

Witness Name: Lara Wong on behalf of
Clinically Vulnerable Families
Statement No: 1
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**IN THE PUBLIC INQUIRY INTO THE
UK COVID-19 INQUIRY**

MODULE 10

**WITNESS STATEMENT OF
LARA WONG
ON BEHALF OF CLINICALLY VULNERABLE FAMILIES ('CVF')**

exclusion from everyday activities meant that risk management became a constant feature of daily life. Many experienced the erosion of protective measures as a signal that their safety was no longer a public priority, amplifying feelings of isolation and abandonment. Their challenges were often compounded by pre-existing health conditions which created new barriers to social connections, and disrupted access to sources of emotional support.

21. An important factor in this has been the way ongoing medical risks have been deprioritised or ignored in public policy and service planning. For Clinically Vulnerable people, the knowledge that exposure to airborne infections may cause severe illness or death is not hypothetical. The removal of mitigations in healthcare and public spaces has forced many to choose between protecting their physical health and participating in essential activities, including medical appointments, and attending education or workplaces. The persistent threat to physical safety has, in turn, been a significant driver of legitimate anxiety, social withdrawal, and loss of trust in systems.
22. CVF gathered insight from its members, through our recent 'Impact on Society' survey [LW10/014 - INQ000657072]. The survey ran in the summer of 2025 and received 125 responses from people in Clinically Vulnerable households across the UK, capturing experiences over multiple stages of the pandemic. It combined structured questions on specific impacts (e.g. healthcare access, mental health, community participation) with open-text accounts that provided rich qualitative detail. The responses illustrate both the scale and persistence of the mental health toll, showing how it evolved through different phases of the crisis.

Survey Findings

23. Responses showed that impacts were multi-layered, often combining social, emotional, and practical challenges. Participants described both the direct strain of living with increased health risks and the secondary effects of prolonged exclusion from safe public spaces, healthcare, and social contact. Key themes emerging from the data included:
 - i. Social isolation was reported as a major factor for most respondents, associated with shielding, ongoing risk from airborne infections, and the

withdrawal of mitigations (e.g. masking in public and healthcare settings) leaving many finding it harder to return to their former lives.

- ii. A large proportion described their concerns linked to increased infection risks, particularly in healthcare environments, workplaces, and high population density public spaces without ventilation or masking.
- iii. Many experienced depression and a sense of hopelessness when mitigations were lifted without protections for high-risk individuals.
- iv. Grief and trauma were compounded by circumstances such as being unable to visit dying relatives, restricted funerals, or lack of post-bereavement support due to shielding.
- v. Reports of loneliness were particularly acute in households not only where the CV/CEV individual lived alone, but also where they were the only vulnerable member, creating divisions within families about acceptable risk and behaviours.

Patterns over time

24. In the early shielding period (March–July 2020), respondents to CVF’s survey, cited extreme isolation, anxiety about the unknown risks of Covid-19, and distress over being unable to access routine medical care. The results of the survey also showed that, in mid-2020 and early 2021, anxiety remained high despite some easing of restrictions, due to continued vulnerability and concerns about inconsistent public compliance with safety measures. There was a slight decrease in anxiety following vaccinations between Nov - Dec 2020 and Jan - Mar 2021 (first vaccinations for CEV individuals), where the proportion reporting high anxiety decreased from 86.4% to 82.4% (-4%). A further decrease was observed between Jul - Oct 2021 (“Freedom Day” / shielding ending) and Nov 2021 - Jan 2022 (rise of Omicron / booster period), from 92.0% to 86.4% (-5.6%). Loneliness rose from 38.4% during the first lockdown to 54.4% by June 2022, following the introduction of the “Living with Covid” policy [LW10/014 - INQ000657072].