Background

The national restrictions introduced following the outbreak of covid-19 has had a profound effect on the everyday lives of all Welsh citizens¹. Social distancing is at the core of the measures, and is likely to remain until it is considered safe for the population to interact. As the situation continues to evolve, it has become increasingly clear that both the disease and the policy response are having wide-ranging impacts on the health and well-being of the Welsh population, and that many of these impacts will extend beyond the short term.

This briefing paper is intended to set the context within a national setting, highlighting and outlining the key impact of 'lock down' policies and measures to various individuals and service user groups who benefit from the services provided by Cardiff Council.

The data sets presented in this briefing paper have been take mainly from the most recent documents, publications and data sets that have been made available by key public service authorities and organisations. Much of the data has been taken form the work of Public Health Wales (PHW), Office for National Statistics (ONS) and Social Care Wales.

Mental Well-being

Social isolation brought forward by national restrictions has been found to have a significant negative impact on physical and mental well-being. One report (Brooks et al., 2020) found that the impact of being under restrictive measures presented as symptoms such as stress, confusion and anger. Research suggests those who were most at risk of the mental health and psychological impact of quarantine included, women, particularly those women with children, those with existing mental health conditions, those on low incomes and healthcare workers. A recent publication (Gurney, 2020) found a wide range of substantial and long-term negative psychological effects, including post-traumatic stress symptoms, emotional disturbance, depression, insomnia and feelings of confusion, anger, frustration, boredom, anxiety, isolation and loneliness, to which people with pre-existing mental health conditions were at greater risk.

For Wales, the evidence points to potential negative impacts across both society and individual mental health and well-being. Public Health Wales' Public Engagement Survey on Health and Well-being during Coronavirus Measures (Public Health Wales, 2020b) reported that toward the start of the outbreak 45% of Welsh people surveyed did not worry at all about their mental health, 35% worried a little, whilst 19% (a fifth of respondents) had been 'worrying a lot'. 20% were worried about losing their job and 65% were worried about their children's well-being². However, as restrictions continued, interviewees from subsequent PHW surveys identified that mental well-being and the long-term implications of the restrictions were of major concern. The surveys also highlighted that fear and anxiety levels were high particularly with the uncertainty around the timeframe of the restrictions and that the resilience of unpaid carers and shielded groups could also be an issue as the duration of the restrictions was further extended (INT 8)³

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¹ Staying at Home and Social Distancing Policy guidance released on 23rd March 2020.

² https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/week-3-report-how-are-we-doing-in-wales/ [Accessed 19 Jan 2021]

³ Public Health Wales public engagement survey - Public Health Wales (nhs.wales) [Accessed: 19 Jan 2021]

Diet and Physical Activity

Data from the National Survey for Wales 2018-19 showed that only around half of adults undertake adequate physical activity (Welsh Government, 2019a). The lockdown policy initially introduced, included provisions for the population to take physical activity once a day outside of the home. From 8th May 2020, the restrictions were changed to allow people to undertake exercise outdoors more than once a day, although there was still a requirement to not travel a significant distance from home. This provided an opportunity for people to remain physically active; helping to promote mental well-being.

A rolling health and well-being survey carried out by Public Health Wales identified that 38% of respondents were snacking more (crisps / biscuits / cake) (Public Health Wales, 2020b). In terms of physical activity of 30 minutes or more, 30% of respondents stated that they were taking less physical exercise than before the restrictions were implemented, 42% stated it was the same and 23% responded that it was more than previously⁴.

In terms of evidence in relation to physical activity, diet and nutrition, there is an absence of peer-reviewed academic literature about the effects of quarantine and social distancing on such matters.

Alcohol and tobacco consumption, gambling

The World Health Organization (WHO) published a report, which highlighted that during the Covid-19 pandemic, movement restrictions could potentially increase alcohol consumption and therefore exacerbate health vulnerability, risk-taking behaviours, mental health issues and violence (World Health Organization, 2020a).

Public Health Wales Public Engagement Survey on Health and Well-being during Coronavirus Measures (Public Health Wales, 2020b) has also provided a snapshot of the populations' behaviour during the implementation of the restrictions in Wales. Of those surveyed, 27% stated that they were drinking more alcohol than the week before. Gambling was highlighted in a number of interviews as being of concern, with the potential for negative health and well-being impacts. It was identified that parents (and children) may do more online gambling or use games with in-game purchases (INT 1). However, there was no available academic literature evidence in relation to the impact of movement restrictions on gambling behaviours.

Delivery and access to Health, Well-being and Social Care services

While restrictions have been in place it is widely acknowledged that while many health services have remained open and operational, they have seen a fall in utilisation compared to before the pandemic. Both short and longer term negative impact of operations and appointments being cancelled or suspended is a recognised concern for both physical and mental health. In addition, the impact of the pandemic on Health and Social Care staff in terms of their mental well-being is also recognised.

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⁴ https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-are-you-doing/week-4-report-how-are-we-doing-in-wales/ [Accessed 19 Jan 2021]

Pre-existing Mental Health

It is to note that Wales has been the only UK nation to date to have commenced regulations in the Coronavirus Act relating to mental health (Clifton, 2020). Several published research reports have recognised the impact that quarantine and social isolation can have in exacerbating existing mental health and well-being conditions (Brooks et al., 2020; Lunn et al., 2020; Gurney, 2020). A recent publication (Kim and Su, 2020) noted that quarantine and isolation could have an accelerating detrimental impact on those with mental health problems.

Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Although national policy has allowed an individual to leave home to move to a place of safety, concerns have been raised about increased risks of VAWDASV during the restrictions. Since the introduction of the Staying at Home and Social Distancing Policy, there has been a marked increase in the number of domestic abuse reports, with an overall 25% increase in calls to the Domestic Abuse Helpline in the first two weeks (BBC Online, 2020i; Refuge, 2020).

Women

It is suggested that the Staying at Home Policy has, by limiting population movement, had a major negative impact on women in Wales. According to an Institute for Fiscal Studies report, women were about one third more likely than men to work in a sector that had shut down (17% of women compared with 13% of men) (Joyce and Xu, 2020). Workers in these sectors have also tended to have lower pay. As a group, women are also known to be disproportionately affected by domestic abuse and violence.

Welsh Women's Aid identified that self-isolation and social distancing could increase violence against women, domestic abuse and sexual violence and that community response and social solidarity were vital to tackle the issues (Welsh Women's Aid, 2020).

Men

It is believed that men are more likely than women to experience worse direct health effects and are more likely to pass away from Covid-19 (Office for National Statistics, 2020c).

The majority of drivers across the transport sector such as public transport drivers, delivery drivers and HGV drivers and tradesmen, for example, plumbers and electricians, tend to be male. Many of the latter are also self-employed, a category missed in the first economic measures for furloughing employees⁵. Such economic impact, through either a reduction or increased demand on their work, within a time of crisis, could also be considered a key contributor to feelings of isolation and loneliness.

The number of calls to Men's Advice Line for male domestic abuse survivors has also increased following the outbreak of covid-19 (Men's Advice Line (2020) cited in BBC Online, 2020i).

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⁵ https://careersmart.org.uk/occupations/equality/which-jobs-do-men-and-women-do-occupational-breakdown-gender Accessed 21 Jan 2021

Black, Asian and Minority Ethnic (BAME) Groups

4.4% of the Welsh population identify as Black, Asian or other ethnic minority group (BAME) (Welsh Government, 2019g) and research suggests that Covid-19 has had a disproportionate impact on people from BAME Groups. Analysis of Covid-19 related deaths in England and Wales, undertaken by the ONS, shows that the risk of death among some ethnic groups is significantly higher than that of those of White ethnicity. The reasons for this are unclear, but may be partially explained by a higher prevalence of inequalities associated with socio-economic disadvantage (Welsh Government, BAME Covid-19 Advisory Group).

A further negative impact of the Staying at Home Policy and the guidance is that for some communities, where English is not their first language, there could be mistranslation of information, and an inability to access important information or support services (INTs 2, 6, 8,10), thereby intensifying any feelings of isolation or loneliness an individual may have.

Adults in Care and Carers

The Coronavirus Act 2020 regulations places time-limited modification to the Social Services and Well-being (Wales) Act 2014 to relax duties on local authorities. The changes mean that when deemed appropriate, local authorities no longer have to carry out needs assessments for adults and adult carers, and no longer have a duty to meet adults' eligible care and support needs, nor adult carers needs for support. However it has been stressed by the Welsh Government that the measures should only be activated in circumstances where staff numbers were severely depleted with the clear expectation that any changes to individuals' care and / or support will return to their pre-modification arrangements at the earliest possible opportunity⁶. Reasoning behind the modification was due to the understanding that within the peak of the pandemic, adult social care services may face surging demand and reduced capacity arising from higher rates of staff absence.

Individuals with Learning Disabilities

When the pandemic hit, learning disability care services were forced to cut back or close leaving many isolated. Over two thirds of respondents to a recent Mencap survey highlighted that their care package had been reduced since the start of the pandemic⁷. With support and activities being curtailed, a growing concern is the impact on individuals with learning disabilities losing their independence, physical and mental health and as a result requiring more intensive support; highlighting the potential for a concerning lasting impact. Findings from the ONS⁸ show people with disabilities are more than twice as likely as the general population to report a decline in their mental well-being and feelings of loneliness.

The reduction in respite and all-day services for individuals with a learning disability also brings into focus the potential for profound impact on unpaid carers and in particular, their well-being⁹.

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⁶ Adult social services during the COVID-19 pandemic: guidance [HTML] | GOV.WALES [Accessed 19 Jan 2021]

⁷ "COVID-19 must not become an excuse to dismantle people's care packages": Mencap responds to the Coronavirus Act renewal | Mencap [Accessed 19 Jan 2021]

⁸ Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics (ons.gov.uk) [Accessed 19 Jan 2021]

⁹ COVID-19 and learning disabilities: reach out and connect | RCNi [Accessed 19 Jan 2021]

Older People

Compared with the rest of the UK, Wales has the largest proportion of older people, and many of these individuals live in rural areas where there are high levels of deprivation (Clifton, 2019). Older people who live alone are more likely to rely on others for care and support. Movement restrictions and social distancing measures could make the provision of care and access to essential supplies more difficult (Lloyd-Sherlock et al., 2018). Movement restrictions have resulted in usual family connections being affected, for example with older people unable to see or receive care from children and grandchildren or being isolated from their social networks. Research also suggests that the restrictions may have led to increased feelings of isolation and a possible deterioration in both health and mobility; particularly for those in care home settings. (Wales Centre for Public Policy, 2020).

With only 49% of those aged 75 and over in the UK reporting that they accessed the internet for personal use in 2018-19, highlights the difficulties in older people feeling connected to wider society, particularly under current measures (Wales Centre for Public Policy, 2020; Welsh Government, 2019a).

Many older people regularly shop online. However, during movement restrictions, there was a marked increase in applications for delivery slots for supermarkets in Wales across all age ranges, leaving many older and vulnerable people unable to access or book delivery slots. This promoted stress and anxiety about obtaining access to good quality food and essential supplies; thereby exacerbating their well-being. Older people who are actively ageing well have also been potentially affected in a negative way by being confined to the house or by being 'shielded'. This could potentially have impacted their confidence, their mental well-being and mobility issues - especially if living in a home without a garden or access to space in which to take physical activity, or if digitally excluded.

Young Adults

Young people aged 18 to 24 years have been found to be most anxious about being separated from friends and family if they had to self-isolate (Mental Health Foundation, 2020b) along with rising concern for their future academic or employment prospects.

The major impact for children and young people has been in relation to education. Education settings provide an important role in children and young people's lives. This is not only in relation to education and learning, but also accessing facilities and services that protect and improve health and well-being, providing a routine, and socialising with peers and authority figures. For older children and young adults, the restrictions and policy has had a double impact. They have lost social connections and networks and at the same time any financial independence as young people are more likely to have been employed in sectors affected by the closures such as the leisure and retail sectors (Crawford et al., 2020).

Digital Inclusion

The restrictions introduced following the outbreak of covid-19 has seen a heavy reliance on digital technology. However, a recognised challenge is the potential for some individuals to be impacted by a reduced access to services due to no access to the required equipment (potentially due to age or economic limitations). A report published in British Gerontology

(British Society of Gerontology, 2020) highlighted that whilst for some older people digital connection made access to information easier, many relied on others to provide this information if they did not have digital access themselves. Therefore, whilst technology during the restrictions has facilitated access to healthcare and local services, this has not been the case for some populations, such as the elderly who may not have sufficient health, digital literacy or the skills to utilise and engage with different digital platforms.

Economic Impact

High levels of comparative deprivation exist within the cities and valleys of South Wales and coastal and border towns in North Wales (Welsh Government, 2019f). In Wales, at November 2019, there were 120,648 households claiming Universal Credit. In a recent survey, 74.4% of persons aged 16-64 in Wales report being in work (StatsWales, 2020d) compared with 23% recorded as economically inactive and 3.3% (of those aged 16 and over) as unemployed (Office for National Statistics).

Those on low incomes or who live in areas of deprivation experience worse health and mental well-being than more affluent individuals and communities (Public Health Wales, 2020b; StatsWales, 2020e; StatsWales, 2019a; Public Health Wales Observatory, 2018)

Evidence has emerged that the greatest impact from the Covid-19 pandemic and response is on the poorest and those already experiencing inequities. Recent research has identified that those on low incomes were more at risk of the mental health and psychological impact of quarantine, such as post-traumatic and depressive symptoms, anger and anxiety, which could be associated with the financial impact of the restriction and the loss of any financial support. The UK Government (2020b) also identified that policy measures including staying at home and school closures were likely to impact poorer families and single parents the most. This was a result of increased household costs such as utility bills; a reduction in income, for example not being able to work due to childcare needs; and difficulties in accessing usual support such as Free School Meals. Emerging evidence has shown that richer households were likely to make savings during social distancing, as they would be spending less on non-essential activities. However, as lower income households spend a higher proportion of spending on necessities such as rent, food and bills (55%, compared with 35% of higher income households), any reduction in income would be more difficult to manage (Crawford et al., 2020).