assessment of broader needs.

- g. Under this option it is important that self-isolation payments are not subsumed within other job replacement schemes. They would need to have their own unique scheme rules and name branding. Separate rules for those with an employer and the self-employed would be needed. Systems would need to be adopted to allow employers to make short-term payments (e.g., five or 10 days) to reflect self-isolation requirements.
- h. This option would require three-way data sharing protocols between employers, HMRC and test and trace systems; there would be complexities involved in setting up these arrangements.

Theme 2: Administration of self-isolation payments

325. Implications for pandemic response

- a. When considering the administration of self-isolation payments the merits of fixed vs discretionary support and national vs localised schemes need to be considered.
- b. Fixed schemes provide certainty and are more straightforward to promote and administer. However, there needs to be a confidence that payment is fixed at an appropriate level to avoid financial hardship and non-adherence with self-isolation requirements. Discretionary schemes can be tailored to the needs of individuals or geographic areas but are harder to administer, relying on individual assessment of need and are still budget limited.
- c. Similarly, national schemes have a clarity, higher level of public understanding and are administratively less complex. Localised schemes are more flexible, can respond to individual and geographic needs more appropriately, but create inconsistencies and rely on discretionary decision-making.

Table 10: Overview of the strengths/limitations of the four self-isolation schemes in the UK

	Strengths	Limitations
England: Test and Trace Support Payment	<ul style="list-style-type: none"> • Clarity of fixed £500 payment (for local authorities and the public) • Clear qualifying criteria for main scheme • Discretionary element allows for decisions to meet local need and personal circumstances • Multiple claims allowed for each period of self-isolation • Claims allowed from parents/carers of young people who are self-isolating (from February 2021). 	<ul style="list-style-type: none"> • No provision for claimant reviews • Set payment level throughout the pandemic did not reflect changing financial circumstances/pressures • No rationale provided for why payment level was set at £500 • Low level of public understanding of the scheme • Confusion about difference between main scheme and discretionary scheme • Funding did not meet local need (some local authorities ran out of funding altogether) • Significant regional variation • Discretionary element produced mixed outcomes based on decisions made at local level • High level of refusals: particularly based on 'no financial hardship' and lack of information to support the claim).
Scotland: Self-isolation Support Grant	<ul style="list-style-type: none"> • Used existing local authority welfare fund scheme for quick scheme launch, • Variety of application types allowed (online, telephone, post, exceptionally in person) • Aligned with other council wrap-around support • Clear review process and timescales for issuing decisions 	<ul style="list-style-type: none"> • Independent review criticised discretionary nature of scheme and recommended shifting administration to central government • Scheme increasingly relied on online claims • Staffing issues (pressures on staff/insufficient number of staff).

	<ul style="list-style-type: none"> • Payment levels changed to reflect shifting needs/financial position. 	
Wales: Self-isolation Support Scheme	<ul style="list-style-type: none"> • A higher level of funding (compared to English local authorities) resulted in Welsh local authorities having more flexibility (and resource) to award discretionary payments and avoid local authorities closing the scheme. • From 07 August 2021, maximum payment was increased to £750 demonstrating some flexibility around changing national circumstances (end of Coronavirus Job Retention Scheme and temporary Universal Credit uplift). • Stakeholder engagement was undertaken to consider payment levels. 	<ul style="list-style-type: none"> • Official review found that public awareness of the scheme was low and often led to assumptions of ineligibility and reluctance to claim, • Particular issues around applicant assumptions that the application process would be too lengthy and level of savings would disqualify an award. • Confusion about the differences between the main and discretionary scheme and difficulty providing evidence electronically. • Scheme website hard to navigate and questions difficult to interpret.
Northern Ireland : Discretionary Support self-isolation grant	<ul style="list-style-type: none"> • Administration of payments through the existing Discretionary Support scheme allowed rapid scheme set-up and launch. • A more person-centred approach to supporting applicants was adopted (a telephone helpline was available, triage team handled initial applications which were then passed to a financial support officer). • A clearly defined review process was in place. • Level of payment, rather than being paid at a flat rate, were individually calculated based on the extent of financial hardship and household composition, including the size of family and number of dependent children. 	<ul style="list-style-type: none"> • Independent review recommended that self-isolation payments should not be administered by the Department for Communities but be delivered by the Department for the Economy • The review recommended that payments should be separated from the existing Discretionary Support scheme (as this caused confusion about the purpose and eligibility of self-isolation payments).

326. Learning from the administration of the schemes:

- a. The recommendations from theme 1 argue that self-isolation payments should be administered with job retention/self-employment schemes (with clear branding of a 'self-isolation earnings replacement grant' element). However, the experience of local authority administration of self-isolation payments during the COVID-19 pandemic provides important learning in the future if a centralised scheme was adopted.
- b. This report recommends that in a future pandemic local authorities should play a key role in providing additional, wrap-around support to people required to self-isolate. All awards of a self-isolation payment should trigger a referral to a local authority to assess individual need.
- c. Best practice guidance should be developed for a future centralised system of self-isolation payments. A centralised system avoids the need for discretionary payments for which there is a low level of public understanding and inconsistent outcomes due to local discretion. Information and awareness raising of a centralised self-isolation scheme is key and ability for the public to access information in a range of ways, not only online.

327. Theme 2 recommendations

- a. Self-isolation payments should be administered through centralised job retention/self-employment schemes with an automatic referral to local authorities for wrap-around support.
- b. Self-isolation payments should be rolled out as part of early pandemic response when self-isolation measures are initially imposed (this was the case in Northern Ireland but not in England, Scotland or Wales).
- c. Self-isolation payment schemes should have a rapid review process. Timescales for a review should be reduced to 14 days to allow timely resolution of dispute.
- d. Importantly, if self-isolation payments are administered through centralised job retention and self-employment schemes this should significantly reduce the level of disputes).
- e. Central government and local government websites should include a self-isolation payment eligibility checker.
- f. Self-isolation payment scheme guidance should include timescales for the issuing of a payment, and monthly reporting data should be published. The timely award of self-isolation payments is key in encouraging self-isolation compliance and reducing financial hardship.
- g. Self-isolation payment scheme guidance should include specific guidance on how to process and record claims from applicants with no recourse to public funds (NRPF). This is to protect NRPF applicants from being incorrectly deemed to be in breach of immigration conditions.

- h. Central government should prioritise avoiding changes to scheme criteria following scheme launch to avoid lack of public understanding and regular administrative changes/updates.
- i. A communications strategy should be published which clearly indicates eligibility criteria and payment processes. Accessibility and language issues should be fully considered.

Theme 3: Holistic advice, information and support

328. Implications for pandemic response

- a. Awareness of COVID-19 self-isolation payment was lowest amongst groups most likely to qualify for support. In particular younger people, women, those in low paid/insecure work and people living in areas of high deprivation. This was linked to low name recognition and understanding of self-isolation support payments. A clear communications strategy is required to increase awareness and take-up of self-isolation payments. This includes clear and consistent information on central and local government web channels, encouragement of employers to promote self-isolation payment to the employed and effective messaging on news and social media channels.
- b. In a future pandemic a co-ordinated take-up strategy should be implemented to be delivered by local authorities who have experience of this type of activity and access to data on local populations. Resources need to be provided to support take-up activity.
- c. Information provided on central and local government communication channels should be consistent. During the COVID-19 pandemic unnecessary pressure was placed on local authority staff and self-isolation payment decision makers because of a lack of clarity with central government communications and the COVID-19 apps.
- d. The COVID-19 pandemic demonstrated the importance of the provision of clear information from the inception of self-isolation support payment schemes. While it is important that unnecessary changes are not made to self-isolation scheme rules after the launch of a scheme, there is the need for flexible central and local government communications strategies if scheme rules are altered in response to changing circumstances.

329. Theme 3 recommendations

- a. SAGE (2020) guidance on complementary support streams should form the basis of future policy responses. Joined-up support should combine:
 - Financial support
 - Tangible, non-financial support (e.g., food parcels, delivery of medication, referrals to voluntary sector organisations for wellbeing/practical support)
 - Information
 - Emotional support

- b. In a future pandemic appropriate funding for local authorities should be provided to ensure the combination of support as advised by SAGE can be delivered.
- c. Careful consideration needs to be given to the scheme name for future self-isolation payments as there was confusion around this and the way self-isolation support payments interacted with other support. Name recognition of self-isolation support payments was low. This expert report recommends a concise, clear and intuitive name for payments. For example, 'Self-Isolation Support Grant' as delivered in Scotland is clearer than 'Test and Trace Support Payment Scheme' in England. Consultation with the devolved administrations is required on the merits of a uniform scheme name in all four nations of the UK, or bespoke national scheme names.
- d. Intuitive search terms to be developed for all website content (including central and local government websites), with clear links to scheme name and self-isolation requirements.
- e. Ensure that information on central and local government websites is clear and available ahead of the launch of self-isolation payments scheme.
- f. In a future pandemic software applications (central government and/or NHS) should include clear information about self-isolation payments and include clear links to claim a payment.
- g. In a future pandemic contact tracers to provide clear signposting to self-isolation payments and other local support with financial hardship (e.g., welfare rights, debt advice).
- h. In a future pandemic there should be clearer recognition of equalities issues relating to the provision of advice, information and guidance. The COVID-19 pandemic demonstrated the importance of clear and accessible information and the provision of alternative language formats. Clear evaluation of these issues through equality impact assessments in all four nations of the UK.
- i. In a future pandemic a clear communications strategy should be adopted for groups of people who have no previous experience of claiming financial support from government schemes. There was a lack of consideration of stigma and barriers to claiming financial support in the development and implementation of COVID-19 self-isolation payments.

Theme 4: statistics and monitoring

330. Implications for pandemic response

- a. Analysis of COVID-19 self-isolation payments has been impeded by a lack of high quality, publicly available research and information. This is particularly the case in England and Northern Ireland, and to a lesser extent in Scotland (where quantitative and qualitative research was commissioned) and Wales (where qualitative research was commissioned).

- b. In a future pandemic statistics relating to overall number of claims, monthly/regional variations in claims, funding, equalities monitoring, and qualitative research on claimant experience should be publicly available.
- c. The policy rationale for the level of payment of self-isolation support should be published by governments in all four nations of the UK.

331. Theme 4 recommendations

- a. A research project is required to gain further insight on local authority experience of delivering self-isolation support payments and applicant insights into experience of claims process and adequacy of payments.
- b. A wide range of organisations have the expertise to conduct this research, including academic institutions, research bodies and groups such as the Social Security Advisory Committee or the Work and Pensions Committee.
- c. Research is required with people who chose not to self-isolate because of financial hardship (or perceptions of this). Research should capture the experiences of seldom heard groups such as those in precarious work, migrant workers and people with no recourse to public funds.
- d. Research is required with local authority decision makers across the four nations of the UK. This should focus on experience and knowledge of self-isolation payments, strengths and limitations of self-isolation payment administration and best practice guidance for a future pandemic.

332. Future considerations

- a. In a future pandemic full self-isolation payment equality impact assessments should be published in all four nations of the UK, considering the impact on claimants with protected characteristics as stipulated in the Equality Act 2010.
- b. A consultation exercise should be delivered as soon as is practicable (with central and local government stakeholders, the voluntary and third sector, academics) so an agreement in principle/working framework can be provided for the level of self-isolation payments in a future pandemic.
- c. Ongoing/real-time monitoring of future self-isolation payment schemes is required to ensure efficiency and targeting. This should include monthly number and rates of payment, refusals and reviews, equalities monitoring and, any detail of any awards of discretionary payments (if these are part of a future scheme).
- d. Central and devolved governments should publish the policy rationale for the payment level of self-isolation payments and funding to local authorities. This should be data driven and kept under review considering key metrics such as infection rates, local employment characteristics, and local levels of social security payments.
- e. Future self-isolation payment guidance should be developed with key stakeholders with knowledge of COVID-19 schemes. This should include central and local government departments, representative groups, professional bodies, and experts in the field.

Theme 5: Interaction with the social security system

333. Implications for pandemic response

- a. A poorly functioning social security system creates financial vulnerability which is intensified during a crisis such as a pandemic and creates a greater need for bespoke self-isolation schemes.
- b. The social security policy recommendations below are longer-term and adjacent to the other recommendations in this report relating to the level of payment and administration of self-isolation payments.

334. Theme 5 recommendations

- a. Reform of SSP: remove the lower earnings limit and waiting period, to extend scope and number of people who are entitled to SSP.
- b. Changes to Universal Credit: significant changes to Universal Credit would reduce levels of financial hardship which have been proven to weaken self-isolation compliance:
 - Abolish the 5-week wait for first payment of Universal Credit. This often creates financial hardship at the start of a claim and may reduce likelihood of self-isolation compliance.
 - Review levels of payment of UC and bring to at least the 'essentials guarantee' level as argued for by Trussell and Joseph Rowntree Foundation.
- c. Changes to Carer's Allowance: review the payment level of CA, 2024/5 rate of payment is only £81.90 per week.
- d. Changes to disability benefits: review of appropriateness of assessment processes and use of commercial providers (for both ESA and PIP assessments), move to a model where evidence provided by a claimant's GP or consultant is relied on (as is the case with Adult Disability Payment in Scotland).
- e. DWP should adopt a different approach to employment support which considers local knowledge and barriers to work.

Overall Conclusion

335. This report has demonstrated that there are clear links between the ability to self-isolate and financial status. The self-isolation schemes analysed in this report were introduced in recognition of the risks that people will not self-isolate because of financial hardship.
336. This report finds that self-isolation schemes with high levels of earnings replacement are more likely to encourage self-isolation compliance. Where a substantial financial loss is incurred because of the need to self-isolate there is a real risk of non-adherence without comprehensive financial support from the government.

337. There is compelling evidence that self-isolation payments should be provided alongside other forms of non-financial and practical support.
338. This report has drawn on a significant amount of data and research on self-isolation payments provided in the four nations of the UK during the COVID-19 pandemic. However, there are some gaps in the publicly available data, particularly relating to funding for the schemes and total number of payments granted. More detailed analysis of the impact and effectiveness of the schemes was available in Scotland and Wales, than in England and Northern Ireland.
339. This report has demonstrated that the pandemic created particular financial and self-isolation challenges for certain groups, including women, young people, those in precarious work and people from ethnic minority backgrounds. Despite this, equalities monitoring of self-isolation schemes was inadequate, particularly in England.
340. Complex and rapid policy decisions were required to ensure that people in low income work were entitled to financial support to encourage self-isolation. This inevitably involved trade-offs and a requirement to review and update scheme rules as the pandemic progressed. However, there was a lack of transparency, particularly in England, about the policy rationale to determine the payment level of self-isolation support.
341. When delivering a welfare scheme such as self-isolation payments consideration needs to be given to whether a centrally administered or localised scheme is more effective, and a scheme based on fixed or discretionary rules. These are nuanced policy decisions and this report has discussed the strengths and limitations of different approaches. Ultimately, the effectiveness of any future self-isolation payment scheme will be largely determined by the level of resources (finance and staff) which are provided and a clear, high-level communication plan. This report recommends that a centrally administered scheme, aligned to other earnings replacement schemes, is most likely to provide an adequate level of income protection for claimants and encourage self-isolation compliance.

Inquiry Documents

INQ000120558	Minutes of SAGE meeting 57, regarding situation update, impacts of financial and other targeted support on rates of self-isolation or quarantine, use of face coverings for extended periods, community case definitions of covid-19, dated 17/09/2020.
INQ000090177	Minutes of a meeting of the COVID-19 Operations Committee (COVID-O) (Ministerial) held on 21 September 2020
INQ000203737	Paper prepared for COVID Operations Committee, from the COVID-19 Taskforce titled Isolation Support Payments and Mandation: A Carrot and Stick Approach to Self-Isolation, dated 18/09/2020.
INQ000147253	Report from the Welsh Government titled Test Trace Protect, dated 01/05/2020.
INQ000475204	DFC statement, Module 7
INQ000120552	Minutes of SAGE Meeting 53, regarding situation update, mass screening, dated 27/08/2020.

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Appendix 1: Test and Trace Support Payment application requirements in England

UK Health Security Agency, 2022a. Claiming financial support under the Test and Trace Support Payment scheme. Available at:
<https://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>

Test and Trace Payment applicants were required to provide proof of:

- an NHS Test and Trace Account ID, sometimes referred to as a CTAS number
- a bank statement
- proof of employment or, if you're self-employed, evidence of self-assessment returns, trading income and proof that your business delivers services that cannot be undertaken without social contact

Department of Health and Social Care. The Test and Trace Support Payment Scheme, Updated guidance for local authorities: processing applications from parents and guardians who are caring for a child or young person who is self-isolating, 2021. Available at:
<https://st-james.newham.sch.uk/wp-content/uploads/2021/03/Implementation-Guidance-parents-and-guardians.pdf>

A parent/guardian of child who is required to self-isolate will need to provide either;

- the child's Test and Trace account ID; or
- a communication from the child's education or childcare setting confirming that the child has to self-isolate; or
- a screenshot of the young person's NHS Covid-19 App notification telling them to self-isolate, and evidence that the young person has an Education, Health and Care Plan (for parents/guardians of young people aged 16-25 who have additional support needs and have been notified to self-isolate by the NHS App).

Appendix 2: Fabian Society (2021) options for the reform of Statutory Sick Pay (SSP)

<https://fabians.org.uk/wp-content/uploads/2021/06/SSPreport.pdf>

Option 1: align rate of SSP with the rate of Statutory Maternity Pay (£184.03 per week, 2024/5 rates)

Option 2: increase SSP to the level of the real living wage paid outside London

Option 3: reform SSP into an earnings-related scheme, similar to the Coronavirus Job Retention Scheme

Option 4: abolish the three day wait for first payment

Option 5: increase payment duration from 28 weeks to 12 months

Option 6: Extend entitlement to low earners (eligibility extend to those with income below the current LEL)

Option 7: Waiting days for part-time employees calculated on a pro-rotta basis

Option 8: Allow a SSP rebate for small employers