



HM Government

# **Social Distancing Review: Report**

July 2021





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# INTRODUCTION

1. In the 'COVID-19 - Spring Response', published on 22 February 2021, the Government committed to a review of social distancing measures, and other long-term measures that have been put in place to limit transmission, specifically face coverings and guidance on working from home.<sup>1</sup>
2. The review has been conducted by a Review Panel led by the Permanent Secretary of the COVID-19 Taskforce and including the Government Chief Scientific Adviser, the Chief Medical Officer, the Chief Economic Advisor to HM Treasury and representatives from the Department of Health and Social Care, the Department for Business, Energy and Industrial Strategy, and the Department for Digital, Culture, Media and Sport. They considered a range of evidence related to the impact of social distancing and implications of lifting it: scientific, social, economic and behavioural, including advice from the Behavioural Insights Team. The policies of international comparators have also been considered.
3. Since March 2020, the Government has advised that 2 metres physical distance is maintained between people who are not in the same household (or support bubble) to limit COVID-19 transmission. On 24 June 2020, the Government published a review which concluded that, where 2 metres is not viable, a reduction to 1 metre is an acceptable alternative if combined with other risk mitigation measures (the "1m+ rule"). On 10 May 2021, the Prime Minister announced an update to social distancing guidance for friends and family to apply from step 3 of the Roadmap (17 May 2021), emphasising both caution and personal responsibility.
4. Social distancing measures have predominantly been communicated through Government guidance. Some social distancing measures are underpinned by law: for example, the requirements that tables are appropriately distanced in hospitality settings and there is no mixing between groups determined by gathering limits. Public health is devolved in Wales, Northern Ireland and Scotland; this includes social distancing. As such, this review has informed policy in England only.<sup>2</sup>
5. Social distancing sits in a suite of controls to limit transmission and enable businesses and venues to be COVID-secure,<sup>3</sup> acting alongside other measures as set out in the 'Safer Working' guidance. Two of these additional measures, work from home guidance and face coverings, are in the scope of this review.

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<sup>1</sup> Social Distancing Review: [Terms of Reference](#)

<sup>2</sup> On 22 June, the Scottish Government published a Review of Physical Distancing in Scotland, <https://www.gov.scot/publications/coronavirus-COVID-19-review-physical-distancing-scotland-june-2021/pages/3/>.

<sup>3</sup> Examples of other COVID Secure measures include cohort working, enhanced cleaning, perspex screens, and use of online booking systems.

6. The Government has had active “work from home” messaging in place for the majority of the pandemic. The strength of this message has varied, reflecting whether the legal ‘Stay at Home’ order has been in place. The current guidance is to ‘work from home if you can’ and has been in place since 29 March 2021.
7. Face coverings were first mandated in June 2020, and are now required by law in most indoor public settings and for staff in some workplaces. The public have also been advised that face coverings should be worn in indoor settings where social distancing may be difficult and where people come into contact with others they do not normally meet.
8. This review, alongside other Roadmap reviews into COVID-status certification and events, has informed the approach to step 4. The findings of phase 1 of the Event Research Programme were published on 25 June,<sup>4</sup> and the findings of the COVID-status certification review were published on 5 July.

**Figure 1: Elements of social distancing and face coverings in legislation**

	Description
<b>Social Distancing</b>	Requirement on <u>businesses</u> to take reasonable steps to ensure groups do not exceed relevant gathering limits and that these groups do not mix.
	Requirement on certain <u>businesses</u> to ensure the appropriate distance between tables.
	Requirement for certain <u>businesses</u> to take reasonable steps to ensure food or drink is consumed while seated.
	Requirement on <u>businesses</u> that serve alcohol for consumption on the premises to ensure food or drink is ordered and served while seated.
<b>Face coverings</b>	Requirement on <u>individuals</u> and staff to wear face covering in relevant places (unless an exemption applies).
	Requirement on <u>individuals</u> to wear face coverings on public transport (unless an exemption applies).
	Requirement on <u>businesses</u> to display signage and take measures to distribute information on face coverings.
	Prohibition on certain <u>businesses</u> from preventing a person from wearing a face covering.

<sup>4</sup> DCMS (June 2021) - [Events Research Programme Phase I Findings](#)

# SOCIAL DISTANCING EVIDENCE BASE

## a. Controls to suppress transmission

9. The risk of transmission associated with any given environment or behaviour is influenced by a number of factors including: the number of infected people in a setting (which is linked to the prevalence of infection in the community); how infectious and susceptible people in a setting are; the duration of exposure; and the degree to which the environment and type of contact facilitate transmission. This means controlling transmission requires several types of control measures.
10. SAGE 87<sup>5</sup> described key ways to suppress transmission. These include: 1) isolate those that are infectious from the rest of the population; 2) reduce the likelihood that they enter higher-risk settings or situations; 3) attempt to decrease the transmission risk from an infectious person in any given environment. Identifying and isolating infectious people can have a significant impact by reducing opportunities for onward transmission. This process of elimination, if successful, may reduce the need for subsequent measures.<sup>6</sup>
11. Measures to reduce transmission risk work by limiting the number of infectious contacts and reducing the risk of transmission through a contact by mitigating one or more of the three pathways of transmission between individuals (aerosol, droplet and contaminated surfaces/hands).<sup>7</sup> Measures are therefore most effective when deployed as a package to block all three pathways.
12. Social distancing is an example of reducing the risk of transmission from someone who has the virus within a setting (for example in workplaces, social venues and other public spaces). It has been (and continues to be) widely adopted across the world as a key strategy for limiting transmission. There is a strong consensus across many international bodies, including the World Health Organisation (WHO), the US Centers for Disease Control and Prevention (CDC), and the European Centre for Disease Prevention and Control (ECDC) that social distancing is an effective method to prevent the transmission of COVID-19 in this way.<sup>8,9,10</sup>

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<sup>5</sup> Minutes from SAGE 87 (April 2021) - To be published on the [SAGE website](#)

<sup>6</sup> SAGE (April 2021) - Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (NPIs) – To be published on the [SAGE website](#)

<sup>7</sup> Objects or materials which are likely to carry infection, such as clothes, utensils, and furniture.

<sup>8</sup> World Health Organisation (April 2021) - [Coronavirus disease \(COVID-19\): How is it transmitted?](#)

<sup>9</sup> Centers for Disease Control and Prevention (November 2020) - [Guidance for unvaccinated people: Social Distancing](#)

<sup>10</sup> European Centre for Disease Prevention and Control (February 2021) - [Questions and answers on COVID-19: Prevention](#)

13. More recently, a few countries with advanced vaccination programmes have started to adopt more lenient measures and are moving away from social distancing in some contexts, with exemptions. For example:
  - a. On 13 May 2021, in the USA, the Centers for Disease Control and Protection advised that fully vaccinated people no longer need to wear a face covering or distance in most settings.<sup>11</sup> Face coverings are still required for all on enclosed public transport, and in stations or airports.
  - b. On 23 May 2021, the Israeli Government announced that all restrictions would be lifted from June 2021, aside from travel restrictions and the requirement to wear face coverings indoors.<sup>12</sup> They also announced the end of the 'Green Pass' scheme, which enabled only fully vaccinated people or individuals who acquired immunity from COVID-19, to enter certain businesses such as restaurants, hotels or other venues.<sup>13</sup> On 15 June Israel lifted remaining requirements for face coverings indoors, except for air passengers and crew, and for unvaccinated people in care homes. However, indoor face coverings requirements were reinstated on 25 June due to rising cases.<sup>14</sup>

## b. The impact of social distancing on COVID-19 transmission

14. This section summarises the evidence on the impact of social distancing on transmission.
15. Infection via the sharing of close-range respiratory droplets and aerosols has been shown to be a major source of COVID-19 transmission. Infected people spread viral particles when they talk, breathe, cough, or sneeze. Analysis presented to SAGE indicates that the risk of exposure to such particles is reduced by between 2 to 10 times if they are 2 metres apart compared to 1 metre.<sup>15</sup> People can also spread COVID-19 directly via contaminated surfaces and hands. As Figure 2 illustrates, social distancing is less effective at reducing the risk from longer range respiratory aerosols or contact with contaminated surfaces.

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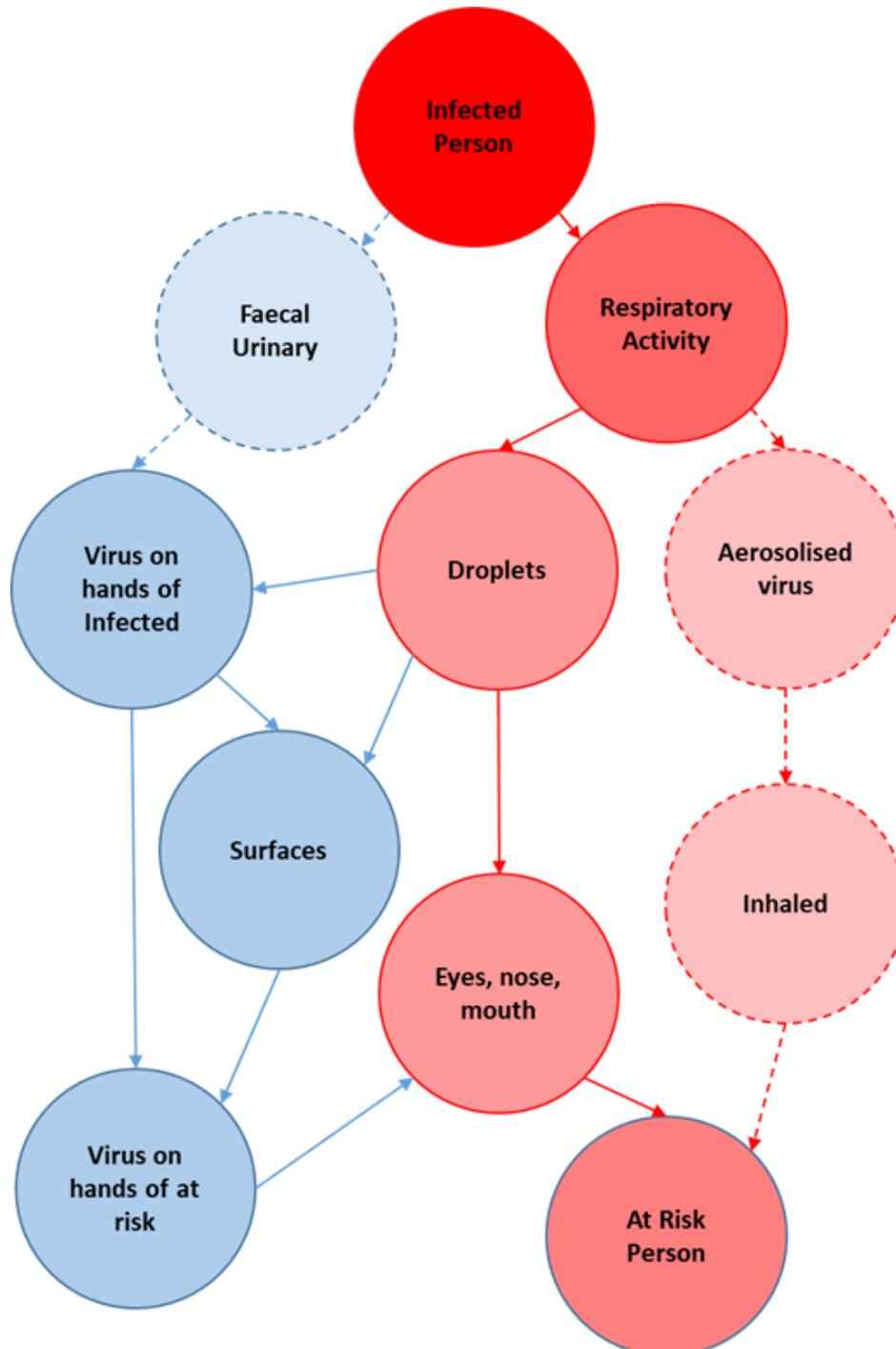
<sup>11</sup> Centers for Disease Control and Prevention (June 2021) - [Public health recommendations for fully vaccinated people](#)

<sup>12</sup> Israel, Ministry of Health (May 2021) - [Israel to Lift All Coronavirus Restrictions](#)

<sup>13</sup> Israel, Ministry of Health - [What is a Green Pass?](#)

<sup>14</sup> Israel, Ministry of Health (June 2021) - [Obligation to wear a mask in any place other than an open space](#)

<sup>15</sup> SAGE (December 2020) - [Mitigations to Reduce Transmission of the new variant SARS-CoV-2 virus](#)

Figure 2: COVID transmission pathways<sup>16</sup>

**Red arrows and pink bubbles** denote pathway predominantly affected by social distancing.

**Dashed red** pathway means social distancing only works against near field aerosols not persistent far field aerosols.

Social distancing is likely to have little impact on **blue pathways**. Dashed blue denotes low risk.

<sup>16</sup> Modified from SAGE (October 2020) - [Transmission routes and environments](#)

16. Social distancing also reduces transmission by limiting the number of people present in a setting, which not only reduces contacts between people, but also slows the build-up of the virus in the air. Good ventilation with fresh air can reduce airborne risks by up to 70% compared to poorly ventilated areas.<sup>17,18</sup> For that reason, social distancing is more important indoors and in crowded spaces.
17. Nonetheless, social distancing does not work in isolation. Given the way transmission occurs, additional measures such as face coverings and hand washing, which also help prevent direct exposure to respiratory particles, are required below 2 metres to help reduce risk.<sup>19</sup> The impact of social distancing is also likely to vary depending on the environment and circumstances. For example, if there is a high load of virus circulating in the air, social distancing is appropriate but may make a limited difference to the overall risk on its own.<sup>20</sup> However, if there is good ventilation, proximity may be the main risk factor. For this reason, while it has been an effective part of the Government's strategy to suppress transmission, it is difficult to quantify its precise impact on reducing transmission.

### c. The socio-economic impacts of social distancing

18. This section summarises the evidence on the impact of social distancing on the economy and society.
19. Measures taken to suppress transmission since the start of the pandemic have collectively been economically disruptive, affecting the ways in which businesses can operate. While some parts of the economy have adjusted to operating under new circumstances, even when restrictions were relatively mild in October, the economy was still operating at 5% below February 2020 levels of output.<sup>21</sup> With the gradual easing of restrictions through steps 1 to 3 of the Roadmap, the economy has begun to recover and is thus far outperforming the Office for Budget Responsibility's (OBR) March 2021 outlook and other external forecasts (supported by the improving health context, which has likely increased confidence). Monthly UK GDP grew by 2.3% in April 2021, 4.0% below its January 2020 peak,<sup>22</sup> compared to 8.7% below as projected by OBR.<sup>23</sup>
20. However, any short-term recovery is likely to be constrained by continued social distancing which, as applied in businesses and other settings, is currently one of the most economically disruptive remaining measures to suppress transmission and has disproportionately affected certain sectors.

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<sup>17</sup> SAGE (September 2020) - [Role of ventilation in controlling SARS-CoV-2 transmission](#)

<sup>18</sup> HMG Press Release (November 2020) - [New film shows importance of ventilation to reduce spread of COVID-19](#)

<sup>19</sup> SAGE (January 2021) - [Application of physical distancing and fabric coverings](#)

<sup>20</sup> Clinical Infectious Diseases (November 2020) - [It Is Time to Address Airborne Transmission of Coronavirus Disease 2019 \(COVID-19\)?](#)

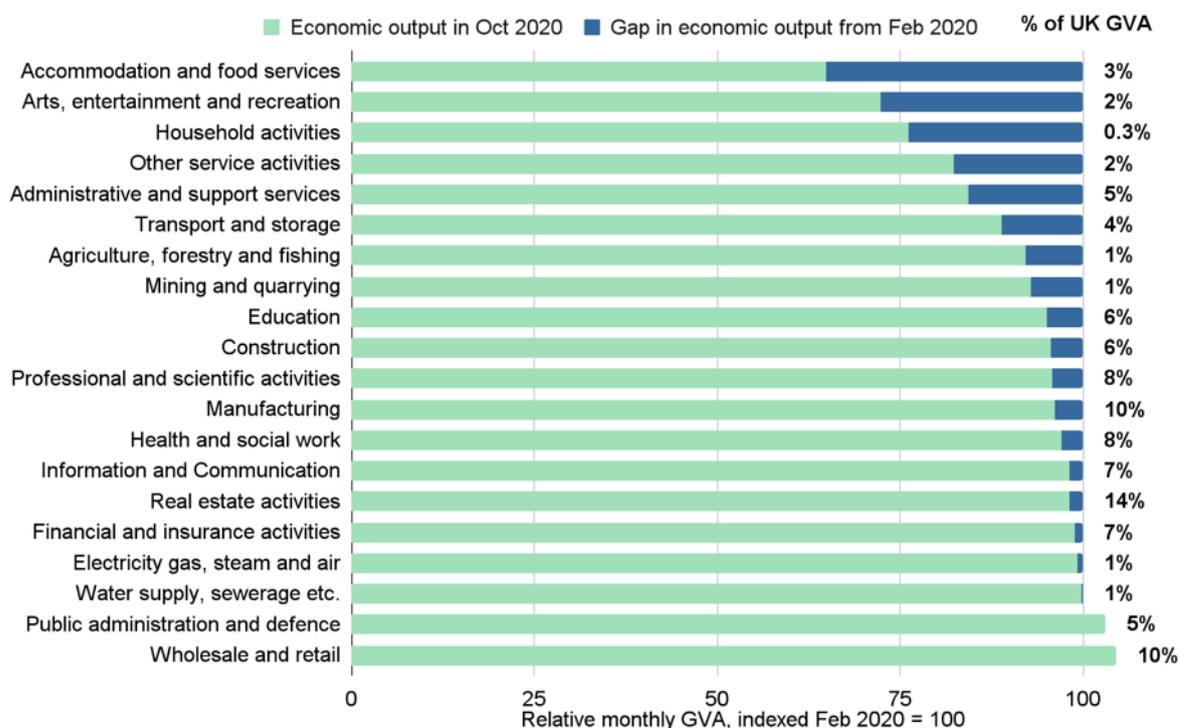
<sup>21</sup> ONS (May 21) - [Monthly gross domestic product by gross value added](#)

<sup>22</sup> ONS (June 2021) - [GDP monthly estimate, UK: April 2021](#)

<sup>23</sup> OBR (March 2021) - [Economic and fiscal outlook – March 2021](#)

21. As social distancing places capacity limits on venues and working environments, it is the hospitality, arts, entertainment and recreation, and travel/transport industries that have been hardest hit. These are also the sectors where it is hardest to work from home. Social distancing caps output in these sectors, especially those reliant on in-person transactions. The social consumption sectors, notably hospitality and entertainment, accounted for £20.3bn of gross value added (4.3% of UK gross value added) in Q1 2020. This has since reduced to £16.3bn of gross value added (GVA) in Q3 2020, with the share of the economy down to 3.6% due to restrictions.<sup>24</sup> Within this diverse sector, restrictions have had a varied impact, with some arts and entertainment businesses experiencing more difficult operating conditions and experiencing larger financial costs. Figure 3 summarises the uneven economic impact of the pandemic across all sectors.

**Figure 3: Gross value added (GVA) in October 2020 relative to February 2020<sup>25</sup>**



22. The sectors most affected by social distancing tend to be labour intensive. Social consumption sectors furloughed relatively larger proportions of their workforce. When restrictions were relatively mild in October 2020 the highest proportion was 27% for accommodation and food services, compared to 8% across all sectors, as shown in Figure 4.<sup>26</sup> As of May this year, accommodation and food services remained the sector with the highest furlough take-up (34% vs. 8% overall), although it did see the largest proportional monthly decrease from April 2021 of 14 percentage points.<sup>27</sup> The largest reductions in payrolled employees since COVID-19 were seen in hospitality,

<sup>24</sup> ONS (June 2021) - [Quarterly GDP by GVA](#)

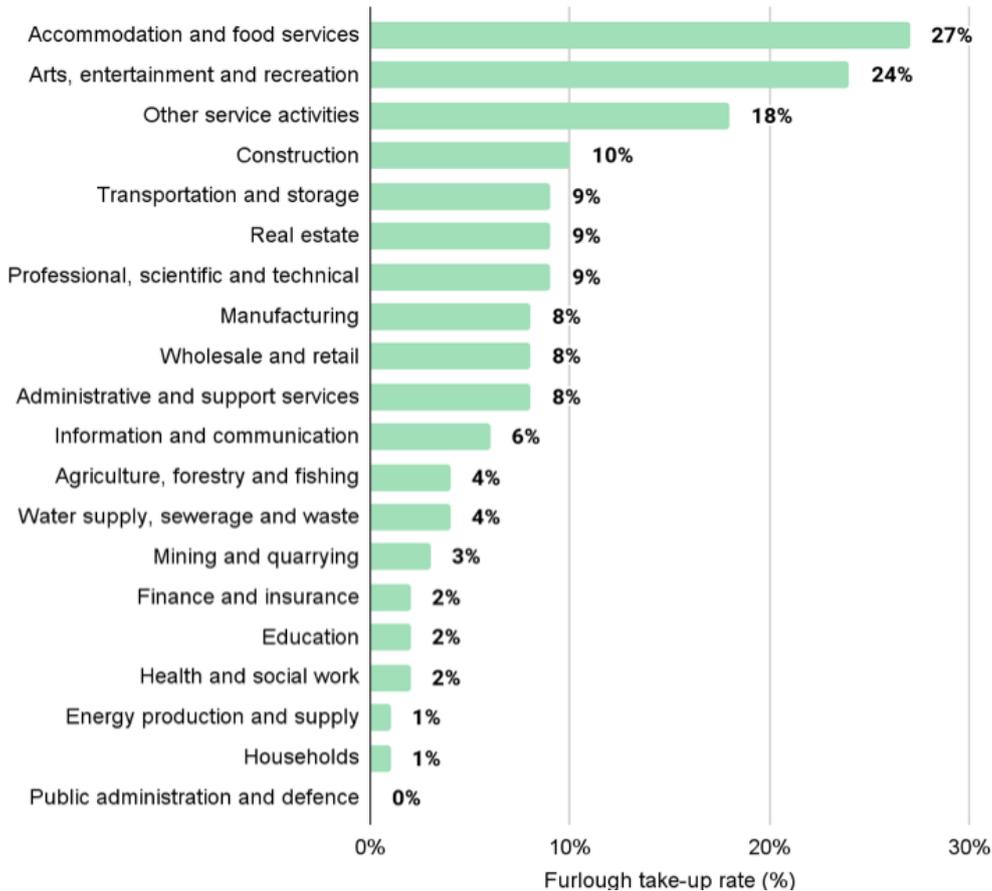
<sup>25</sup> ONS (June 21) - Monthly gross domestic product by gross value added NB 1: There's difficulty in splitting out social distancing from other drivers such as lockdowns, tiering and business uncertainty. October 2020, when restrictions were relatively milder, compared to pre-pandemic February 2020. NB 2: For real estate, the overwhelming majority of GVA is 'imputed rents' and doesn't represent economic activity.

<sup>26</sup> HMRC (December 2020) [Coronavirus Job Retention Scheme statistics](#)

<sup>27</sup> HMRC (July 2021) - [Coronavirus Job Retention Scheme statistics](#)

entertainment and retail, totalling around 582,000.<sup>28</sup> These sectors also employ disproportionately large numbers of those on a lower income, the young, women and those from an ethnic minority background.<sup>29,30,31</sup> These groups therefore are disproportionately impacted by the continuation of social distancing, and its impact on employment.<sup>32</sup>

**Figure 4: Furloughed employment take-up rate at 31<sup>st</sup> October 2020 by sector<sup>33</sup>**



23. Continued social distancing would continue to place financial pressures on businesses in these sectors, though there is variation within and between sectors. Social distancing restricts capacity, which means that many businesses must limit or, in some cases, suspend their activities until social distancing is withdrawn. Sectors that are reliant on social interaction, for example arts, recreation, and entertainment are most affected, with businesses reporting a reduction in capacity of around 70-80% for some sport venues, 50-70% for most theatres and 40-60% for some cinemas.<sup>34</sup> At the lowest point in June 2020 less than a quarter of arts, entertainment and recreation

<sup>28</sup> ONS (June 2021) - [Payroll employees](#)

<sup>29</sup> ONS (August 2020) - [Employment by detailed occupation and industry by sex and age for Great Britain, UK and constituent countries 2019](#)

<sup>30</sup> ONS (February 2021) - [Estimates of the number of people aged 16 years and over in employment by occupation, sex and ethnicity, England, January 2017 to December 2019](#)

<sup>31</sup> [COVID-19 Response - Spring 2021 \(Roadmap\)](#)

<sup>32</sup> Resolution Foundation (February 2021) - [Long COVID in the labour market](#)

<sup>33</sup> HMRC (June 21) - [Coronavirus Job Retention Scheme statistics](#)

<sup>34</sup> DCMS (June 2021) - [Events Research Programme Phase I Findings](#)

businesses were trading.<sup>35</sup> ONS data (Figure 5), suggests 17% of accommodation and food service businesses had temporarily paused or ceased trading as of 17-30 May; this had fallen to 9% by 14-27 June.<sup>36</sup> The Government has provided a substantial package of support measures to mitigate these impacts, spending over £352 billion to support jobs and incomes, businesses and public services across 2021 and 2022.<sup>37</sup>

**Figure 5: Current trading status of UK businesses, 14 to 27 June 2021<sup>38</sup>**



24. Social distancing also presents a challenge for the delivery of public services, and places financial pressures on service providers. For example, social distancing has led to a shift to remote hearings in courts, putting pressure on court resources.<sup>39</sup> The total backlog of cases in the Magistrates Court and Crown Court in England and Wales now exceeds 510,000, as of 23 May 2021. This is around 65,000 higher than pre-pandemic levels.<sup>40</sup> Pressures on public services are compounded by the burden on local authorities to enforce these same measures in both public and private sector settings.
25. Reimposing social distancing would carry significant costs, especially if measures were repeatedly lifted and reimposed, for example in response to seasonal fluctuations in transmission. Businesses have expressed a preference for irreversibility over speed which gives more certainty to plan and invest, and would rather see

<sup>35</sup> DCMS (June 2021) - [Events Research Programme Phase I Findings, via the business insights and impact on the UK economy](#)

<sup>36</sup> ONS (July 2021) - [Business insights and impact on the UK economy: wave 33](#)

<sup>37</sup> HMT (March 2021) - [Budget](#)

<sup>38</sup> ONS (July 2021) - [Business insights and impact on the UK economy: wave 33](#). NB Figures may not sum to 100%.

<sup>39</sup> COVID-19 and the Courts (March 2021) - [COVID-19 and the Courts](#)

<sup>40</sup> HMCTS (June 2021) - [Weekly Management Information during Coronavirus March 2020 to May 2021](#)

measures retained if they reduce risk of a future lockdown or reimposition of more stringent restrictions. For some sectors (for example large events), the need to have longer lead-in times to organise events exacerbates the costs of re-implementing measures. Local authorities have also made significant investment in social distancing measures which would be costly to reintroduce once removed.

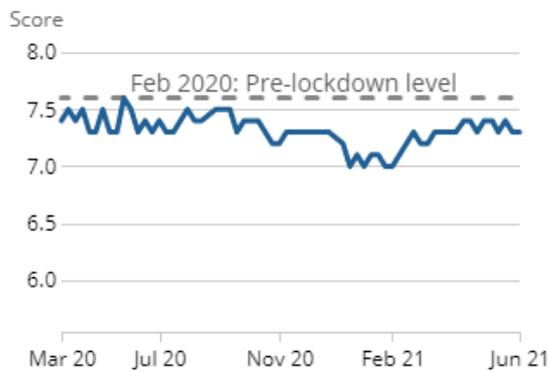
- 26. As well as economic impacts, social distancing restrictions have a number of adverse associations with mental health, wellbeing and social cohesion by making it harder to meet in person. Alongside other measures restricting interactions, the negative impacts of social distancing are more acutely felt by certain groups, such as younger adults, women, disabled adults and clinically extremely vulnerable adults.<sup>41</sup> These negative impacts may have been reduced with the Roadmap easements allowing for more societal participation. However, in Great Britain all ONS wellbeing scores remain worse than their pre-pandemic levels, although this gap has narrowed throughout 2021 (Figure 6). It should be noted that it is difficult to attribute causality and isolate any direct impact of only social distancing on these scores.

**Figure 6: Personal health and wellbeing scores throughout the pandemic (adults in Great Britain, March 2020 to June 2021 - social distancing is not solely responsible for these scores and cannot be isolated from other factors)<sup>42</sup>**

Overall, how **satisfied** are you with your life nowadays?



Overall, to what extent do you feel that the things you do in your life are **worthwhile**?



Overall, how **happy** did you feel yesterday?



Overall, how **anxious** did you feel yesterday?



<sup>41</sup> ONS (May 2021) - [Coronavirus and depression in adults, Great Britain: January to March 2021](#)

<sup>42</sup> ONS (July 2021) - [Coronavirus \(COVID-19\) latest insights: wellbeing](#)

## d. The impact of the vaccination programme

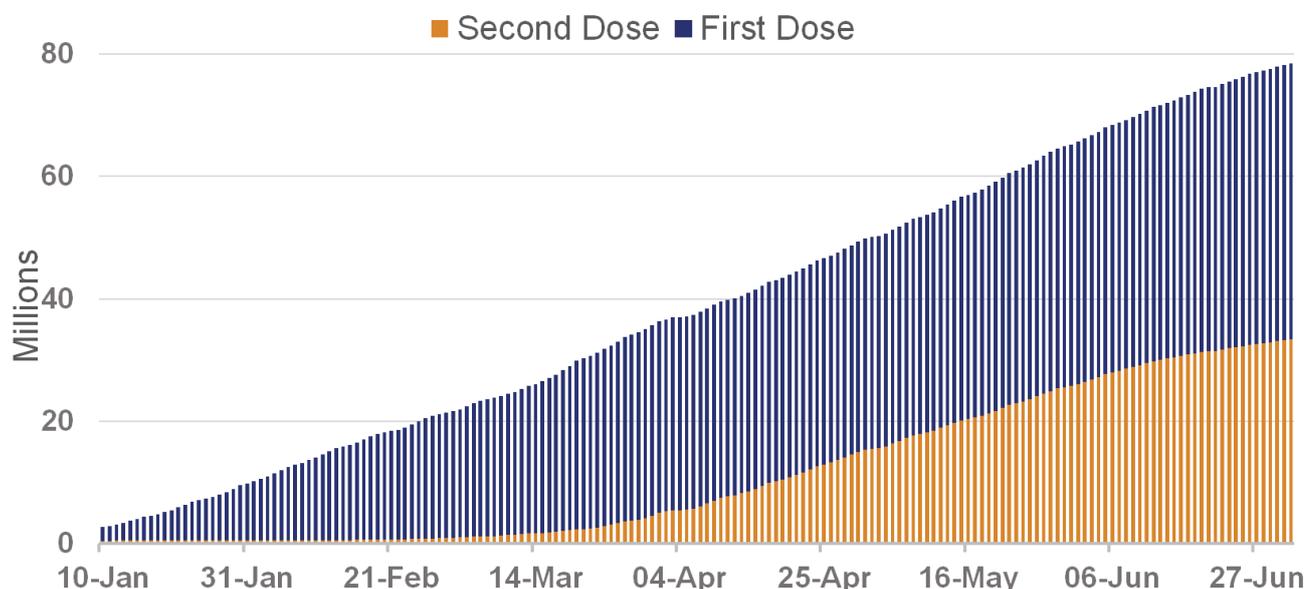
27. This section considers how the vaccination programme has changed the requirement for social distancing.
28. Vaccines provide increased protection at individual and population level by reducing the risk of transmission, hospitalisations and deaths from the dominant virus strains currently circulating in the UK. Evidence from PHE shows that the vaccines currently deployed are effective against symptomatic infection from the Alpha and Delta variants.<sup>43</sup> Vaccine effectiveness is higher for more severe outcomes such as hospitalisations, but data are still emerging as to the extent of the effectiveness.
- a. Public Health England (PHE) analysis suggests one dose of either the Oxford/AstraZeneca or Pfizer/BioNTech vaccine reduces the risk of symptomatic disease with the Delta variant by ~35%, and hospitalisations by ~80%. A second dose boosts protection to ~79% against symptomatic disease and ~96% against hospitalisation.<sup>44</sup>
  - b. PHE has also found that one dose of the Pfizer or AstraZeneca vaccines reduce transmission from vaccinated but infected people, to household members who develop symptoms. PHE found a reduction of 35-50% after one dose of AstraZeneca or 45-50% after one dose of Pfizer in secondary cases in households where index cases had received a vaccine, compared with index cases who had not been vaccinated.<sup>45</sup> These results are for the Alpha variant and a single dose; PHE will continue to update their findings.
29. Vaccine deployment has continued successfully and coverage has been very high.
- a. In England as of 2 July, 37,859,897 adults have received a first dose, and 28,072,972 adults have received a second dose. Vaccinations are now available to all adults. On this date, first and second dose coverage was 85.5% and 63.4% respectively.
  - b. Pausing for an additional 4 weeks on 14 June has so far (up to 2 July) allowed the NHS to vaccinate 2,775,826 more people with a first dose, and provide another 2,441,844 second doses. This will continue to rise as we move towards step 4.

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<sup>43</sup> Public Health England (June 2021) - [COVID-19 vaccine surveillance report](#)

<sup>44</sup> Public Health England (July 2021) - [COVID-19 vaccine surveillance report](#)

<sup>45</sup> Public Health England (July 2021) - [COVID-19 vaccine surveillance report](#)

**Figure 7: Cumulative number of doses administered in UK, up to 2 July<sup>46</sup>**

30. Hospitals are also now better able to treat serious infections, partly thanks to therapeutics. Clinical trials investigating repurposed therapeutics found that dexamethasone reduced deaths by 35% in patients on ventilators and 20% for those on oxygen.<sup>47</sup> Tocilizumab and Sarilumab have also been found to reduce deaths by a further 4-8.5% and speed up recovery.<sup>48,49</sup> These therapeutics are currently in use across hospitals in the UK. The RECOVERY trial<sup>50</sup> has also recently demonstrated that REGN-COV2 (a treatment that combines two monoclonal antibodies), reduces the risk of death for hospitalised COVID-19 patients who have not mounted their own immune response. To complement the Therapeutics Taskforce, the Antivirals Taskforce has been established to deliver and secure access for UK primary care patients to at least two safe and effective oral antiviral treatments by Autumn 2021.
31. Even once all adults have been offered a first and second dose, there will remain a residual risk as no vaccine provides 100% protection, immunocompromised individuals may have more limited protection and not everybody will be able or willing to take the vaccine. This means there will still be a significant proportion of the population still at risk from infection and severe disease. The prevalence of predisposing health conditions<sup>51</sup> and vaccine hesitancy<sup>52</sup> are higher amongst deprived communities and certain ethnic minority groups (with crossover between the two), so the removal of social distancing could lead to disproportionate impacts. Although there is good evidence that two doses of any COVID-19 vaccine currently used in the UK will provide good protection against severe disease for at least six months, it is not

<sup>46</sup> PHE Public COVID Dashboard (June 2021) - [coronavirus.data.gov.uk](https://coronavirus.data.gov.uk)

<sup>47</sup> European Medicines Agency (September 2020) - [Dexamethasone in hospitalised patients with COVID-19](#)

<sup>48</sup> RECOVERY (February 2021) - ["Tocilizumab reduces deaths in patients hospitalised with COVID-19 — RECOVERY Trial"](#)

<sup>49</sup> REMAP-CAP (January 2021) - [COVID-19 Arthritis drugs improve survival in intensive care patients, shows study](#)

<sup>50</sup> RECOVERY (June 2021) - [RECOVERY trial](#)

<sup>51</sup> SAGE Ethnicity sub-group (2020) - [Interpreting differential health outcomes among minority ethnic groups in Wave 1 and 2](#)

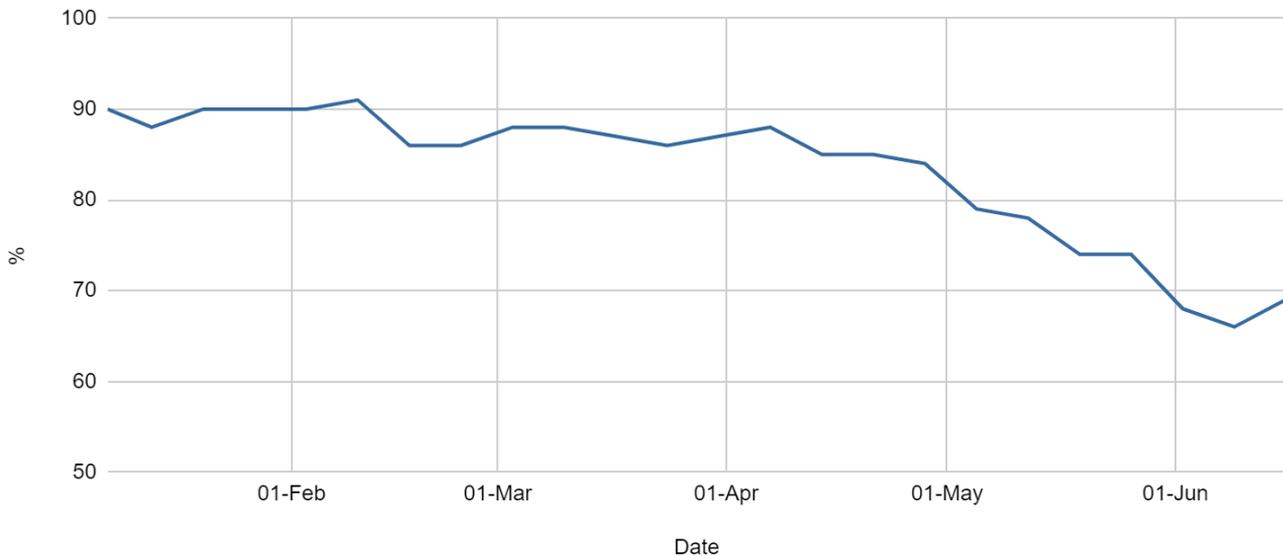
<sup>52</sup> ONS (July 2021) - [Coronavirus and vaccine hesitancy, Great Britain](#)

currently known for how long people who receive a COVID-19 vaccine will be protected because, as is the case with many vaccines, the protection they confer may weaken over time. It is for this reason that the Government is planning for a booster campaign, to offer COVID-19 booster vaccines to those who are most vulnerable to serious COVID-19 outcomes ahead of the winter months, starting from September 2021.

### e. Behavioural considerations of social distancing

- 32. Decisions to lift social distancing need to take account of expected behaviours of individuals and businesses in managing ongoing transmission risks.
- 33. Social distancing has been a key behaviour that the public has bought into and practised throughout the pandemic. However, as other restrictions have been eased and social distancing guidance has been relaxed for family and friends, fewer people are maintaining social distancing with others outside their household.<sup>53</sup> This change is particularly pronounced between friends and family as compared to strangers, but both metrics are decreasing over time.

**Figure 8: Percentage of adults self-reporting always/often maintaining social distancing when meeting people outside their household, support or childcare bubble<sup>54</sup>**



- 34. Higher levels of compliance have been seen when there are stricter and consistent restrictions and guidance in place. Regular polling<sup>55</sup> shows that compliance declines with economic easing as the public interpret this as a signal that it is safe to re-engage with wider “normal” activities and resume socialising (even if restrictions are still in place). Frequently changing rules or applying them in an inconsistent way (for example, requiring social distancing in some settings but not others) is likely to lead to disengagement and lower levels of compliance.
- 35. Visible and structural changes help to encourage long-term behaviour change by giving the public the opportunity to perform desired behaviours. If social distancing becomes voluntary it is likely to become more challenging (physically and economically) to implement in certain settings (for example in public transport).

<sup>53</sup> ONS (June 2021) - [Opinions and Lifestyle Survey](#)

<sup>54</sup> ONS (June 2021) - [Opinions and Lifestyle Survey](#)

<sup>55</sup> ONS (June 2021) - [Opinions and Lifestyle Survey](#)

Without businesses providing the environment for people to socially distance, they will have fewer reminders or incentives to do so.<sup>56</sup>

36. Research shows that people have a high level of willingness to take safety precautions, and a higher willingness to engage in activities when they have taken those precautions.<sup>57,58</sup> Although the public has some understanding of the best way to mitigate risk (such as trusting vaccines to reduce risk, wearing a face covering indoors/ in crowded areas), other mitigations were underrated (such as shortening the duration of a meeting, reducing contacts, and meeting outdoors). This finding is further supported by experiments indicating that, although relative risk is broadly understood, understanding of absolute risk is weaker.<sup>59,60</sup> Understanding (along with motivation and opportunity) is critical to embedding behaviour change.<sup>61</sup>

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<sup>56</sup> SPI-B (April 2021) - Sustaining behaviours to reduce SARS-CoV-2 transmission – To be published on the [SAGE website](#)

<sup>57</sup> BIT Blog (May 2021) - [Risky business – COVID-19 risk perception going into summer 2021](#)

<sup>58</sup> SPI-B (April 2021) - Sustaining behaviours to reduce SARS-CoV-2 transmission – To be published on the [SAGE website](#)

<sup>59</sup> BIT Blog (November 2020) - [People have a good sense of which settings are riskier than others in terms of coronavirus transmission – but underestimate the benefits of ventilation](#)

<sup>60</sup> BIT Blog (May 2021) - Risky business – [COVID-19 risk perception going into summer 2021](#)

<sup>61</sup> SPI-B (April 2021) - Sustaining behaviours to reduce SARS-CoV-2 transmission – To be published on the [SAGE website](#)

## WORKING FROM HOME

37. Since March 2020, the Government has published guidance on working from home (WFH) to mirror the wider public health instructions on social contact, activity and travel and, when appropriate, included the requirement to work from home in legislation. Businesses' and individuals' experience of WFH has differed across sectors, regions, demographics and different business models.
38. Guidance on WFH has been a necessary and effective lever to reduce transmission and social contact. Introducing WFH guidance reduced the transmission risk inside and outside the workplace, including from people taking public transport<sup>62</sup> (which posed increased risk of transmission due to close proximity and duration of exposure to potential infected individuals in a crowded space and poor ventilation), reducing the number of face to face meetings and social activities,<sup>63</sup> thereby reducing further community/household transmission.<sup>64</sup> The number of people exclusively working from home has gradually decreased through steps 1 to 3 of the Roadmap.<sup>65</sup> For working aged adults (18-59), contacts in the work setting have driven most of the rise in overall mean levels of contact since April.<sup>66</sup>
39. A REACT survey from Imperial College London<sup>67</sup> showed that WFH reduced the chance of catching COVID-19. Those who were working from home were less likely to test positive for COVID-19 than those who left their homes to work in February. Analyses of risk by occupation consistently show a lower risk for those occupations with higher levels of working from home.<sup>68</sup>
40. The Comix survey<sup>69</sup> shows that the mean number of social contacts per person per day has fluctuated during the course of the pandemic but remained substantially below pre-pandemic levels estimated by POLYMOD and the BBC pandemic project<sup>70</sup> (between 5-6 daily contacts in June 2021, compared with 11 pre-pandemic). One explanation for this is that a large proportion of this reduction in contacts is the result of people working from home. The CoCoNet survey<sup>71</sup> run in early August 2020 found that, after adjusting for other factors (such as demographics and region), those participants who were going to work, self-employed, or in healthcare professions had significantly more non-household contacts than those working from home.

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<sup>62</sup> SAGE EMG (May 2020) - [Transmission and Control of SARS-CoV-2 on Public Transport](#)

<sup>63</sup> SAGE EMG Transmission Group (February 2021) - [COVID-19 risk by occupation and workplace](#)

<sup>64</sup> SAGE Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (NPIs) - To be published 5 July

<sup>65</sup> ONS (June 2021) - [Opinions and Lifestyle Survey](#)

<sup>66</sup> CoMix (June 2021) - [Social contacts in the workplace in the UK from the CoMix social contact survey](#)

<sup>67</sup> REACT-1 (March 2021) - [REACT-1 round 9 final report: Continued but slowing decline of prevalence of SARS-CoV-2 during national lockdown in England in February 2021. Data collected 4-12 February 2021](#)

<sup>68</sup> ONS (February 2021) - [COVID-19 Infection Survey](#)

<sup>69</sup> [CoMix Study](#) (October 2020)

<sup>70</sup> SPI-M (April 2021) - [Consensus Statement on COVID-19 - References POLYMOD and BBC pandemic project](#)

<sup>71</sup> Lancaster University - [CoCoNet Study](#)

41. The overall socio-economic effects of the Government's WFH guidance are complex and unevenly distributed. For example, WFH has reduced the frequency of commuting for many workers resulting in reduced consumption in direct office-related spending, indirect social consumption (such as in retail and hospitality) and transport use in city centres. However, some of this reduced consumption is displaced to surrounding areas where homeworkers live and therefore partly replaced by increased consumption of other goods and services closer to home.<sup>72</sup> As of 19-25 June 2021, workplace mobility in London and Manchester remained 38% and 32% below median January-February 2020 levels respectively.<sup>73</sup>
42. The overall impact of WFH guidance on productivity is uncertain and complex and likely varies by sector and for businesses and workers. While there are positive impacts for some individuals, in terms of spending less time and money commuting, others will suffer owing to inadequate working conditions at home, living alone and poorer mental health from missing interactions with colleagues. Some businesses have reported that productivity has either remained the same or increased, owing to benefits such as a happier workforce and reduced overheads (for example, in spend on office space). However, other businesses report that prescriptive WFH guidance poses challenges, such as hampering the exchange of ideas, stifling creativity and hindering collaboration. WFH could make it harder for some businesses to carry out client engagement, and train and onboard new and existing staff. These businesses argue that over time a reduction in these activities will likely pose challenges to the productivity of their workforces.
43. As restrictions are eased, active guidance on WFH risks becoming inconsistent with the advice elsewhere. The percentage of workers reporting working exclusively from home has already gradually decreased over the course of the Roadmap reopenings, from 37% as of 10-14 February 2021 to 23% by 23-27 June.<sup>74</sup> Although falling levels of WFH have already been seen, it is still expected that some businesses and individuals will retain higher levels of WFH in the future compared to pre-pandemic levels. When workers were asked how often they would like to have paid workdays at home in 2022, 49% of respondents reported wanting to WFH 2-4 days a week, 19% 5+ days and 21% rarely or never.<sup>75</sup>

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<sup>72</sup> Fraja et al (January 2021) - [Zoomshock: The geography and local labour market consequences of working from home](#)

<sup>73</sup> [Google Mobility](#)

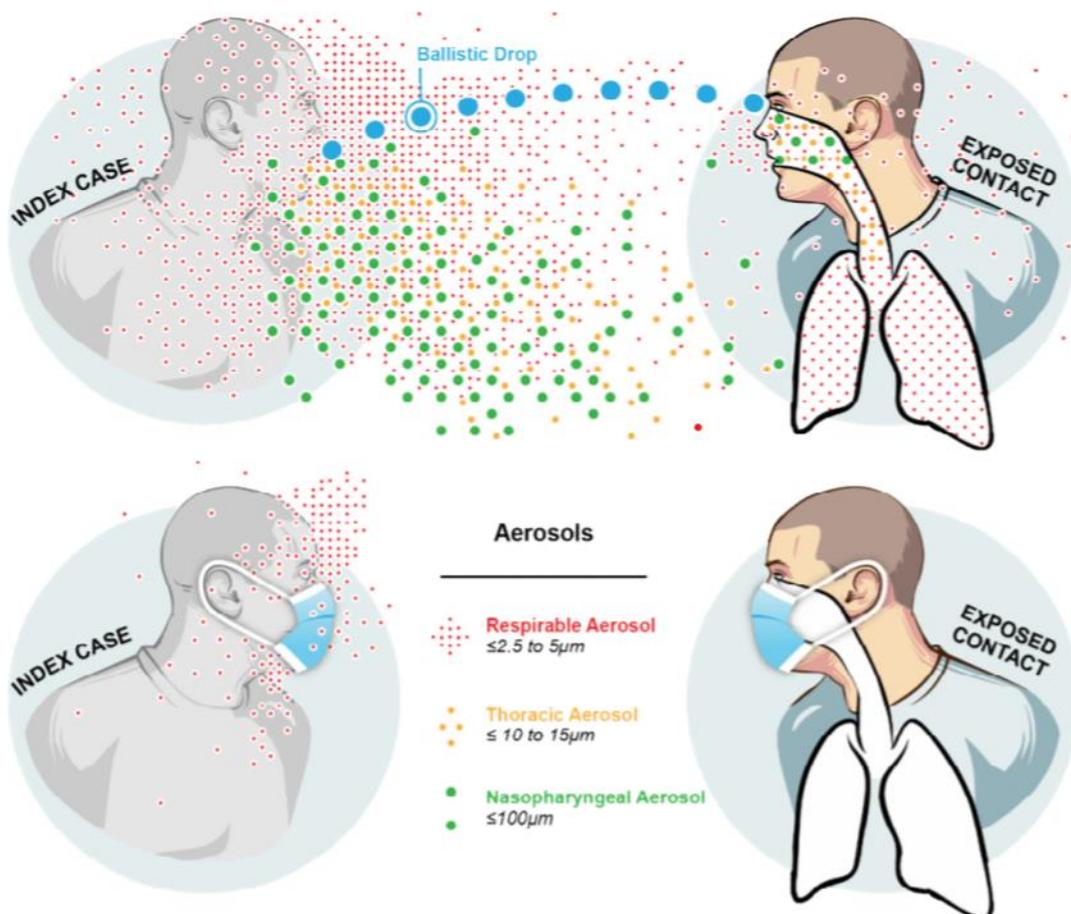
<sup>74</sup> ONS (July 2021) - [Opinions and Lifestyle Survey](#)

<sup>75</sup> CEPR (March 21) - [Working from home is revolutionising the UK labour market](#)

# FACE COVERINGS

44. SAGE,<sup>76</sup> WHO<sup>77</sup> and PHE advise that face coverings are an effective mitigation measure as part of a package of infection control measures. Face coverings are part of the hierarchy of controls and a 'source control' (protecting those around the wearer), effectively reducing the emission of respiratory particles from an individual. They may also provide a small amount of protection to an uninfected wearer. To date, the effectiveness of face coverings has been assessed alongside social distancing. Although there is no conclusive evidence about their standalone effectiveness from other measures or in specific settings, SAGE evidence states that face coverings (if worn correctly and of suitable quality) are likely to be most effective (at least in the short to medium term)<sup>78</sup> in reducing transmission indoors where social distancing is not feasible.

**Figure 9: Representative behaviour of different sizes of respiratory particles and the influence of face coverings<sup>79</sup>**



<sup>76</sup> SAGE (April 2021) - Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (NPIs) – To be published on the [SAGE website](#)

<sup>77</sup> World Health Organisation (December 2020) - [Mask use in the context of COVID-19](#)

<sup>78</sup> SAGE EMG paper (January 2021) - [EMG paper on material face coverings](#)

<sup>79</sup> SAGE-EMG (January 2020); reproduced with permission from Milton 2020 - [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 virus in public, workplace and community settings](#)

45. However, not everyone is able to wear face coverings. This is reflected in the legal exemptions to the requirement to wear face coverings, including for those who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment of disability, and if speaking to or providing assistance to someone who relies on lip reading or facial expressions to communicate.
46. Face coverings have low economic cost, high compliance and high visibility and therefore act as behavioural cues for others,<sup>80,81</sup> acting as a public reminder of the continued need for vigilance. ONS reports 97% (self-reported, 23-27 June 21) compliance<sup>82</sup> and experiments by the Behavioural Insights Team have demonstrated that people believe face coverings to have one of the highest protective effects, although it is likely that measures such as ventilation and meeting outdoors are more effective in reducing the risk of transmission.<sup>83</sup> Use has been consistently very high since they were mandated in law in June 2020, regardless of the level of social distancing in place, suggesting there is no correlation between these measures. A Dutch study also found no observational evidence of an association between wearing face coverings and social distancing.<sup>84</sup>
47. Over the course of the pandemic, face coverings have been adopted by many international comparators. This ranges from specified indoor settings only, to everywhere, although some countries (such as those where face coverings are widely used following past viruses) rely on guidance instead of regulations. At the end of April, a review of 14 (predominantly European) countries found that none had indicated when they planned to lift face covering requirements. Since then, over half have announced a degree of easing, including easing requirements to wear face coverings outside in Italy, and in some states in Germany. Additionally, some countries have now set targets for lifting all measures this year. For example, on 10 June 2021, Denmark announced plans to lift remaining restrictions by September.<sup>85</sup> The dynamic situation has occasionally resulted in rules being strengthened, for example in Israel where indoor face covering requirements were reinstated on 25 June due to rising cases.<sup>86</sup>

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<sup>80</sup> Proceedings of the National Academy of Sciences of the United States of America (August 2020) - [Social and behavioural consequences of mask policies during the COVID-19 pandemic](#)

<sup>81</sup> SPI-B (April 2021) - Sustaining behaviours to reduce SARS-CoV-2 transmission – To be published on the [SAGE website](#)

<sup>82</sup> ONS (May 2021) - [Opinion and Lifestyle Survey](#)

<sup>83</sup> BIT Blog (November 2020) - [People have a good sense of which settings are riskier than others in terms of coronavirus transmission – but underestimate the benefits of ventilation](#)

<sup>84</sup> Lasse Liebst et al. (February 2021) - [Mask-wearing and social distancing: Evidence from a video-observational and natural-experimental study of public space behaviour during the COVID-19 pandemic](#)

<sup>85</sup> Denmark Government (June 2021) - [Agreement on further phasing out of restrictions](#)

<sup>86</sup> Israel, Ministry of Health (June 2021) - [Obligation to wear a mask in any place other than an open space](#)

## EQUALITIES CONSIDERATIONS

48. The pandemic has had a disproportionate impact on a number of groups, with higher rates of serious infection and mortality among some ethnic minorities, older people, those with certain pre-existing health conditions, some disabled groups, and those living in deprived areas. In particular, ethnic minority and deprived communities have the lowest levels of vaccine uptake.<sup>87</sup> This could compound existing inequalities as measures are relaxed.
49. Lifting of measures that limit transmission, such as social distancing, working from home guidance, and face coverings, may lead to an increase in transmission, which in turn could disproportionately impact these same groups further.
- a. Lower paid jobs are more likely to involve working in close proximity to others, meaning the removal of social distancing may increase the risk for people in those roles.
  - b. 26% of clinically extremely vulnerable (CEV) people in England are in work (approximately 990,000 people), and 68% of these currently do so outside of their home for at least part of the week. Half (49%) of those who are currently furloughed or working from home expect to return to work in the next four months. Although most CEV people (77%) who work outside their home feel comfortable with this, this is lower among those expecting to return to work in coming months (49%).<sup>88</sup> It is possible that further lifting of measures may increase the risk for CEV people.
  - c. Certain groups are less likely to have been vaccinated, including deprived communities and some ethnic minority communities,<sup>89</sup> leaving these communities at a greater risk of adverse health outcomes.
50. Some of these disproportionately impacted groups will experience the economic and social benefits of lifting social distancing and other measures, alongside this increased transmission risk.
- a. Young people, those on lower pay, women, and minority ethnic groups are overrepresented in the sectors most severely disrupted by social distancing measures.<sup>90,91</sup> It could therefore be assumed that the economic benefits of lifting social distancing would be skewed to these groups, as the viability of these sectors is improved.

<sup>87</sup> OpenSAFELY (July 2021) - [NHS COVID-19 Vaccine Coverage](#)

<sup>88</sup> ONS (June 2021) - [Coronavirus and clinically extremely vulnerable people in England: 17 to 22 May 2021 and NHS - SPL Dashboard](#)

<sup>89</sup> OpenSafely (May 2021) - [NHS COVID-19 Vaccine Coverage](#)

<sup>90</sup> ONS (February 2021) - [Estimates of the number of people aged 16 years and over in employment by occupation, sex and ethnicity, England, January 2017 to December 2019](#)

<sup>91</sup> ONS (May 2019) - [Employment by detailed occupation and industry by sex and age for Great Britain, UK and constituent countries 2019](#)

- b. Younger people, some ethnic minority groups, and those who are lower paid, disproportionately live in lower quality housing that is more likely to have less space, damp, no garden, or be in a derelict neighbourhood,<sup>92</sup> which are more difficult environments to work from home. Younger workers are more likely to report negative impacts of working from home, including harm to their health and wellbeing.<sup>93</sup>
- c. Lifting social distancing will enable more effective provision of public services to all members of society, including those affected by backlogs in the courts, lack of face-to-face appointments in venues such as job centres, and learning losses in education settings.

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<sup>92</sup> Resolution Foundation (July 2020) - [Lockdown living](#)

<sup>93</sup> Ipsos Mori (March 2021) - [Young people and working from home \(WFH\) in the pandemic](#)











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