Covid-19 Social Harms

The four harms process

- **Harm 1** represents the direct impact of COVID and scores are based on a consideration of transmission risk and the impact on R. The factors taken into account is arriving at the ratings include the setting, indoors or outdoors, the number of people potentially affected, the duration of the activity and the proximity of the people involved, the likelihood of droplet/aerosol production and spread and of touching surfaces and finally the possibility and ease of mitigations available. All of these factors are underpinned by the developing scientific evidence base, international experience and experience in Scotland. The highest risk activities are those that take place indoors in crowded, noisy environments with poor ventilation, many surfaces, physical space that makes distancing difficult (for example shared bathrooms, canteens, few entrances and exits) and social environments that tend to discourage distancing. The latter is very relevant for household meetings in private homes where maintaining distancing among family and friends is very difficult.

- **Harm 2** focuses on the indirect impact of COVID on both the health and social care service and wider impacts on public health. Key considerations influencing scoring for Harm 2 include anticipated impact on levels of excess non-Covid deaths and the effects of health and social service changes. The wider public health aspects considered were around physical and mental health and wellbeing. Particular attention is paid to services for the most vulnerable in the community who are often the section of the population most likely to suffer most from COVID infection. The physical and mental health consequences of restrictions that limit the possibility of social interaction and exercise are also seen as extremely important.

- **Harm 3** overlaps to some extent with the wider physical and mental health impacts of Harm 2 so as part of the assessment process care is taken not to double count impacts. Key considerations around Harm 3 are safety and security, learning and development, social capital and community cohesion, loneliness and anxiety, economic security and trust in Government and the social contract. These wide ranging considerations are analysed through a variety of data from health, justice, education and direct public polling. Particular attention is paid to the needs of children and young people whose wellbeing and development are particularly impacted. The impacts of restrictions on those living alone are also a key concern in terms of social isolation. Equalities featured strongly in assessing social harms as we know that diversity groups such as women, disabled people, the BAME community and those from lower socio-economic backgrounds have experienced particular disadvantage.

- The dimensions of economic harm, **Harm 4** include the direct impact on the economy and are inter-related to health and social harms through the indirect effects that a weaker economy can have on health and society through, for example, the impact of unemployment. The scarring in terms of social and health effects will come via the longer recovery period as we deal with the impacts of higher unemployment and financial insecurity and hardship for many businesses, individuals and households. The damaging effect on poverty and inequality may be profound.

Background on social harms

- Social harms may be more hidden, less tangible, and less quantifiable than other harms

- A longer term horizon is important, recognising future impacts (e.g. consequences of loneliness, poverty, domestic abuse, Adverse Childhood experiences)

- As with the other harms, there is likely to be differential impacts, for example, social harms are likely to be greater for younger people, as well as those living in poorer quality housing, with fewer resources and insecure incomes

Six dimensions of social harms

Table 1: Dimensions of societal harm

Dimension	Key features
1. Safety and security	Protection of vulnerable children and adults Crime rates, including cyber, and perceptions of crime Domestic abuse Criminal justice
2. Skills, learning and development	Early childhood development Student learning and attainment Career progression Participation in education, employment or training
3. Social capital and community cohesion	Ability to turn to someone for help Volunteering and helping behaviours Ability to influence decisions Digital exclusion
4. Loneliness, anxiety and fear of social interaction	Levels of loneliness and anxiety Effects of covid-19 on aspects of life Intentions post-lockdown
5. Economic security and welfare	Benefits claimant rates Fears about household finances; levels of debt Sense of purpose and self-respect
6. Social contract, trust in Government	Trust in advice and experts Compliance with suppression measures Uptake and satisfaction with services Views that Government is doing a good job

https://www.gov.scot/publications/covid-19-framework-decision-making-supporting-evidence/pages/5/
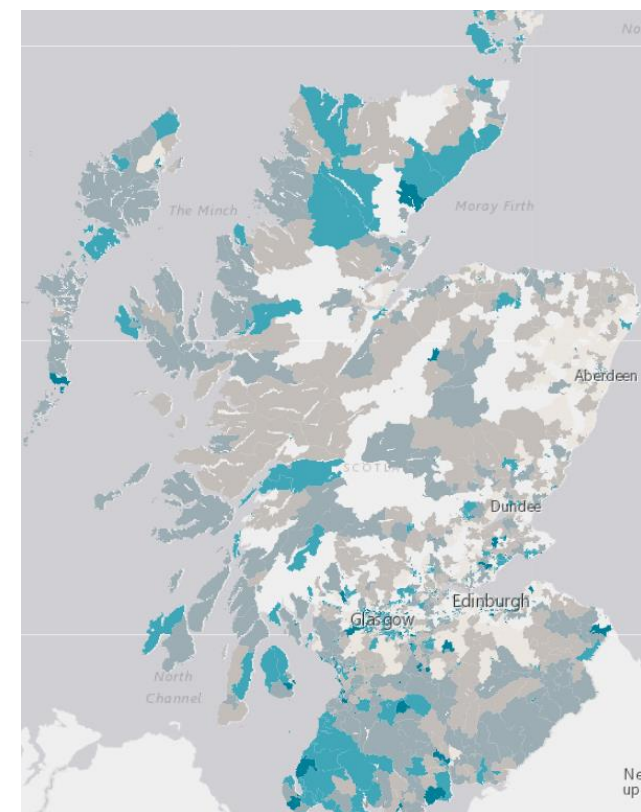
COVID-19 Community Vulnerability Index

1,042,453 people living in 20% most vulnerable areas

Least vulnerable   Most vulnerable

Social Impacts both now and in the future

Immediate

- **UK household incomes are, on average, 5% lower this year than last.**
- **One in five (100,000) households with dependent children are 'in serious financial difficulty'.**
- **Lower-income households are twice as likely as richer ones to have increased debts** and more likely to have reduced their saving.
- **Lockdown has disrupted education for children and young people of all ages.**
- **Reduced contact with professionals means that child neglect or abuse is less likely to be spotted.**
- **Self-isolation and the economic crisis has increased domestic stress.** Domestic abuse and sexual exploitation has escalated.
- **Loneliness has significantly increased.** Older people, disabled people and people with long-term conditions are more likely to be feeling isolated during the crisis.
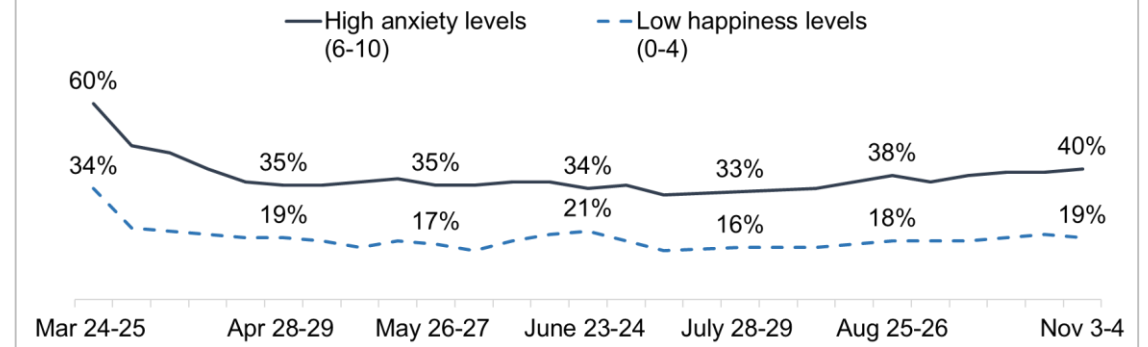
Longer-term

- **Some families are likely to be pushed into poverty** through job loss or underemployment. A no-trade-deal Brexit could push up prices, exacerbating poverty impacts.
- **An escalation in household debt and insecurity will drive future vulnerabilities and risk of poverty.**
- **When mortgage holidays and the evictions ban end, many will be unable to pay back arrears.**
- **The attainment gap is expected to increase** due to unequal access to education during lockdown.
- **Many third sector organisations will not survive**, with communities losing vital support that could help ameliorate impacts.
- **Domestic abuse and sexual exploitation will leave lasting impacts** for women and children affected.
- **A shift to online provision of public services could open up access** for some people, but those digitally excluded could lose out.
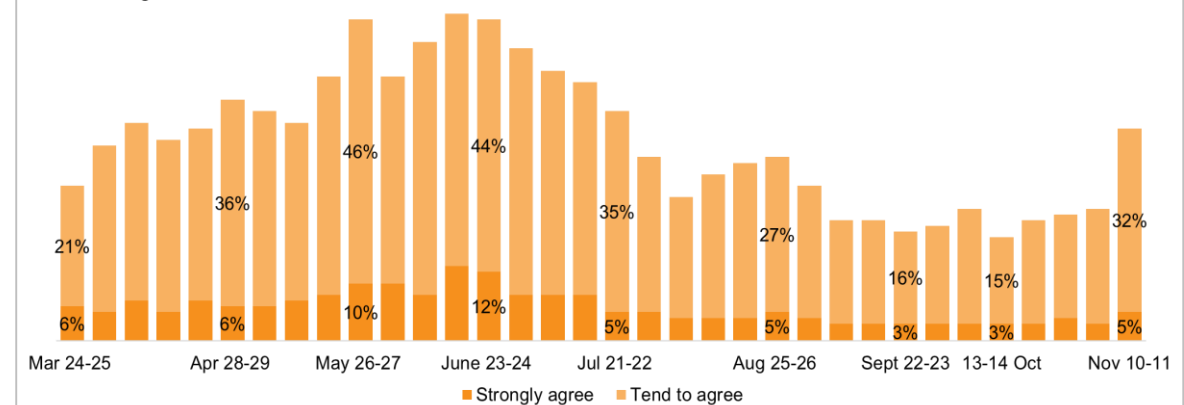- **Potential increase in hate crime and social unrest** in fall-out from COVID and Brexit.

Loneliness, anxiety and fear of isolation

- Four in ten (40%) report high anxiety, and 19% report low happiness, which has remained fairly stable since April
- Optimism has increased this week with 37% agreeing things will start to get better soon (up from 22% last week) (10-11 Nov)
- Worry about the Coronavirus situation remains high, but has fallen this week (from 70% to 63%) (10-11 Nov)
- Almost half (49%) report having experienced loneliness in the last week
- When presented with various options, increasing hospitalisations and deaths from Coronavirus, delay/backlog to NHS treatment/operations of non-COVID related issues, and the impact on jobs, businesses and the economy are issues that people rank as their highest concerns
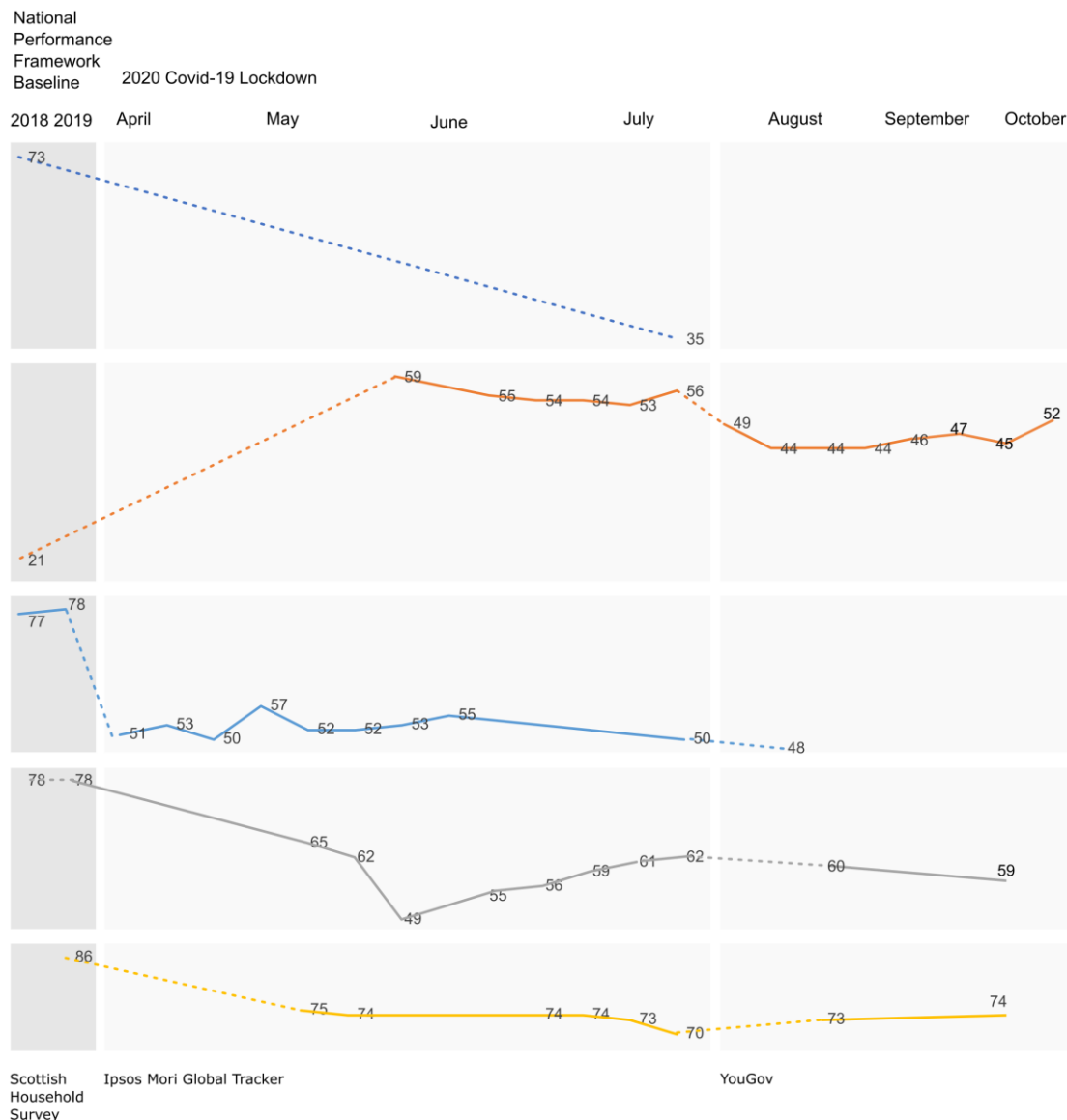
On a scale of 0-10 where 0 is 'not at all' and 10 is 'completely', overall, how happy/anxious did you feel yesterday?

High anxiety levels (6-10) — Low happiness levels (0-4)

High anxiety: 60%, 34%, 35%, 35%, 34%, 33%, 38%, 40%
Low happiness: 34%, 19%, 17%, 21%, 16%, 18%, 19%

Mar 24-25, Apr 28-29, May 26-27, June 23-24, July 28-29, Aug 25-26, Nov 3-4

To what extent do you agree or disagree with the following statement 'I'm sure things will start to get better soon'

Tend to agree: 21%, 36%, 46%, 44%, 35%, 27%, 16%, 15%, 32%
Strongly agree: 6%, 6%, 10%, 12%, 5%, 5%, 3%, 3%, 5%

Mar 24-25, Apr 28-29, May 26-27, June 23-24, Jul 21-22, Aug 25-26, Sept 22-23, 13-14 Oct, Nov 10-11

■ Strongly agree   ■ Tend to agree

Source: YouGov (3-4 Nov) unless otherwise noted

Social capital and community cohesion

SOCIAL CONTACT
% who met socially at least once in the last week:
"In the last month, how often have you met socially in person with friends, relatives, neighbours or work colleagues?"

LONELINESS
% who felt lonely all/almost all/most/some of the time:
"How much of the time during the last week have you felt lonely?"

HELP AND ADVICE
% 'Strongly'/'tend to' agree:
"I feel I could turn to someone in this local area for practical help and advice if needed."

NEIGHBOURHOOD BELONGING
% Very/fairly strongly:
"How strongly do you feel you belong to your immediate neighbourhood?"

NEIGHBOURHOOD SAFETY
% who feel very/fairly safe:
"How safe do you feel walking alone in your neighbourhood after dark?"

National Performance Framework Baseline

2018 2019

2020 Covid-19 Lockdown

April   May   June   July   August   September   October

Data source:

Scottish Household Survey   Ipsos Mori Global Tracker   YouGov

Notes:
1. Baseline meeasures of social capital from 2019 and 2019 are from the Scottish Household Survey. See: https://www.gov.scot/publications/scottish-household-survey-2019-annual-report/
2. Measures of social capital were included in research during the Covid-19 pandemic, via surveys conducted Ipsos Mori Scotland (between April and July) and YouGov (between July and September).
See: https://www.gov.scot/publications/public-attitudes-coronavirus-june-early-july-summary/
3. Not every question was asked in each survey and methodologies and sample design varied across surveys.

49% report that they experienced loneliness in the past week, which is higher than the pre-COVID benchmark (21%)*

Loneliness is particularly high amongst those aged 18-34 (65%) compared to those aged 45+ (42%) (YouGov, 3-4 Nov)

*The latest NPF indicator (SHS 2018)

Social contract, trust in government

- The majority feel clear about what is required of people (68%), although this is down from 81% in mid-August
- Under a quarter (23%) admit to doing something outside the restrictions/guidance in the past week and 19% have met up with other people in a way that it outside of the guidance
- Trust in the Scottish Government's approach to handling Coronavirus is largely positive, although some measures have decreased in recent weeks:
  - 59% trust the Scottish Government to decide when and how it's best to lift restrictions (down from 70% mid-September)
  - 71% trust the Scottish Government a great deal/quite a lot to work in Scotland's best interests (down from 78% at the end of July) (3-4 Nov)

— Agreement with the statement 'I feel clear about what is required of people who live in Scotland as the restrictions change'
— Agreement with the statement 'I'm finding it hard to always stick to the government guidelines'

To what extent do you trust the Scottish Government to work in Scotland's best interests?
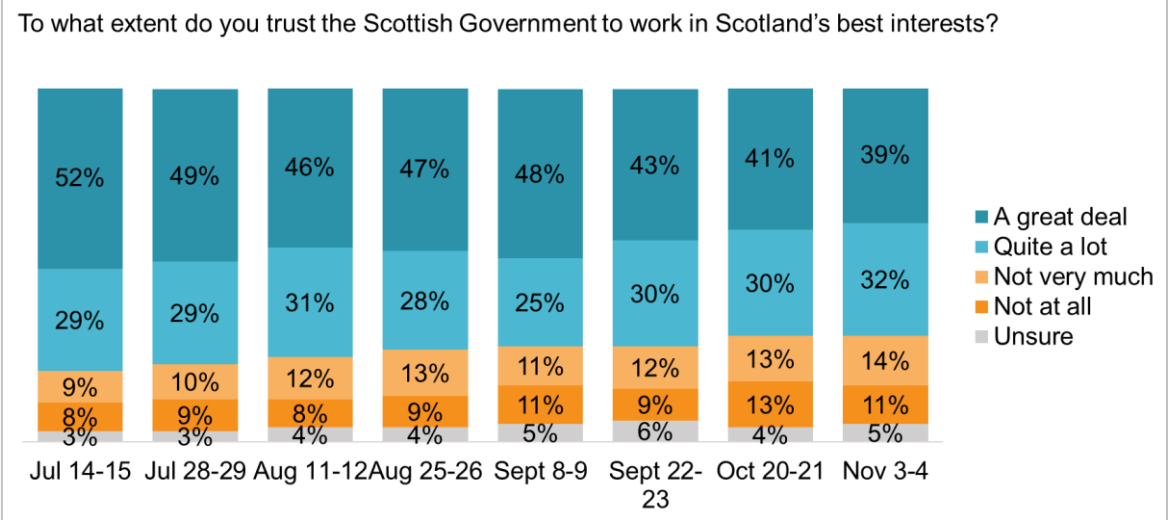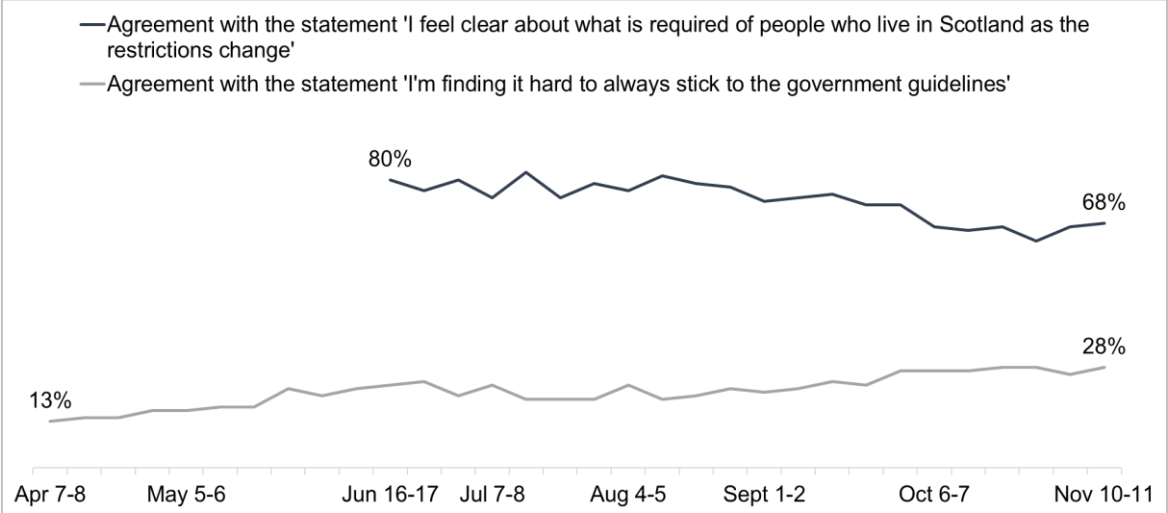
Demographics of local areas (1)

For local authorities, varying demographics may affect how LAs need to respond

- **Age profile:** Given the importance of age in terms of vulnerability to the virus, areas with an older population may wish to assess risk differently to those with a younger population and to take different actions to protect the population

Figures are rounded so may not add up to 100%.
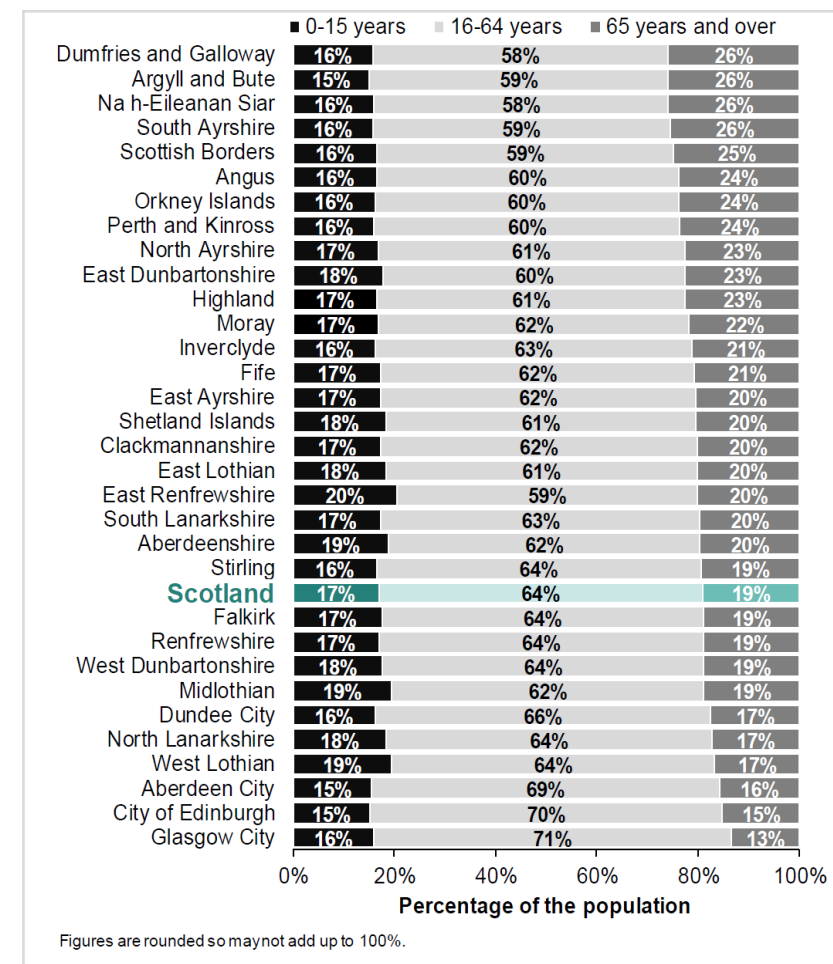
Demographics of local areas (2)

For local authorities, varying demographics may affect how LAs need to respond

- **Household size:** It is important to understand something about household types in each Local Authority. Restrictions on meeting up can have a particular impact on larger families, more common in ethnic minority families and on lone person households

Ethnicity	Average number of children	Average household size
White	0.4	2.1
Any Mixed or Multiple Ethnic Groups	0.2	1.8
Asian, Asian Scottish or Asian British	0.9	2.9
African	0.7	2.2
Caribbean or Black	0.3	1.9
Other Ethnic Group	0.7	2.6
All	0.4	2.1

Demographics of local areas (3)

For local authorities, varying demographics may affect how LAs need to respond

- **Single adult households:** As adults living alone are particularly impacted by restrictions on socialising and may also be in more need of support or assistance if self-isolating, the size of this particular group should be considered

Households with one adult
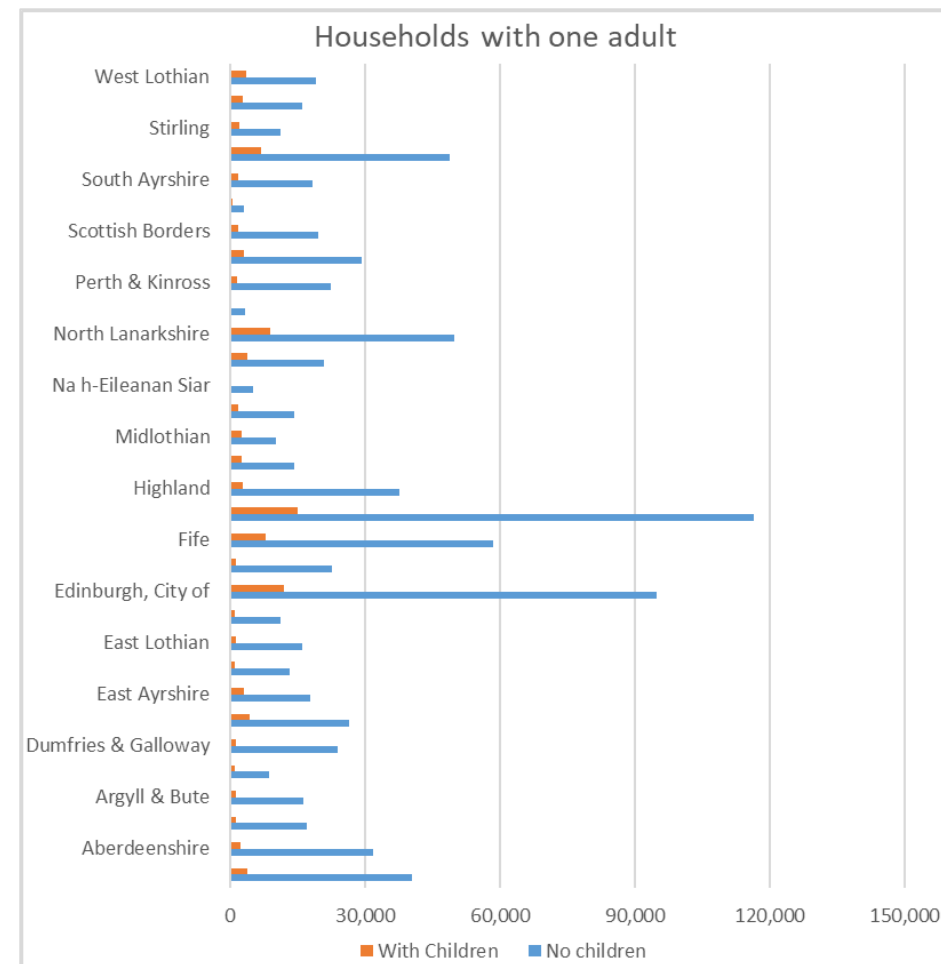
Community Vulnerability

Local Authority overall vulnerabilities based on all clinical, social and demographic indicators.
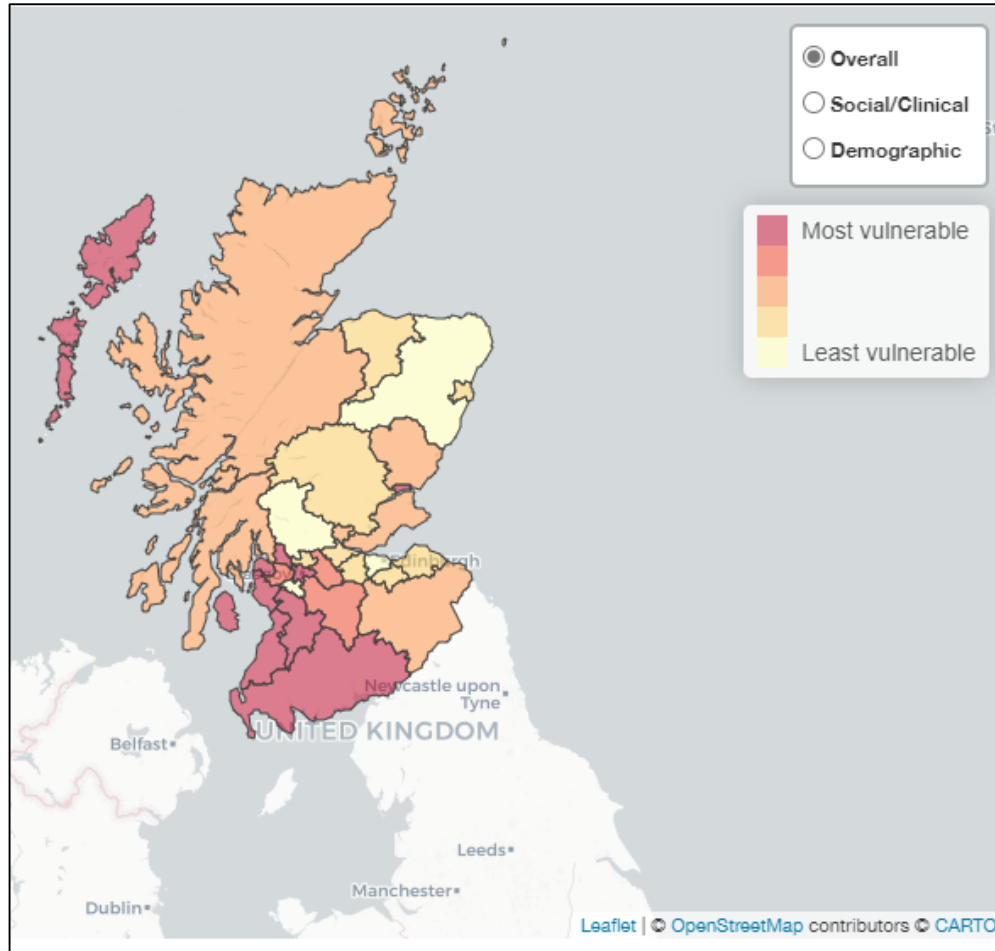
Local Authority demographic vulnerabilities – based on mid-year population estimates of % aged 65+ years; aged 75+ years; and aged 85+ years (%)
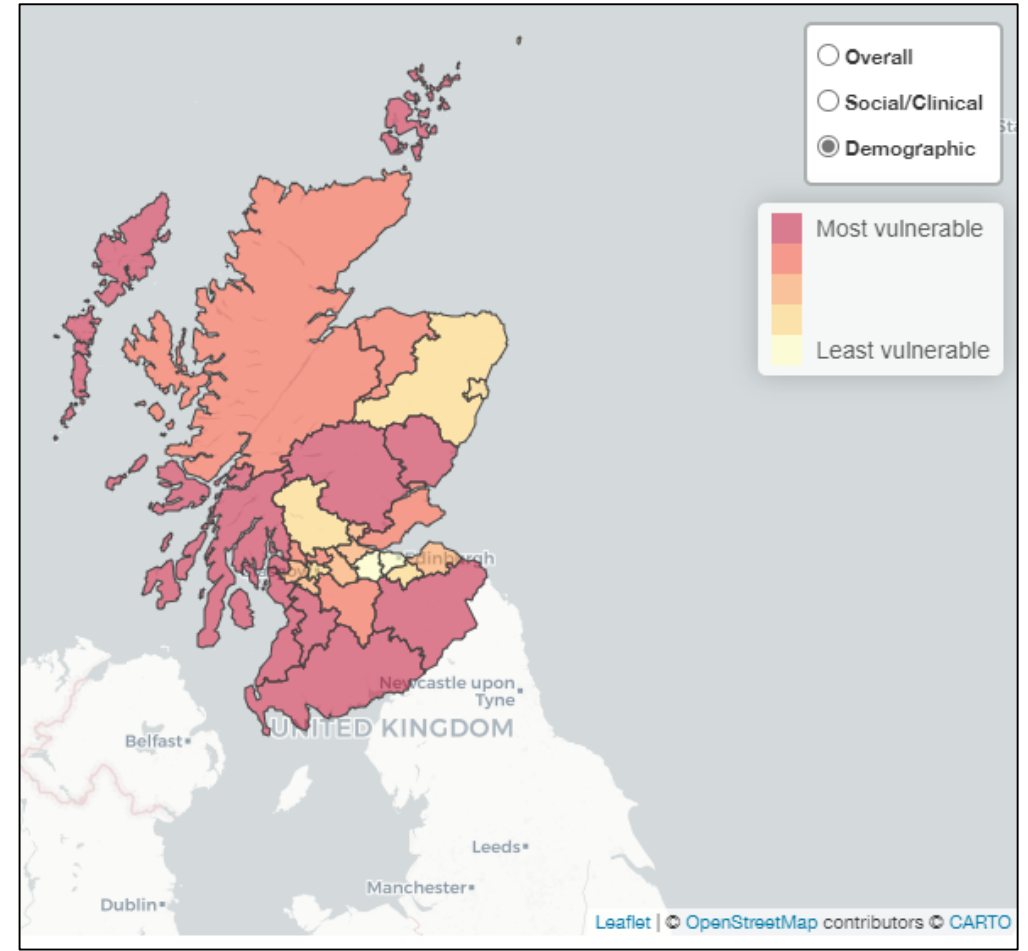
Community Vulnerability

- The ScotPHO community vulnerability index, based on available demographic, social and clinical indicators, suggests the health and socio-economic factors that are likely to modify the impacts of the pandemic and efforts to delay it.

- The map shows vulnerability by local authority to health and care system and socio-economic impacts.

Indicators Used

Clinical: Cancer registrations (rate); Alcohol-related, Drug-related, asthma, COPD, CHD, Psychiatric patient, and Diabetes hospital admissions (rates); Emergency patient hospitalisations (rate); Multiple emergency hospital admissions, aged >65 years (rate); Deaths all ages and aged 15-44 years (rates); Early deaths from cancer and from CHD, both aged <75 years (rates); Life expectancy, female and male (years); Population prescribed drugs for anxiety/depression/psychosis.

Social – Children in low income families; Children on the child protection register (rate); Children registered for free school meals; Household with children living in fuel poverty; People aged 65+ with high levels of care needs cared for at home; Population income deprived (SIMD); Single adult dwellings; Working age employment.

*Maps do not include real-time data on infections, hospitalisations or deaths. A briefing paper, summary analysis & details of the methodology are at: https://scotland.shinyapps.io/scotpho-covid-vulnerability/
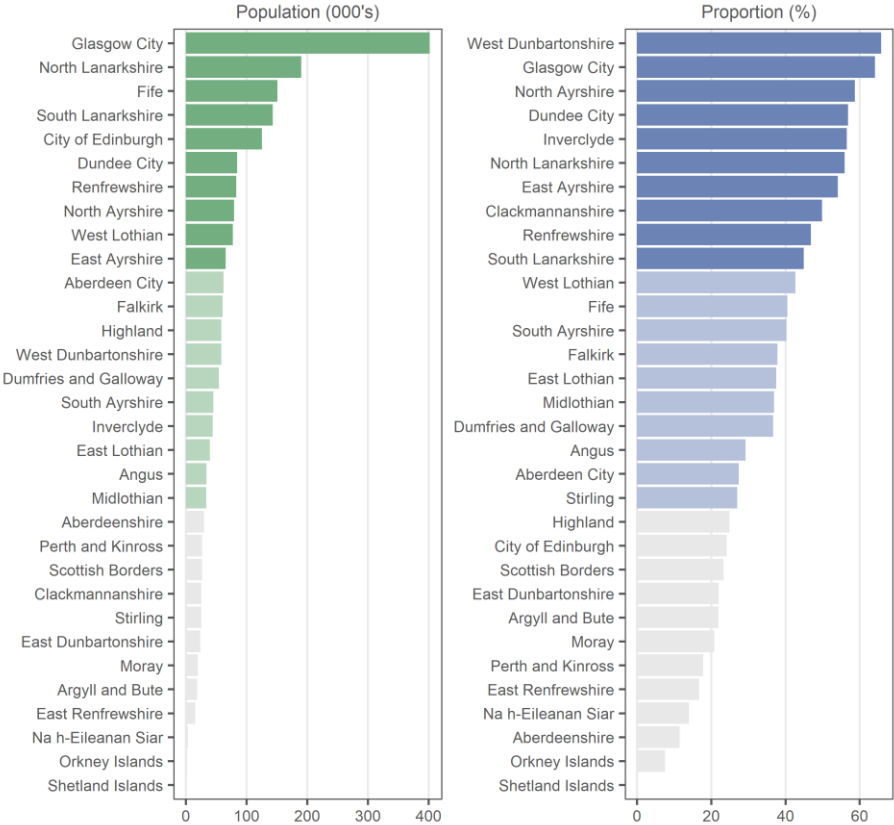
Local Authority Clinical/Social Vulnerability*
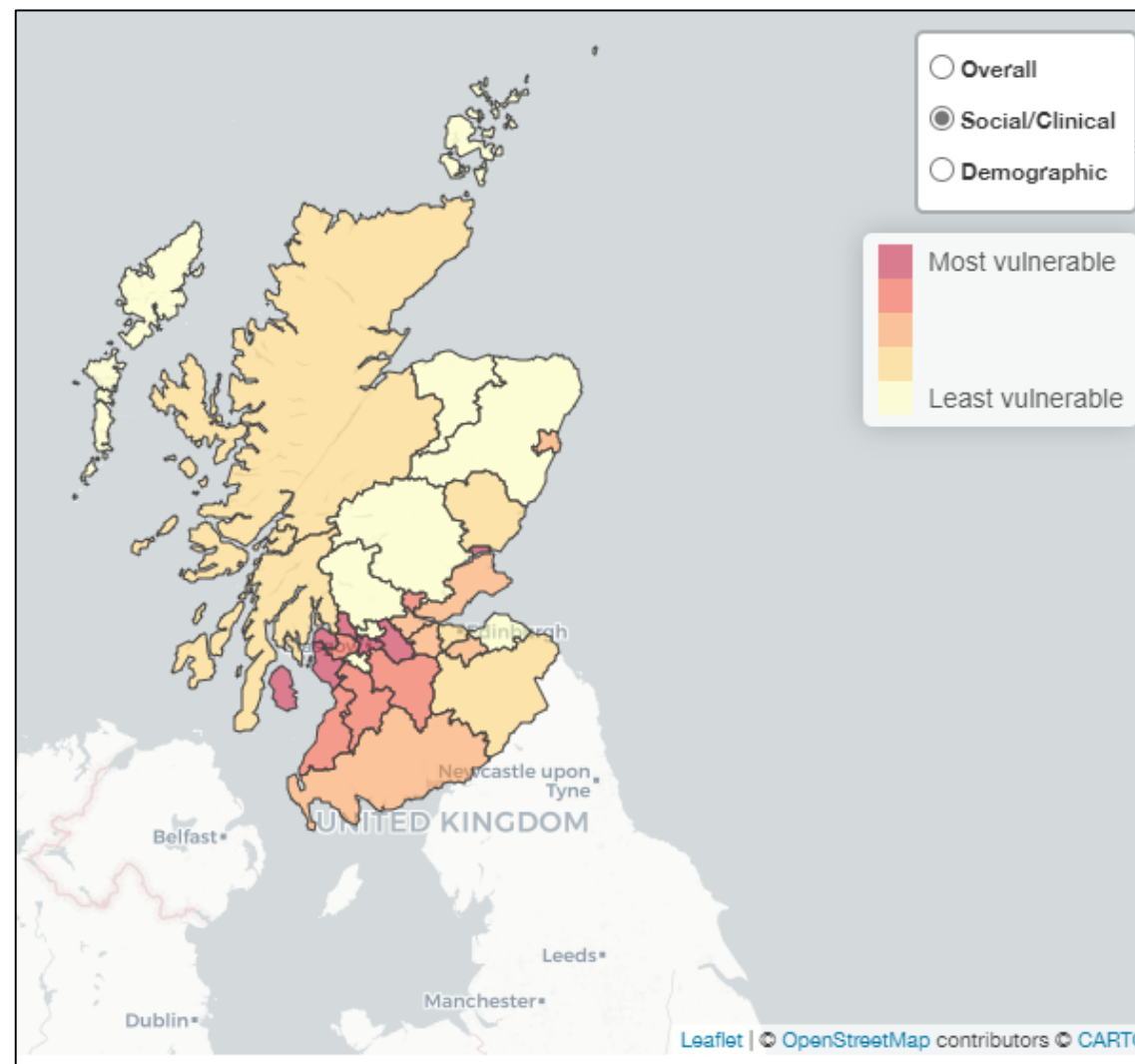
Income deprivation and poverty
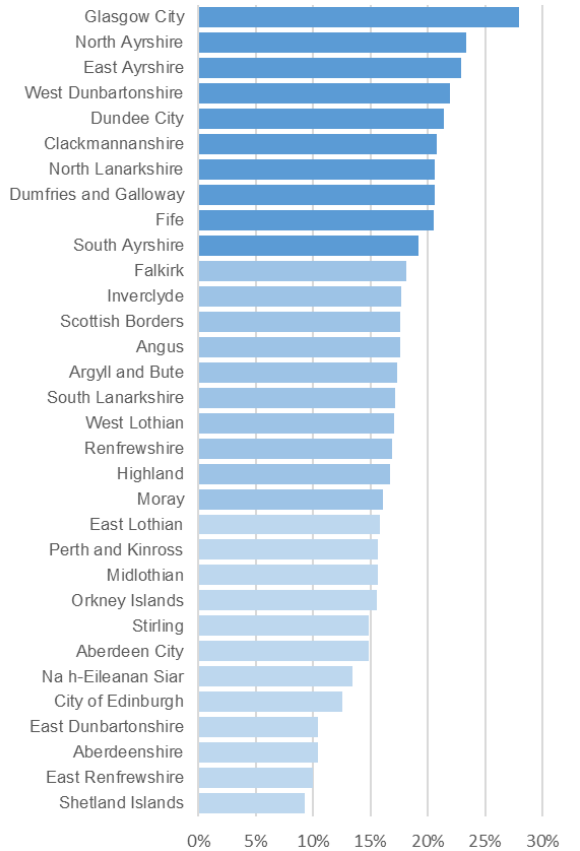
Safety and security

- There has been a reduction in referrals to children's services during the lockdown period, with consequent concerns about at risk children not receiving the support and protection they need
- In the week 29 Oct - 4 Nov 2020, 238 children were subject to an Inter-Agency Referral Discussion between Police, Health & Social Work, where there was information suggesting potential abuse or significant harm to a child. This compares with 211 such discussions at the same time last year.

Source: Education Analytical Services
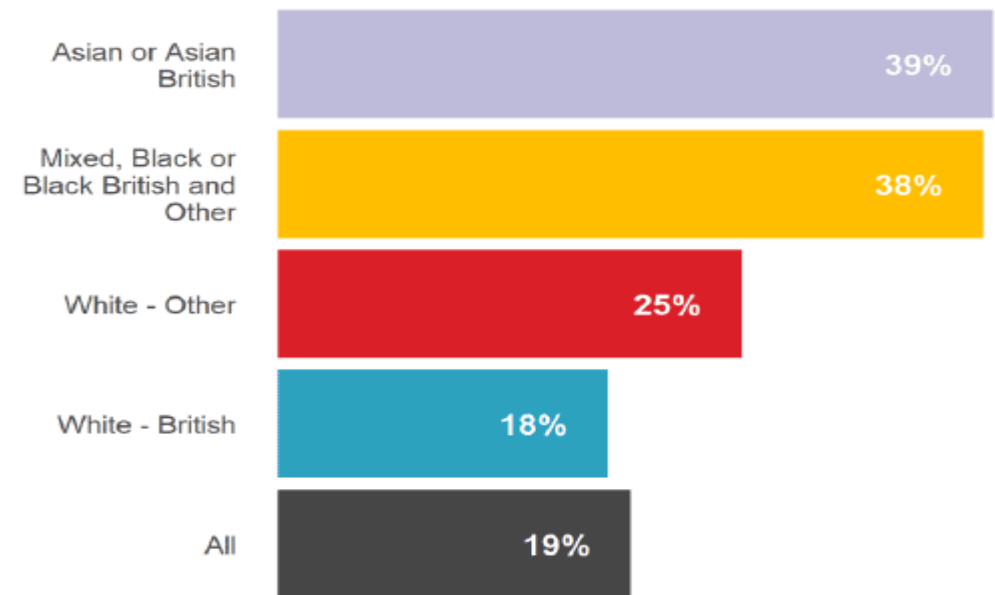
Skills, learning and development

- In May, over 160,000 children and young people accessed their entitlement to Free School Meals (e.g. via vouchers or attending a setting to eat), which is an increase from an estimated 122,000 eligible prior to the outbreak
- Young people may experience lasting damage if they enter the labour market during a recession. If they find a job, according to the Institute for Fiscal Studies (IFS), earnings may be up to 6% lower after one year than they were for non-recessionary cohorts and still 2% lower after five years. This effect is particularly evident for school leavers
- Latest data (11 Nov) show that the absence rate from schools was 4.2%. This equates to **30,028** pupils were not in school either all or part of the day because of Covid-19 related reasons. Absences for other reasons (not related to COVID) were 6.0%.
- There is marked variation by Local Authority, and children from more deprived communities have higher absence rates for both COVID-related and other reasons.

Economic security and welfare

- In recent polling, between one in four and one in five people perceived a high or very high threat to their job from Coronavirus

—Very high/ high threat to job

| Jul 14-15 | Jul 28-29 | Aug 11-12 | Aug 25-26 | Sept 8-9 | Sept 22-23 | Oct 6-7 | Oct 20-21 |
| 26% | 24% | 25% | 22% | 26% | 23% | 24% | 27% |
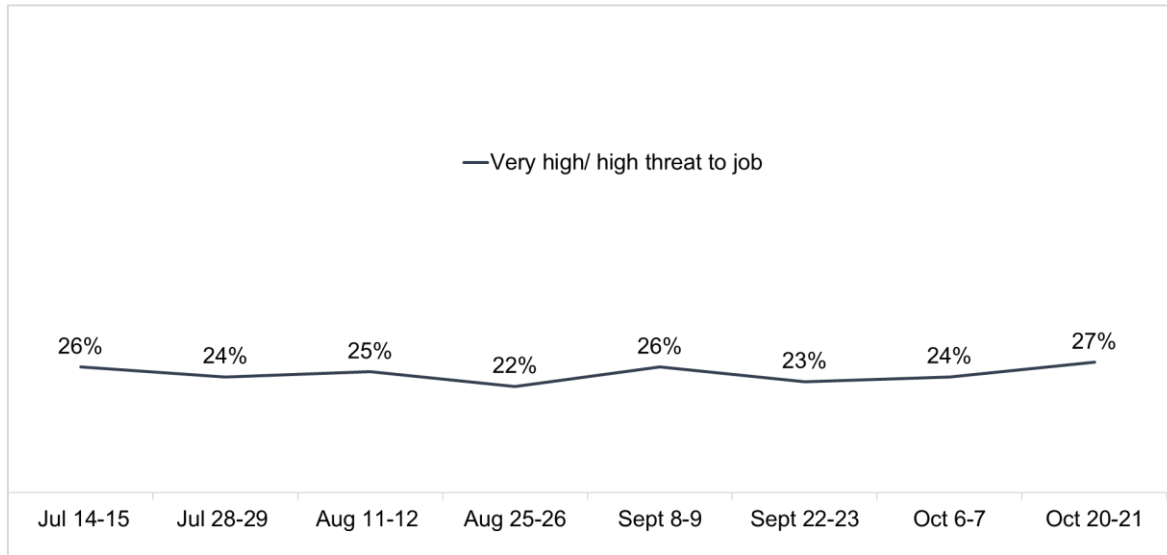
- Prior to the COVID-19 pandemic, 19% of working-age adults in Scotland, 24% of children and 15% of pensioners were in relative poverty (after housing costs)
- Lone mothers were more likely to be in poverty (39%) than single working-age women without dependent children (28%), or single working-age men (34%)
- People living in households with a disabled person were more likely to be in poverty (23%, compared to 17% of people in a household with no disabled household members)
- People from non-white minority ethnic groups were more likely to be in relative poverty

Asian or Asian British	39%
Mixed, Black or Black British and Other	38%
White - Other	25%
White - British	18%
All	19%

Mitigations/activities to alleviate social harms

- £350m Communities Funding, supporting local authorities, the third sector and communities to respond.
- Issues covered included emergency food provision for shielded and non-shielded communities, social isolation and loneliness, VAWG services, SWF crisis payments, extra provision for people rough sleeping
- An additional £20m for local authorities announced at end October to spend flexibly to meet emerging need as the pandemic continues
- An addition £10m also provided for free school meals in holiday periods up to and including Easter 2021
- Plus payments of £500 for people on low incomes who have to self-isolate
- Strong partnerships in place across the public and third sectors has streamlined the response. A wide spectrum of formal and informal volunteering support available for those who need it.
- Winter social protection plan is in development.

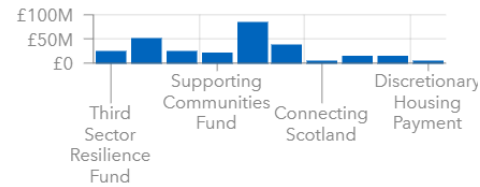# Mitigations/activities to alleviate social harms – Community Funding Mapping Tool