

COVID-19: Framework for Decision Making

Supporting Evidence Paper

May 2020

COVID-19: Framework for Decision Making

Further Information - Supporting Evidence Paper

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COVID-19: Framework for Decision Making

Further Information - Supporting Evidence Paper

1. Introduction

This paper provides an analytical overview of key analysis and evidence in support of *COVID-19: Framework for Decision Making - Further Information*, published on 5 May 2020. We are making this information available as part of our commitment to bring transparency to our work and decisions on the crisis and to support understanding and public engagement with some of the very difficult issues that we face.

We have drawn together data and evidence on the various harms and wider impacts – health, societal and economic – caused by the crisis. Much of this evidence is still emerging, and the scale and nature of the impacts will change over time. Our evidence comes from a range of sources, and is brought together with experience and insights from other countries and our own stakeholders.

This document presents data as at 6 May 2020.

We have focussed here on what we know about the impacts being seen in Scotland. We are clear that our primary objective at this point in time is to ensure that the reproduction rate of the virus (the R number) remains less than 1 and that cases remain within NHS capacity. High levels of compliance with the core measures of physical distancing, good hygiene, and shielding of those most vulnerable to the harmful effects of the virus, need to be sustained.

We recognise that public tolerance of the distancing measures is hard to sustain, and that these measures in turn have wider impacts on society and the economy. Central to our considerations is a recognition that the crisis is impacting differentially on subgroups of the population and different parts of the country. A concern with issues of equality will be at the heart of our decision-making and analysis going forward.

In this paper we recognise four areas of impact:

First, the virus causes direct and tragic harm to people's health. Key indicators include the numbers of Covid-positive cases, hospitalisations and deaths.

Second, the virus has a wider impact on our health and social care services in Scotland; how our people are using those services; and how this impacts on non-COVID health harms. In this paper we focus on excess deaths, use of NHS services, and wellbeing.

Third, the restrictions which Scotland, together with the other UK nations, has necessarily put in place to slow the spread of the virus affect our broader way of living and society, including, for example, the negative effects of increased isolation, particularly for those living alone, and the impact on children's well-being from closing schools. We have identified six dimensions of societal impact and present headline figures for each.

Fourth, along with the wider negative impacts of the global pandemic, the lockdown has had an enormous impact on our economy, with a potential fall of 33% in GDP during the period of lockdown. This is unprecedented and is causing deep uncertainty and hardship for many businesses, individuals and households. The damaging effect on poverty and inequality may be profound. And the impacts will intensify the longer the lockdown continues: we will see more businesses unable to recover and we risk the scarring effects of unemployment. We must do everything possible to avoid permanent, structural damage to our economy.

These harms are related: health harms impact on society and the economy, just as the societal and economic effects impact on physical and mental health and wellbeing. Navigating the right course through the crisis will involve taking difficult decisions that seek to balance these various, inter-related harms so as to minimise overall harm.

Analysis of the kind set out in this paper feeds into our assessment framework as set out in the *Framework for Decision Making* and summarised in the box below.

Assessment Framework

1. Options for physical distancing measures – easing, maintaining, (re)introducing – are technically assessed using the best available evidence and analysis of their potential benefits and harms to health, the economy, and broader society so as to minimise overall harm and ensure that transmission of the virus is suppressed.
2. Potential options – individual and combinations of measures – are assessed for their viability, for example taking account of how easy they are to communicate and understand, likelihood of public compliance, the proportionality of any impact on human rights and other legal considerations.
3. Broader considerations also include equality impacts and consideration of tailoring measures, for example to specific geographies and sectors.
4. Assessments will inform the required reviews of the Coronavirus regulations and collective assessment and decision-making with the UK Government and other Devolved Administrations as appropriate.

2. Direct health impacts of COVID-19

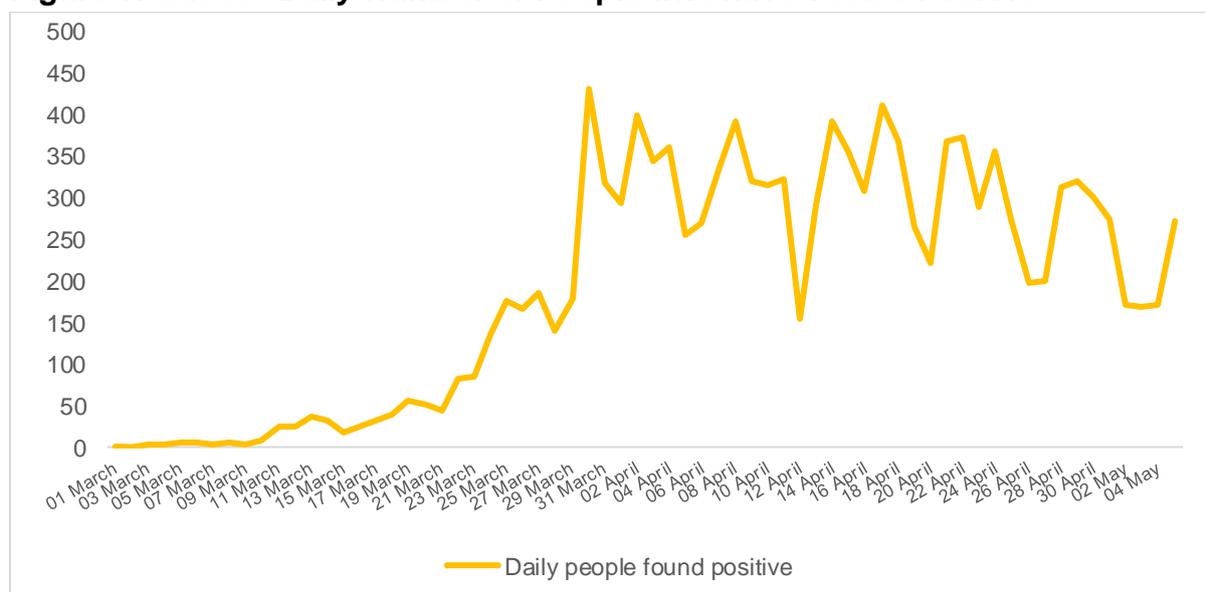
COVID-19 causes direct and tragic harm to people's health. We are tracking daily the extent of the direct health harm being caused by the virus. Data is published every day on the Scottish Government Coronavirus webpages <https://www.gov.scot/coronavirus-covid-19/>

As the direct harm caused by the virus reduces, subject to effective pandemic response, we expect to see stabilisation, followed by a decline, in key measures. This includes the numbers of new cases, the numbers of new and total hospital admissions and Intensive Care Unit (ICU) admissions, and deaths (which is likely to be the final measure to fall).

By 6 May, 65,125 people had been tested for COVID-19 in Scotland. A total of 12,706 people to date have tested positive. Figure 1 shows the number of people who have tested positive since 1 March. This is in the context of increasing numbers of people being tested. Community surveillance is also underway.

Public Health Scotland analysis shows that (as of 4 May) 60% of confirmed cases were women and 40% were men¹. Twenty four percent were in the 15-44 age group; 33% in the 45-64 age group and 41% aged 65 years and over. While there is no evidence of an overall trend by deprivation, the highest proportion of confirmed cases (23%) was accounted for by the most deprived 20% of the population.

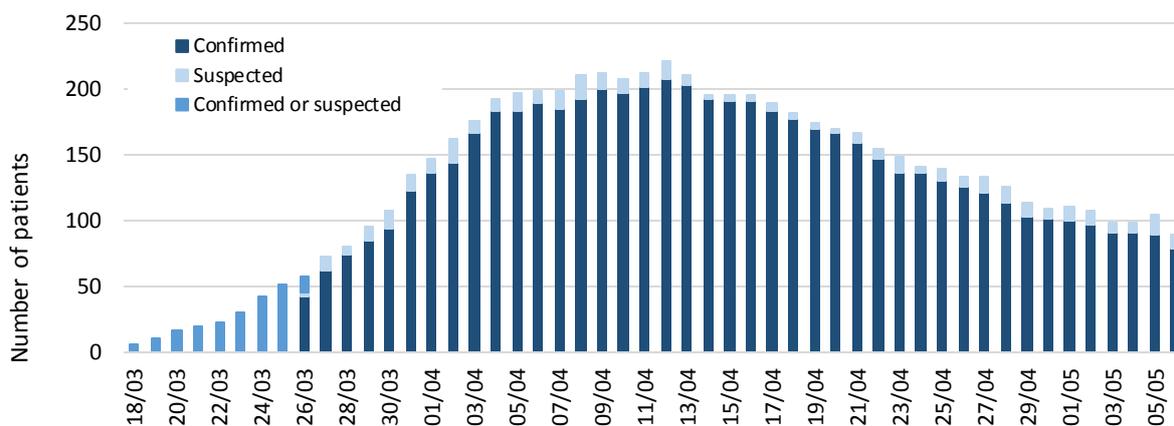
Figure 1: Cases - Daily Number of People who have Tested Positive



¹ <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

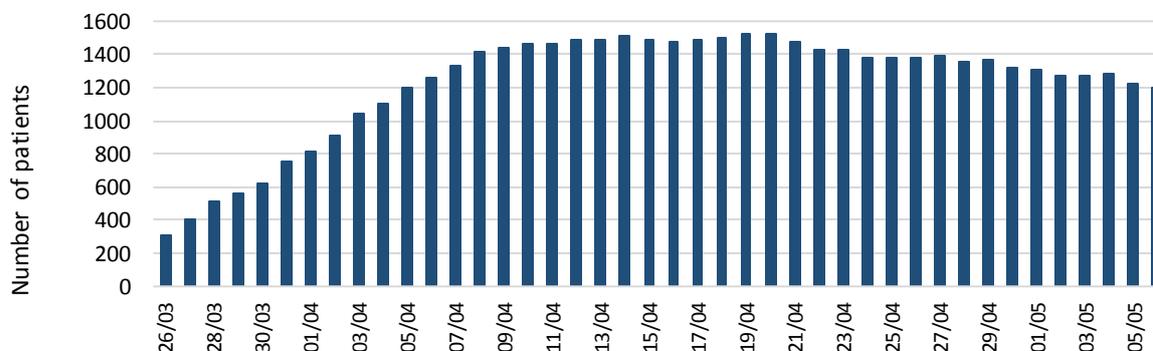
We are seeing a welcome reduction in the numbers of patients in ICU care. There was a total of 89 patients with confirmed or suspected COVID-19 in intensive care at midnight on 5 May, with 79 of those having tested positive. A peak in the numbers was experienced on 12 April and numbers have been declining since. Recent analysis by Public Health Scotland shows that the majority of ICU patients have been in the 45-64 age group (55%) and more men have been admitted to ICU for treatment, accounting for 71% of patients.

Figure 2: Daily number of COVID-19 patients in ICU or combined ICU/HDU



The numbers of patients in hospital has plateaued and fallen slightly. At midnight on 5 May there were 1,204 people in Scottish hospitals with confirmed COVID-19 (including those in intensive care), and a further 428 where it was suspected. By 5 May a total of 2,895 inpatients who had been tested positive for COVID-19 had been discharged from hospital since the 5 March.

Figure 3: Hospitalisations - Daily Number of confirmed COVID-19 patients in hospital



There is concern that transmission of the virus is higher in hospitals and care homes. The National Records of Scotland (NRS) weekly report published on 6 May showed that over 43% of total COVID-19 deaths registered to date have related to deaths in

care homes. In the most recent week (to 3 May) deaths in care homes made up 59% of all deaths linked to Covid-19.²

As of 5 May there were 453 (42%) adult care homes with a current case of suspected COVID-19. This is where at least one resident in the care home has exhibited symptoms during the last 14 days. 585 (54%) adult care homes have lodged at least one notification for suspected COVID-19 to the Care Inspectorate since the start of the epidemic. A total of 408 of these care homes have reported more than one case of suspected COVID-19.

The NRS weekly report shows that at 3 May, there have been a total of 2,795 deaths registered in Scotland where the COVID-19 was mentioned on the death certificate. In the most recent week there were 523 where COVID-19 was mentioned on the death certificate, a decrease of 135 from the previous week (20 to 26 April). This is the first weekly reduction since the first COVID-19 death was registered in the week beginning 16 March.

Three quarters (75%) of all deaths involving COVID-19 to date were of people aged 75 or over. The highest proportion of COVID-19 deaths are in people aged 85+, representing 35% of all COVID-19 deaths. Of all deaths to date involving COVID-19, 52% were male and 48% were female. All the data are available, including breakdowns by Health Board area and council areas, at:

<https://www.nrscotland.gov.uk/covid19stats>

We can estimate, from these and other data, the total number of people in Scotland currently likely to have the virus and the current basic reproduction rate at a point in time, or R_t , of the virus: the number, on average, of resulting infections from one infected individual. R_t must be below 1 for a sustained period in order to suppress the virus.

While there is uncertainty around the estimates, our best estimate is that as of 5 May there were approximately 26,000 people infectious in Scotland. While precision is difficult with R_t , it is likely to lie between 0.7 and 1.0. This remains too high to be confident that case numbers will continue to fall. Moreover, this number is an average for all of Scotland. The R_t number for community transmission in Scotland is assumed to be below the R_t number in hospitals and care homes. Further information was published in the Covid-19: Framework for Decision Making update earlier this week.³

² <https://www.nrscotland.gov.uk/covid19stats>

³ <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-further-information/>

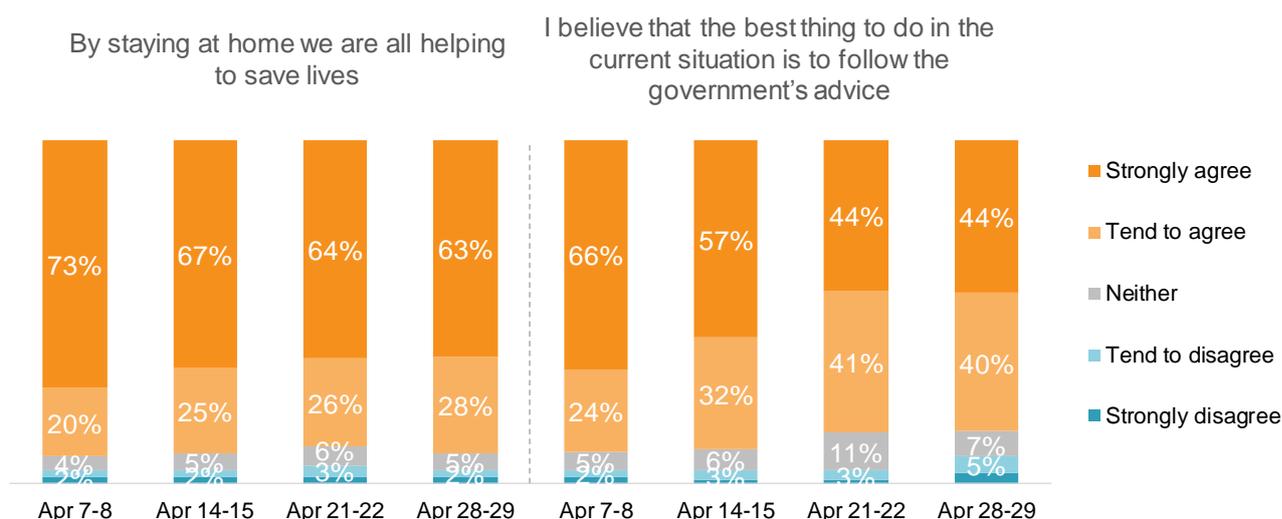
3. Public compliance

Data collected through the Ipsos MORI Global Advisor dataset and YouGov weekly surveys of respondents in Scotland provides polling data on public knowledge, attitudes and behaviours⁴.

There are high levels of public knowledge and compliance with Government advice. Around three quarters of the population report that they keep 2m distance from others when they are out and about, are avoiding gatherings with family and friends, and only leave home for essential trips⁵.

Survey data also show that the vast majority of people in Scotland agree that the best thing to do is to follow government advice. The proportion who strongly agree with that statement is falling, however, and there is also evidence of a slight fall in the proportion who strongly agree that 'by staying at home we are all helping to save lives'. Strong agreement with this statement nevertheless remains high at 63% of respondents (Figure 4).

Figure 4: Whether respondents agreed or disagreed with each statement on government advice and guidance



Source: YouGov weekly Scotland survey. Base (n=1002-1042)

Behavioural science research highlights the challenges involved in sustaining behaviour change over a prolonged period of time. A range of factors are important, including the perceived benefits of the behaviour and the personal costs (financial, social, and to health) that are incurred. The establishment of environments and cultural norms that support and normalise the desired behaviours is an important part of the process.

⁴ Ipsos MORI - data was collected online as part of a multi-country survey on the Global Advisor platform. The sample is broadly representative of the adult population aged 16-74. Data is weighted to reflect the age and gender profile of the Scottish population aged 16-74.

YouGov - the research was conducted on the YouGov online omnibus survey each week from 24-25 March to 28-29 April with c.1000 adults 18+ across Scotland. The survey was carried out online. The figures have been weighted and are representative of all Scottish adults (aged 18+)

⁵ Ipsos MORI, Scotland data, survey fieldwork 23-26 April, base n= 659

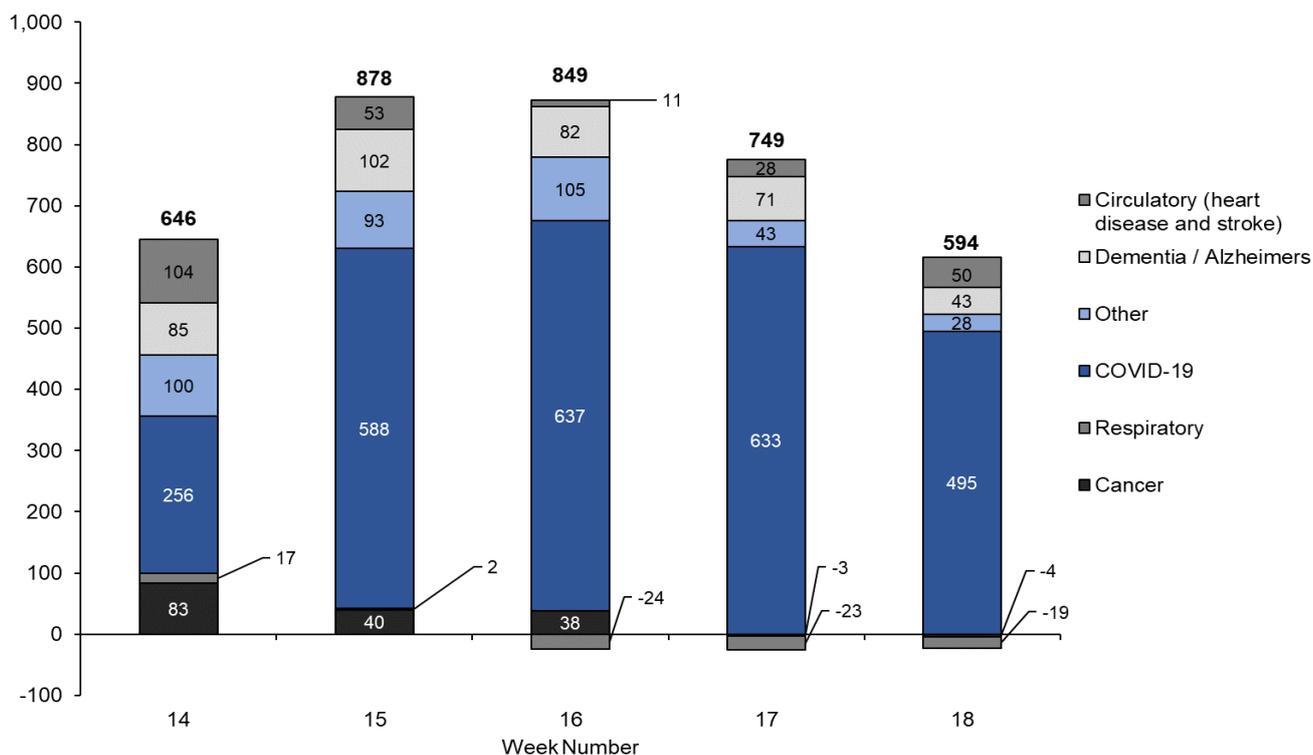
4. Health harms not directly related to COVID-19

COVID-19 is also having a wider impact on our health and social care through its impact on our health and social care services, how our people are using those services, the impact of mitigation measures, and how all three factors impact on health in the short, medium and long term.

Excess deaths are one indicator of whether wider health impacts are happening. The National Records of Scotland (NRS) data shows that Scotland has experienced excess mortality in the last 5 weeks.⁶ There were 594 more deaths registered between 27 April to 3 May compared to the average for this time of year. Of these 594 excess deaths 83% were deaths where COVID-19 was the underlying cause of death; 8% were due to an increase in deaths from circulatory diseases; 7% came from an increase in dementia and Alzheimer’s disease deaths and 5% were due to an increase in deaths from other causes.

Figure 5 shows the number of excess deaths over the latest five weeks broken down by the underlying cause of deaths. Most of the excess mortality experienced in Scotland can be explained by the numbers of excess deaths where COVID-19 was an underlying cause, but not all. Public Health Scotland are now exploring this further.

Figure 5: Excess Deaths by underlying cause of death (weeks 14 to 18 2020) (National Records of Scotland)

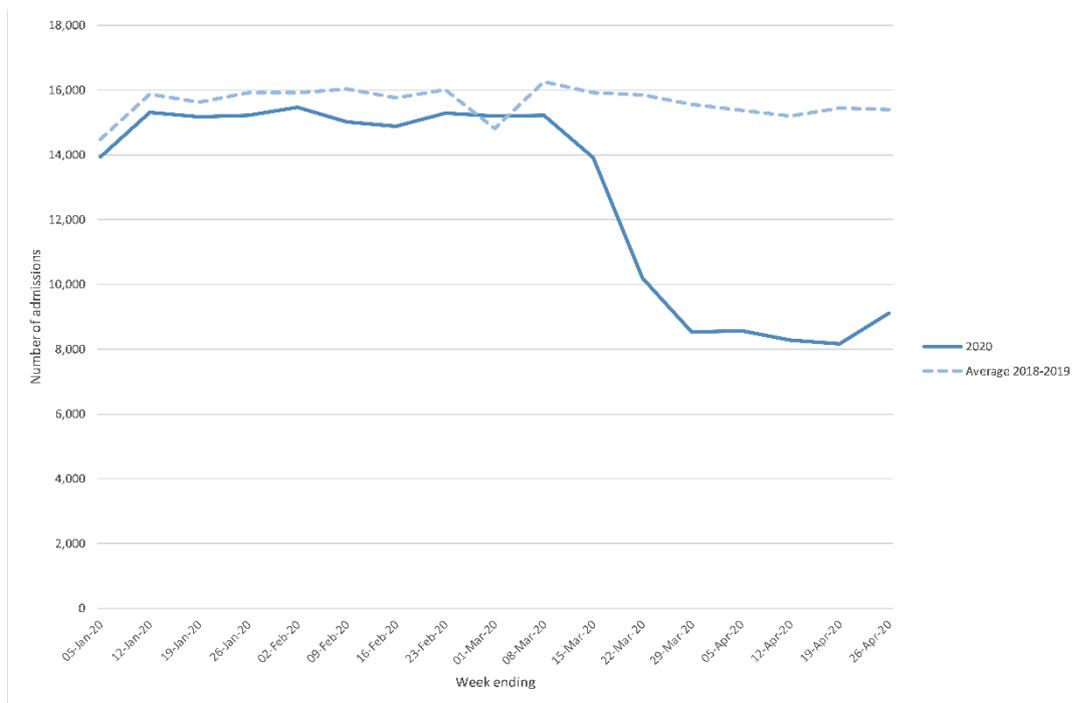


⁶ <https://www.nrscotland.gov.uk/covid19stats>

There are changes in some measures of health service performance and capacity, some of which can be explained by measures introduced to create capacity in the NHS to manage in the first phase on the pandemic. Overall acute hospital bed occupancy is at 65%. Pre-COVID occupancy was around 87%. Routine elective surgery has been postponed and emergency admissions are lower than the levels we saw pre-COVID.

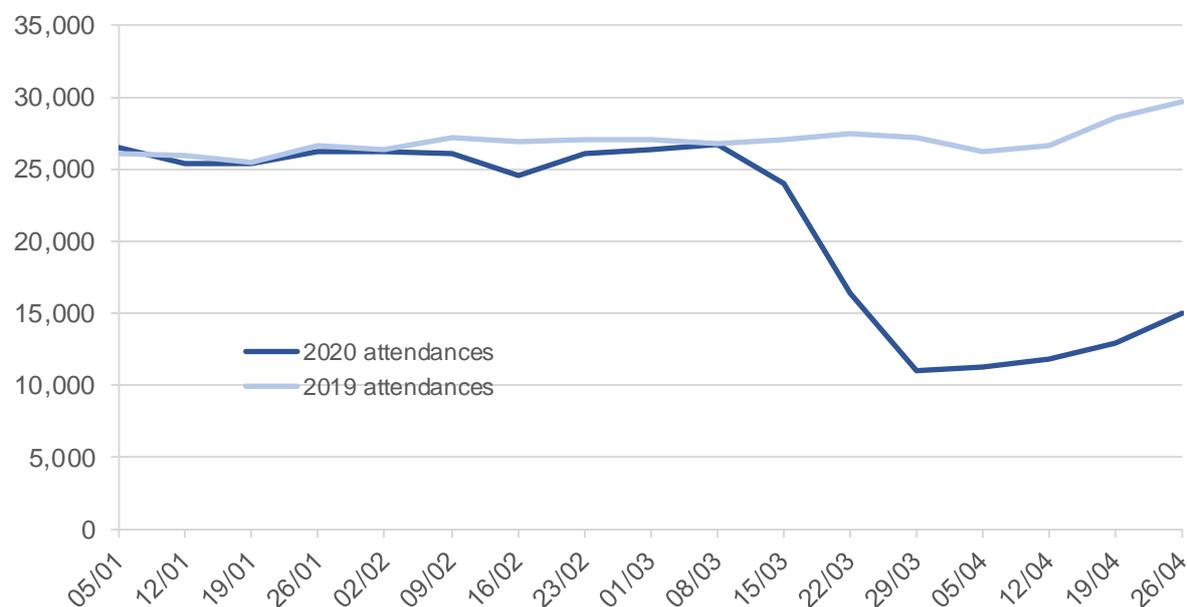
Public Health Scotland analysis published on 6 May shows that planned admissions to hospital started to decrease on 16 March as hospitals began to create capacity to cope with anticipated pressure from COVID-19. There has been about a 30% reduction in the level of emergency admissions and a 60% reduction in the level of planned admissions.

Figure 6: Number of hospital admissions across Scotland, compared with the average over the previous two years (Source: RAPID dataset)



There has also been a reduction in accident and emergency attendances. This overall reduction could have a number of possible causes, such as fewer traffic and workplace related injuries or reluctance or anxiety about using services. There was a 54% decrease in attendances in April 2020 compared to April 2019 at core Emergency Department sites. However, Figure 7 shows the recent increase over the last two weeks, suggesting that service use for non COVID-19 related health matters is picking up again but clearly remains below pre-COVID levels.

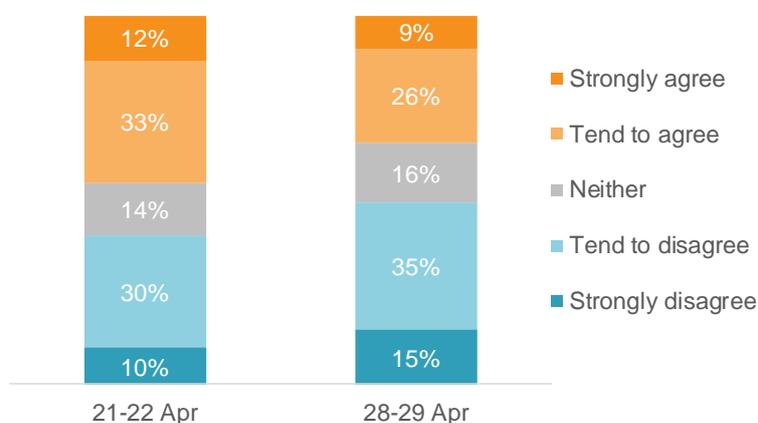
Figure 7: Weekly Accident and Emergency Attendances (PHS unscheduled care database)



The YouGov Weekly Scotland survey shows that some people would avoid going to a hospital or GP practice with non-COVID immediate medical concerns (Figure 8). However, the percentage strongly or tending to agree with the statement has reduced between the first survey on 21-22 April and a second survey on 28-29 April.

Figure 8: Whether respondents agreed or disagreed with the statement shown about the current coronavirus (COVID-19) pandemic.

I would avoid going to a hospital or GP practice at the moment, even if I had an immediate medical concern (not related to Coronavirus)



Source: YouGov weekly Scotland survey. Base (n=1011-1042)

We also know that the restrictions necessarily put in place to slow the spread of the virus can, in turn, cause harm to our population health. Significant work is underway to understand and mitigate the effects on physical health and mental health and wellbeing.

Around 170,000 adults in Scotland have been defined on medical grounds as clinically extremely vulnerable due to having an existing health condition that puts them at very high risk of severe illness from COVID-19⁷. An additional group of people are advised to follow enhanced social distancing, because pre-existing health conditions or circumstances mean they are at increased risk of severe illness from COVID-19⁸.

Among British adults responding to the ONS Opinions and Lifestyle Survey in the period 7-27 April 2020, 48% said their well-being was affected by COVID-19. About 3 in 4 (75%) of those who said their wellbeing was being affected said they were feeling worried about the future, with over 6 in 10 (63%) feeling stressed or anxious and over half (53%) feeling bored. Over 4 in 10 (43%) also said not being able to exercise as normal was impacting their wellbeing.⁹

Finally, Public Health Scotland and collaborators have published a paper on the risks of distancing measures negatively impacting on people's health, and how to mitigate these wider harms¹⁰. It finds that the interventions in place to lower transmission of the virus can themselves cause a wide range of harms and that building a more sustainable and inclusive economy for the future will be crucial to mitigating these wider harms.

⁷ [GOV.UK Guidance on shielding and protecting extremely vulnerable persons from COVID-19](#)

⁸ [GOV.UK Guidance on protecting older people and vulnerable adults](#)

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/7may2020#indicators-of-well-being-and-loneliness>

¹⁰ <https://www.bmj.com/content/369/bmj.m1557>

5. Societal Impacts

The restrictions put in place to slow the spread of the virus are in turn causing broader societal harms, including, for example, the negative effects of increased isolation, and the impact on children’s wellbeing from closing schools. Societal harms may be more hidden, less tangible, more subjective, and less quantifiable than other harms. We therefore need to draw on a wider range of data and intelligence to understand them.

A longer time horizon is also important, recognising that future impacts (for example the health consequences of loneliness, poverty, domestic abuse, Adverse Childhood Experiences, or lack of sense of purpose/esteem) are no less important than more immediate and measurable health impacts. Moreover, while the direct health consequences of the virus are most prevalent among people who are older, or already sick or in poor health, the social and economic impacts are likely to be greater for younger people, as well as for those living in poorer quality housing, with fewer resources and insecure incomes. Understanding these differential impacts will be an important part of our response.

To help frame this complex multi-faceted area, six dimensions of societal impact have been identified, see Table 1. Alongside these six dimensions of societal harm, impacts on equality and human rights will be central to our assessments.

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

Safety and security, including protection of vulnerable children

Impacts on crime rates have been both positive and negative. Police Scotland have highlighted that recorded crime has fallen by around a fifth (18%) since measures to support physical distancing came into effect (between 9th March and 26th April), compared to the same time last year¹¹. This includes a 15% reduction in crimes of non-sexual violence, a 20% reduction in sexual crimes and a 23% reduction in crimes of dishonesty. Police Scotland previously stated there is some evidence that fraud has increased and that criminals are specifically exploiting the coronavirus public health emergency to commit offences¹². Police Scotland also stated that they are seeing a slight decrease in domestic abuse incidents but are also acutely aware this may not reflect what is happening behind closed doors and that people do not always report abuse immediately¹³.

Children and young people are likely to be impacted most, and for longer, by the unintended consequences and other factors attributable to actions taken to control the pandemic. The effects of the pandemic will not be equally distributed. Some children are more at risk due to individual characteristics, such as disabilities, mental health or neurodevelopmental factors. Some are more at risk due to factors in their immediate environment such as parental relationship conflict, domestic abuse/coercive control, alcohol or substance misuse, and mental health needs of parents. Some are also more at risk because of other parental factors such as age or learning disability. An additional high risk group are those due to make transitions (for example between schools, or from school to college) at this time.

The anticipated impacts on children from physical distancing include impacts on mental health, socialisation and attachment (particularly for younger children). Impacts of 'hidden harm' may affect cognitive, emotional and behavioural functioning and are likely to require significant intervention over the medium and longer term.

There are increased risks of abuse, and of neglect within families, with additional stresses from changes to early learning and childcare, school and business closures, family confinement and isolation, alongside physical and psychological health impacts. There is also an increased risk of harm outside families, including increased sexual and criminal exploitation of children, both online and in the community.

Some examples of the impact on children can already been seen.

There has been a reduction in referrals to children's services during the lockdown period (likely linked to reductions in contact with education and universal health services), with consequent concerns about at risk children not receiving the support and protection they need. For example, in the last week of April 2020, 177 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 222 such discussions at the same time last year. In

¹¹ <https://www.scotland.police.uk/assets/pdf/138327/618500/covid-19-bulletin-1>

¹² <https://www.scotland.police.uk/whats-happening/news/2020/april/recorded-crime-down-during-scotland's-coronavirus-response>

¹³ <https://www.scotland.police.uk/whats-happening/news/2020/april/recorded-crime-down-during-scotland's-coronavirus-response>

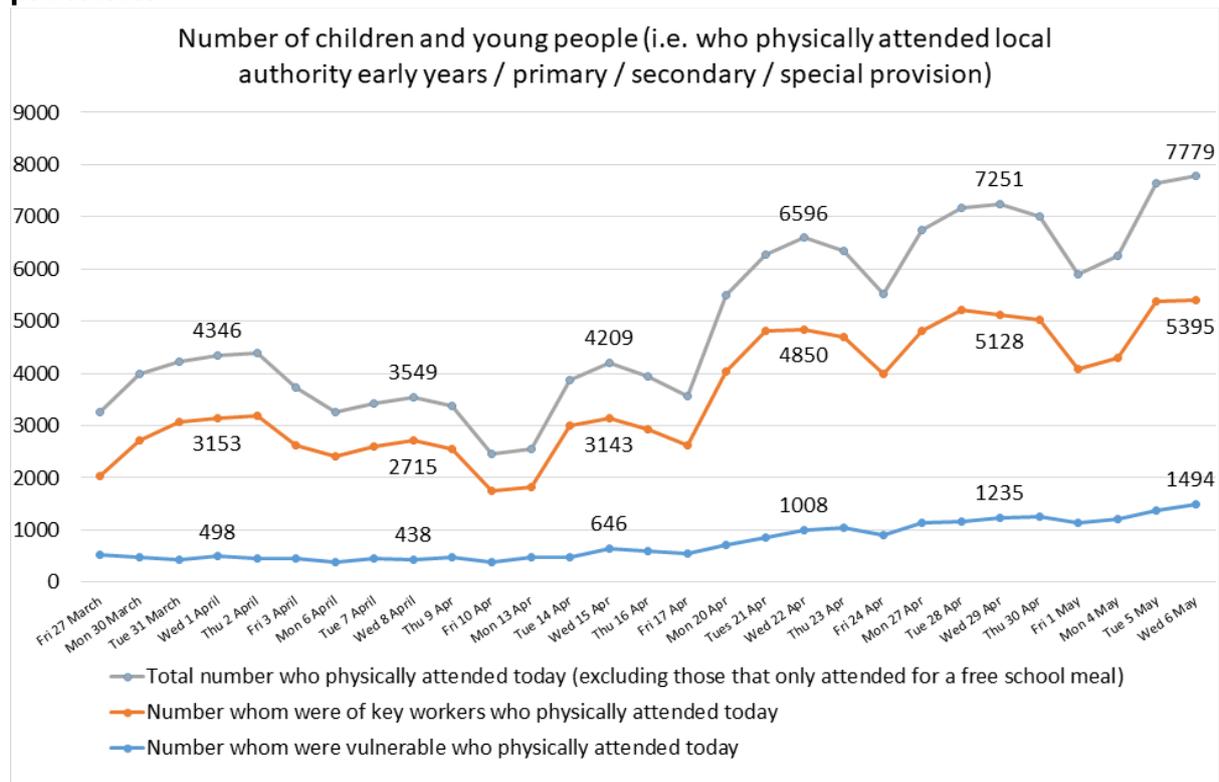
addition Police Scotland generated 2,606 Child Concern reports for wellbeing concerns during the last week of April. This compares with 3,278 respectively recorded in the same period in 2019. This is because, during the lockdown, it has become extremely difficult to hear the voice of the child, or for others to speak out on their behalf.

Skills, learning and development

Around 1,400 vulnerable children and young people are currently attending local authority education or childcare settings in Scotland (Figure 9). While the number of vulnerable children attending has increased over the weeks, those attending are likely to be a very small percentage of the total.

Over 160,000 children and young people are now accessing 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.

Figure 9: Number of children attending local authority education or childcare provision



There are clear risks in terms of equity and excellence, with disadvantaged learners at greater risk of negative consequences from school closures and home-based learning. Research by the University of Exeter, and the Centre for Economic Performance at London School of Economics (LSE), estimated that disadvantaged pupils could experience learning losses of between four and six months if Covid-19 school closures last several months¹⁴.

¹⁴ Source: <https://www.tes.com/news/disadvantaged-pupils-face-six-month-learning-loss>

Young people themselves have expressed concerns about the impact of COVID-19. In a survey carried out by a consortium of young people and children's organisations¹⁵ two key findings concerned education and the future:

- Two fifths (42%) of respondents stated that they were extremely or moderately concerned about school, college and university closures. Respondents expressed more concern regarding exams and coursework, with around half (49%) stating that they were moderately or extremely concerned.
- Almost two thirds of respondents (61%) stated that they were moderately or extremely concerned about the impact of coronavirus (COVID-19) on their future.

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 leavers¹⁶.

Social capital and community cohesion

For many groups within society including those shielding, those not digitally connected and those who generally require assistance with daily living, the actions of their local community play a key role in how they experience lockdown. Before lockdown, high levels of trust and neighbourliness were reported across different groups in society although those living in more deprived neighbourhoods, and those who are unemployed or seeking work, reported lower levels of trust¹⁷.

In recent weeks, many people have undertaken informal community activities, with about a quarter doing shopping for a neighbour, friend or family member¹⁸.

The impacts on sense of community are different for different groups of people. For example, in Glasgow over 70% of disabled people are worried about becoming acutely isolated. This relates partly to lack of internet access, and also reflects that many rely on others for support with day to day tasks and looking after themselves¹⁹.

Participation in the lockdown society is largely dependent on digital connectivity and competence. Digital exclusion is a key barrier – an 'inequality enhancer' – for many people. Older people are less likely to have internet access and even if they do they are less likely to use it: a third of households where all adults are over 65, and 60% of households where all adults are over 80, do not have home internet access²⁰.

¹⁵ LockdownLowdown - what young people in Scotland are thinking about COVID-19 (April 23 2020) The Scottish Youth Parliament YouthLink Scotland Young Scot

¹⁶ <https://www.ifs.org.uk/publications/14816>

¹⁷ Scottish Household Survey 2018 <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/4/>

¹⁸ YouGov weekly Scotland survey, survey fieldwork 28-29 April, base n= 1011

¹⁹ Glasgow Disability Alliance <https://mailchi.mp/gdaonline/covid-19-supercharges-existing-inequalities-faced-by-glasgows-150000-disabled-people?e=35607ddb9>

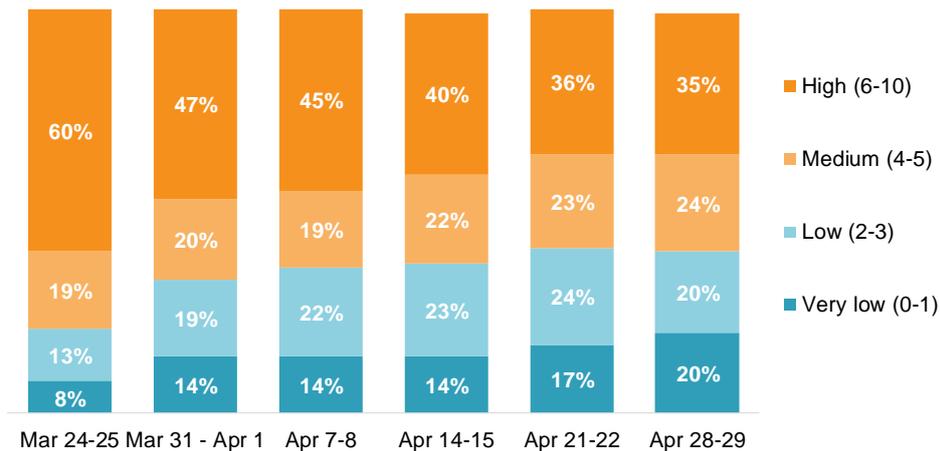
²⁰ Scottish Household Survey 2018 <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/7/>

Similarly, Glasgow Disability Alliance highlighted that only 37% of disabled people reported having home broadband or IT, and many lack the confidence or skills to use it²¹.

Loneliness, anxiety and fear of social interaction

Polling data show that the majority of respondents report feeling anxious, but anxiety levels have decreased during April (Figure 10) and happiness levels are rising (not shown).

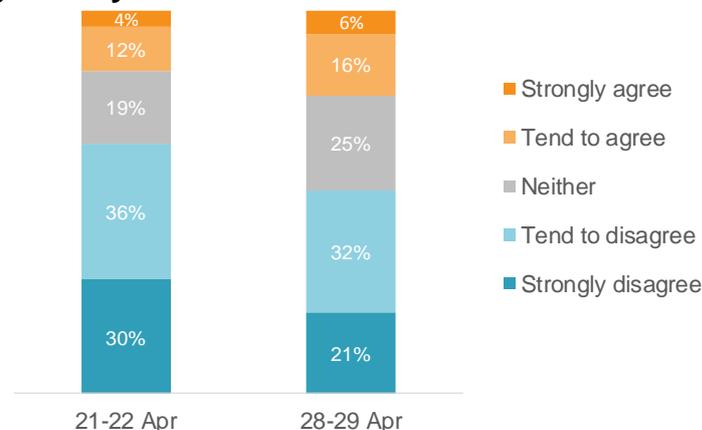
Figure 10: How anxious respondents felt yesterday on a scale of 0-10



Source: YouGov weekly Scotland survey. Base (n=912-1042)

The public are very supportive of the continuation of lockdown generally and are resigned to staying at home for a longer period. When asked whether the government should start to reduce the restrictions in place, the majority of respondents disagreed although there is an indication of an increase in the proportion of respondents who feel neutral about this (Figure 11). An additional question asked whether it was time to be allowed back out and about: 75% disagreed.

Figure 11: I think the Government should start to reduce the restrictions gradually now



Source: YouGov weekly Scotland survey. Base (n=1011-1042)

²¹ Glasgow Disability Alliance <https://mailchi.mp/gdaonline/covid-19-supercharges-existing-inequalities-faced-by-glasgows-150000-disabled-people?e=35607ddb9>

Analysis of attitudes across the UK by academics from Kings College London²² identified three distinct clusters amongst the population in their attitudes to lockdown. The Suffering (48% of the population, and predominantly female), the Accepting (43% of the population and predominantly male) and the Resisting (9% of the population, predominantly male and young). The Suffering display higher levels of anxiety; the Accepting are experiencing less negative impacts. Both groups are strongly supportive of the lockdown approach and do not expect it to end soon. In contrast, only around a quarter of the Resisting group support the lockdown, they expect it to end soon and are less compliant. These differences in views and behaviours highlight the complexity of public attitudes and how they differ across different groups in the population.

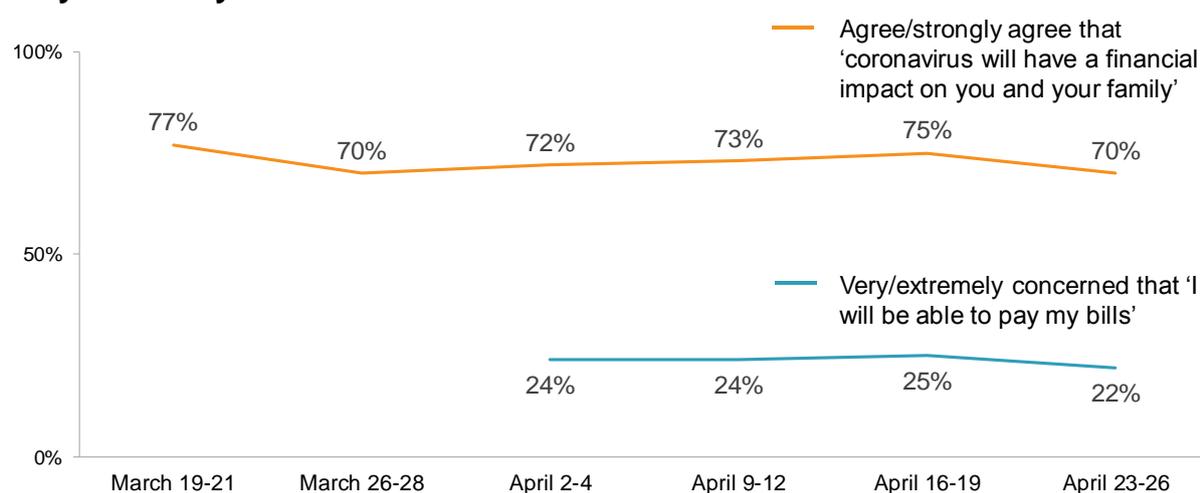
Economic security and welfare

Prior to the COVID-19 pandemic, 19% of working-age adults in Scotland were in relative poverty (after housing costs) equivalent to 640,000 adults; 24% of children (230,000 children) were in relative poverty²³.

YouGov survey data shows that 14% of people expect COVID-19 to have a very serious negative financial impact²⁴. Families already experiencing poverty will continue to struggle while others will start to experience poverty.

In the most recent wave of polling, 70% of respondents agreed or strongly agreed that coronavirus would have a financial impact on them or their family. More than one in five people are very or extremely concerned about being able to pay bills (Figure 12).

Figure 12: Whether respondents agreed/agreed strongly or were very/extremely concerned with the statements shown



Source: Ipsos MORI, Scotland data. Base(n=568-668)

²² <https://www.kcl.ac.uk/news/the-three-groups-reacting-to-life-under-lockdown>

²³ Family Resources Survey 2016-19

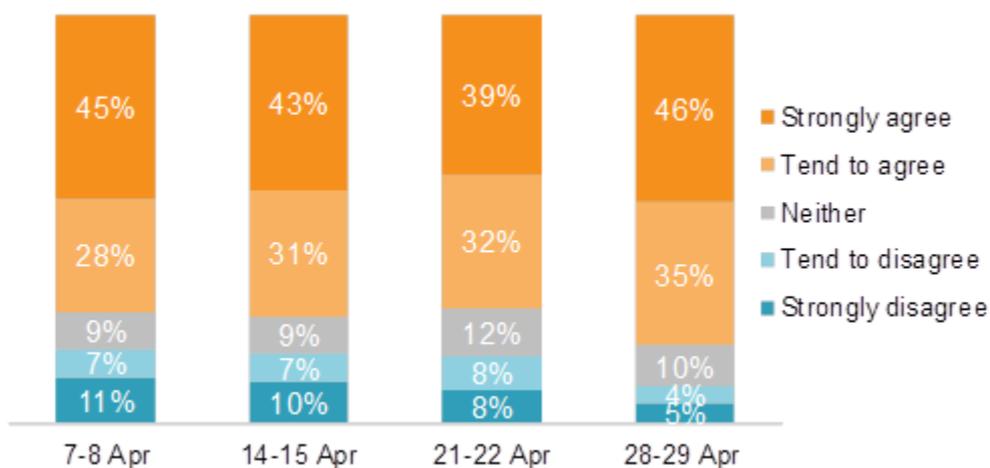
²⁴ YouGov weekly Scotland survey, survey fieldwork 14-15 April, base n= 1002

The number of crisis grant applications made to the Scottish Welfare Fund was more than 50% higher in March 2020 than in March 2019. Figures from the Trussell Trust show an 81% increase in the number of food parcels distributed by food banks in its UK-wide network during the last two weeks of March this year compared to the same period in 2019. Independent food banks across the UK have similarly reported a 59% increase in food parcels distributed from February to March this year, 17 times higher than the same period in 2019²⁵.

Social contract, trust in Government

Trust in government advice and guidance remains strong. Figures 13 and 14 show that at the end of April, 8 out of 10 people trusted the advice and guidance from the Scottish Government to stay at home, protect the NHS and save lives; and 7 out of 10 trusted the Government to decide when and how it's best to lift the restrictions.

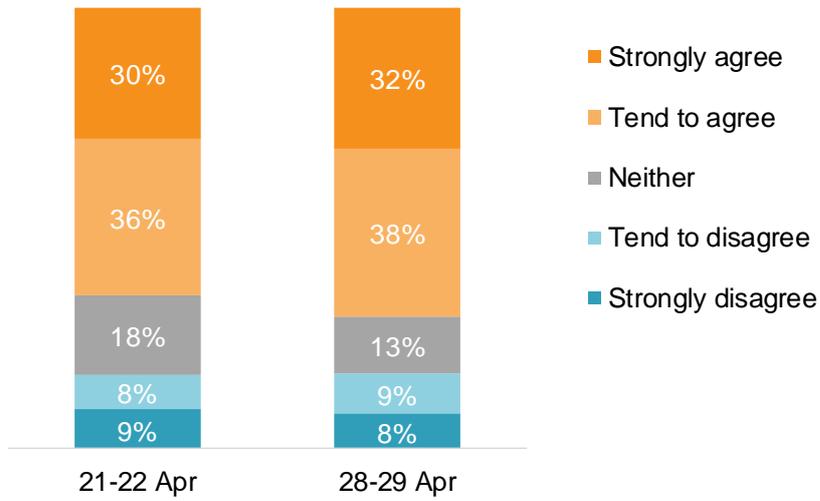
Figure 13: Whether respondents agree/disagree with the statement 'I trust the advice and guidance from the Scottish Government to stay home, protect the NHS and save lives'



Source: YouGov weekly Scotland survey. Base (n=1011 – 1042)

²⁵ <https://www.trusselltrust.org/2020/05/01/coalition-call/>

Figure 14: Whether respondents agree/disagree with the statement 'I trust the Scottish Government to decide when and how it's best to lift the restrictions'



Source: YouGov weekly Scotland survey. Base (n=1011 – 1042)

6. Economic impacts

The economy is central to our wellbeing in Scotland whether it is through the provision of direct services and goods, provision of taxes to fund public services like health and welfare, or by providing direct opportunities for employment and income.

Our business base is diverse and there are many individuals and households across Scotland that form part of it and they are providing goods and services for local communities as well as to international markets. The impact of COVID-19 has materially changed how we interact with the economy daily and will reset many of these key interactions going forward.

Dimensions of economic harm

The dimensions of economic harm 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.

There will also be gender and age-related dimensions of economic harms that are important to consider as different groups in society will be impacted in different ways depending, for example, on their labour force participation and on where they live.

The extent to which the economy can restart is another important consideration. As measures are lifted and as business and society reopen, we will see a reversal of the output contraction for many parts of the domestic economy. However, not all sectors will come back immediately - or to the same extent - as external demand, consumer demand and business models will have changed significantly.

The time dimension is important too as the economic harm from physical distancing measures is not static nor linear. The impacts will intensify the longer the lockdown continues: we will see more businesses unable to recover and we risk the scarring effects of unemployment. This will then feed through to increasing the health and social harms.

The direct COVID-19 harm is key to the level of economic harm we may see. The lower the direct COVID-19 harm is at a point in time, the greater the signal to businesses that, consistent with our guidance and regulations, it is safe to re-open and the more consumer demand is likely to pick up. Decisions to change restrictions sooner would enable the economy to re-start but there is also the risk that if restrictions are changed too soon and the direct COVID-19 harm increases then some physical distancing measures may have to be re-introduced and this could lead to further economic harm.

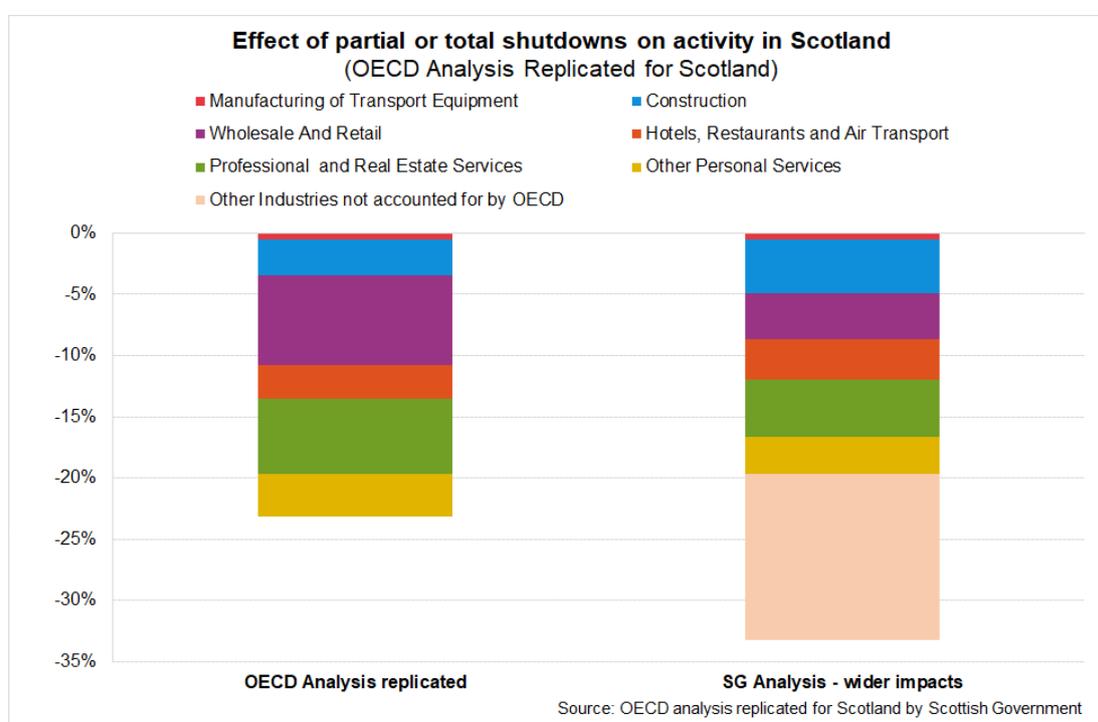
Evidence on economic harms²⁶

The priority has been to protect public health with physical distancing measures quickly introduced to contain the spread of COVID-19. Some of these measures have necessitated the shutdown of many parts of the Scottish economy.

Our analysis shows that 22% of the economy is strictly closed which has impacted over 900 thousand jobs and over one third of the business base (including the self-employed).

We estimate a 33% fall in GDP if the current distancing measures were to be in place for three months (see Figure 15). Over the year this equates to a 12% decline in GDP. These estimates are similar to those produced by the OECD as well as other organisations such as the Office for Budget Responsibility.

Figure 15: Effect of partial or total shutdowns on activity in Scotland



The contraction in economic activity is steeper and faster than in previous downturns and it has similarly impacted our major trading partners. The latter means many of our external markets both for goods and supplies are also impacted. The sudden cessation of economic activity has focused the economic policy response on maintaining productive capacity, which in many cases has meant supporting temporarily closed businesses.

It is important however to recognise that this is no ordinary economic downturn: many productive, profitable and sustainable businesses have been required to temporarily close bringing immediate financial stress. The policy response to the pandemic has also been unprecedented with a combination of fiscal, monetary and macro-prudential measures to maintain cashflow, incomes, wages and employment

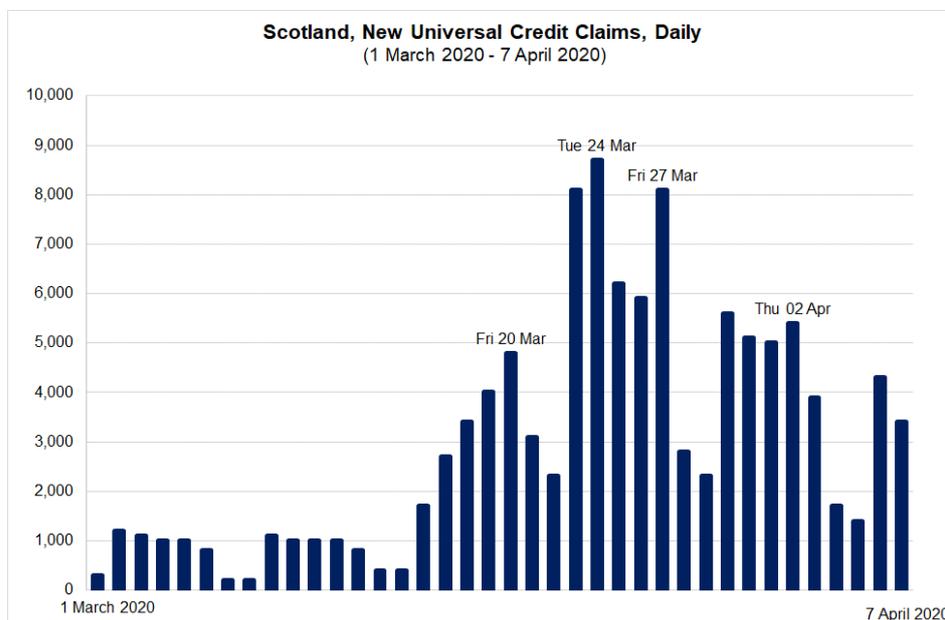
²⁶ Further evidence on economic impact was published in the Chief Economist's [State of the Economy Report](#) in April 2020

across the economy - reflecting both the indiscriminate nature of the crisis and the need to protect productive capacity.

We are also starting to see the impacts on the labour market with estimates from the Office of National Statistics showing that around one fifth of workers UK wide are currently furloughed through the Coronavirus Job Retention Scheme. Figures for Scotland are not currently available.

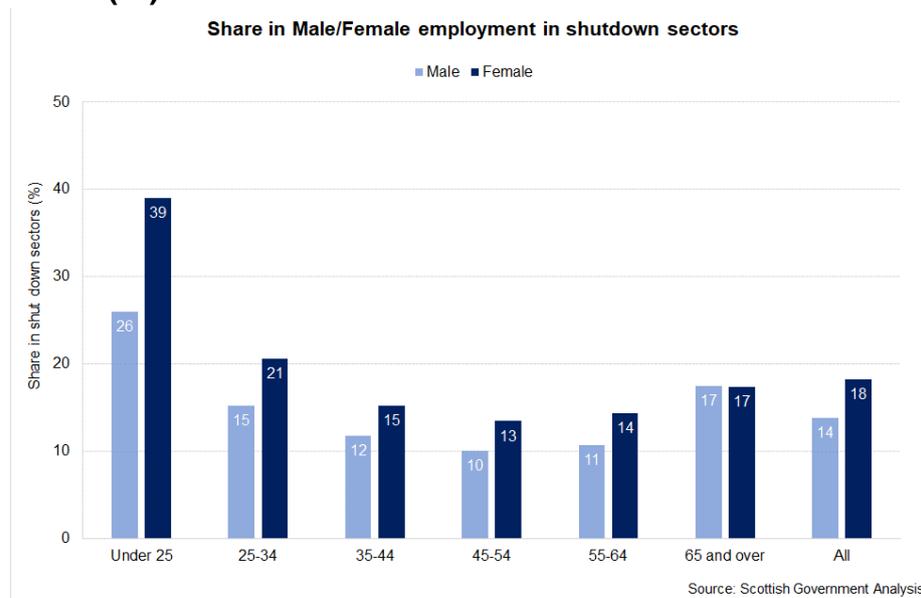
Although recent labour market figures do not yet capture the effects of COVID-19, we are seeing a significant rise in those applying for universal credit which suggests that we may soon see a big increase in unemployment. Figure 16 shows a sharp rise in new universal credit claims in Scotland since the period of lockdown began and policy support packages were put in place.

Figure 16 Daily claims of universal credit



Our analysis (see Figure 17) shows the shutdown will hit younger workers the hardest as employees aged under 25 are more likely to work in a sector that has shut down as other employees. Women are more likely to work in a sector that has shut down than men. This highlights the gender and age-related dimensions of economic harms.

Figure 17: Share of Employment in shut down sectors by gender and age, Scotland (%)



Source: Annual Population Survey Jan-Dec 2019, ONS

7. Conclusion

The data and evidence summarised in this document describe some of the many ways in which COVID-19 is impacting on the people, economy and services in Scotland, providing a basis for an overall assessment to be made of the harms individually and collectively. These analyses will be updated and expanded to include further evidence in coming weeks, and will be used to inform decisions about next steps, and the longer-term recovery processes.

The current evidence shows clearly the scale of direct harm that has resulted from the virus. The evidence also highlights that the people of Scotland have high levels of trust in the Government's advice, and support the extension of suppression measures meantime.



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-737-0 (web only)

Published by The Scottish Government, May 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS734566 (05/20)

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