

The Impact of COVID-19 on wellbeing in Scotland: work and finances, neighbourhood support, personal wellbeing, and behaviour changes



PEOPLE, COMMUNITIES AND PLACES



Background and research questions

COVID-19 causes harm to people's health, to our society and to our economy. This report adds to the existing evidence and highlights some of the effects of the pandemic on our society, and the differences for different sub-groups and geographical areas.

Throughout the pandemic the Scottish Government has collected information about how ways of life and attitudes are changing in Scotland.^{2,3} During the first 'lockdown', in April-May 2020, the Scottish Government commissioned a telephone survey with 1,000 people that asked about experiences of anxiety and worry, financial hardship, and help and support within communities. This showed that that some groups were experiencing higher levels of hardship and instability as a result of the pandemic than others.⁴

We repeated this survey in December 2020, to look at what has changed, and who is being most affected.

The aims of this research were to:

- inform our understanding of the short, medium and longerterm impacts of COVID-19 on wellbeing, for different groups and in different geographical areas;
- identify if, and how, the impacts of COVID-19 on wellbeing change during autumn and winter

More information about the methods, and respondent sample sizes can be found in Annex A.

¹ The Impact of COVID-19 in Scotland, dashboard (data.gov.scot)

² Coronavirus (COVID-19): impact on communities and priorities for recovery - research - gov.scot (www.gov.scot)

³ Public attitudes to Coronavirus: January update - gov.scot (www.gov.scot)

⁴ Coronavirus (COVID-19): impact on wellbeing - research - gov.scot (www.gov.scot)

Key points

- The societal impacts of the COVID-19 pandemic are significant, and these impacts are distributed in uneven and evolving ways.
- The impacts are worse for people on lower household incomes, disabled people, women, people living in more deprived areas and people who do not own their own homes.
- The direct and indirect effects of the pandemic and restriction measures have underlined existing lines of inequality.
- How and why experiences vary between people needs to be explored further through qualitative or ethnographic means. This will evidence the diverse ways in which our lives and wellbeing are changing.

1 in 3 had the virus or knew someone who had been infected



1 in 5 reported social contact less than once a week



A quarter said their household income was lower than at the start of the pandemic



The proportion of people who received help from others was lower than in May 2020



4 in 10 reported changes to their work since the beginning of the pandemic



31% are exercising more and 27% are exercising less than before the pandemic



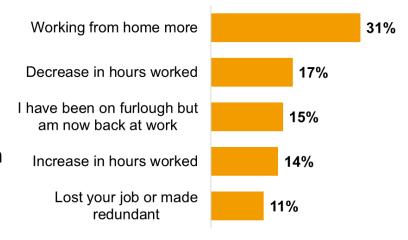
Over four in ten people (43%) have experienced changes to their work since the beginning of the pandemic.

The most common change was changing to working from home more (31%).⁵

Some have experienced an increase in hours worked (14%), while others have experienced a decrease (17%).

People working part-time (27%), self-employed (48%), and those who said they have had COVID-19 (22%) were more likely to have experienced a decrease in work hours.

Figure 1. The five most common changes to work:





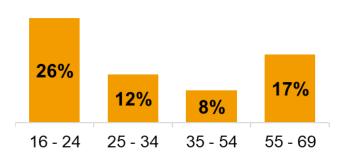
⁵ The percentages on page 4 and 5 are from a sample whose work situation or working hours have changed in some way since the start of the pandemic (n=455)

Around one in ten (11%) who experienced changes to their work have lost their job or been made redundant. 6

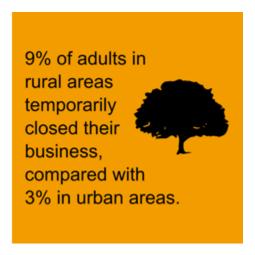
Figure 2. The proportion of people who have lost their job or been made redundant, by age:

Redundancy and job loss were higher amongst people on lower household incomes compared to higher incomes (>£26,000), and younger people (under the age of 35).

By December 15% were back at work after being on furlough, while 5% were still on furlough.



Please note that not all differences between age groups are statistically significant



⁶ Among those work situation has changed in some way since the start of the pandemic (n=455)

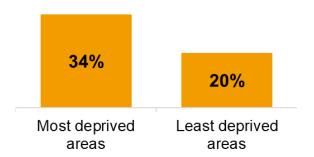
One in four reported their income was lower than before the pandemic.

63% reported their income was the same, and 12% reported it was higher.

People who were self-employed (56%) and living in the most deprived areas of Scotland (34%) were more likely to report their income was lower.⁷

People with a household income of more than £52,000 were more likely to report their income was higher (20%).

Figure 3. The proportion of people who reported their income was lower than at the start of March 2020, by area:



Fewer people in December 2020 reported a decrease in their pre-pandemic income compared with May 2020.

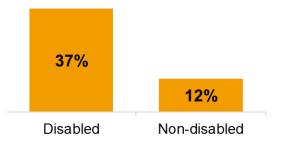
⁷ In this report we use the Scottish Index of Multiple Deprivation to describe the most deprived (SIMD 1 or 20% most deprived areas) and the least deprived (SIMD 5 or 20% least deprived areas) areas in Scotland

The most common action to manage a lower income was spending less on non-essential items (44%).8

Figure 4. The proportion who cut back on essential items, such as food to manage lower income, by disability:

17% reported using savings, and 17% reported cutting back on essential items, such as food.

The proportion who cut back on essential items was higher for disabled compared to non-disabled people.⁹



20% of adults who said they were not managing well financially have applied for Universal Credit.

⁸ The percentages on page 8 are of a smaller sample whose household income is lower than at the start of March (n=238)

⁹ In this report disabled people refers to respondents who said they had a physical or mental health condition that limits day to day activity

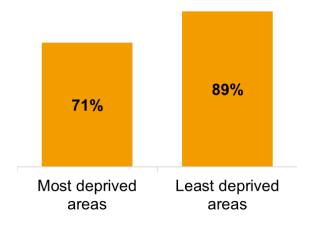
Neighbourhood and support

Similar to May 2020, more than eight in ten (83%) felt like they could rely on someone in their neighbourhood to help them.

A high proportion (81%) felt like most people can be trusted in their neighbourhood.

Younger people, disabled people, and those living in the most deprived areas of Scotland were less likely to agree that they could rely on others in their neighbourhood, if they were alone and needed help.

Figure 5. The proportion who felt like they can rely on someone in their neighbourhood to help them, by area:

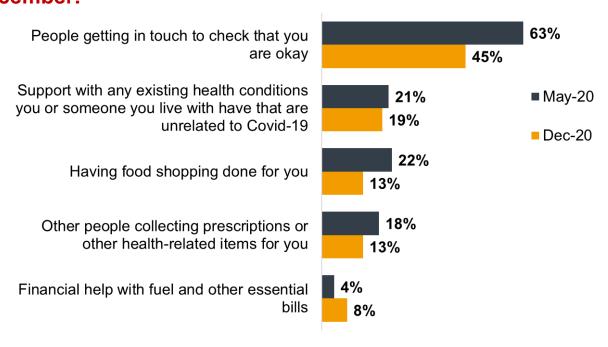


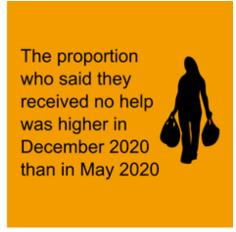
77% felt a very/fairly strong sense of belonging to their neighbourhood and 35% felt that they could influence neighbourhood decisions

Neighbourhood and support

Around six in ten reported receiving help from someone outside their household in the past month.

Figure 6. The five most common kinds of help, in May and December:





Neighbourhood and support

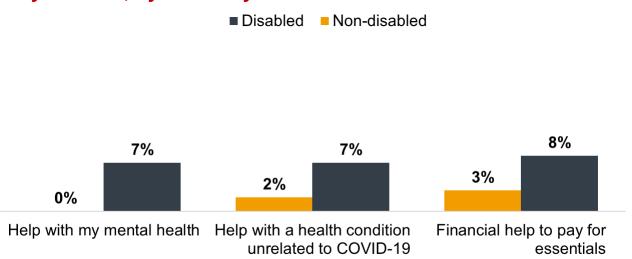
14% identified support that they needed, but weren't receiving.

The most common unmet need was financial help to pay for essentials.

Disabled people were more likely to report not receiving the support they needed.

People in private rented accommodation were more likely to say they needed financial help to pay for essentials (11%) compared to the average (4%).

Figure 7. The proportion who reported not receiving the support they needed, by disability:



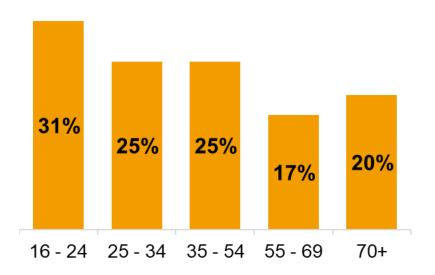
Average anxiety levels were slightly lower in December compared to May 2020.

Happiness levels remained similar, but were much lower than before the pandemic.

Women, younger people, those on lower incomes, and disabled people were more likely to report feelings of anxiety.¹⁰

Those on the lowest income band were twice more likely to report lower levels of happiness than those in the highest income band.

Figure 8. The proportion who reported high levels of anxiety, by age:



Please note that not all differences between age groups are significant

¹⁰ Happiness and anxiety were measured on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. In <u>wave one</u> of the survey we compared respondent's happiness and anxiety levels 'yesterday' compared to a typical day before the pandemic

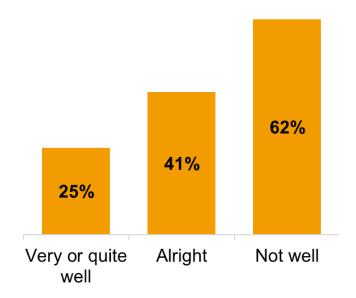
34% reported feeling lonely at least some of the time in the past week.¹¹

The proportion of people who reported loneliness was lower in December than in May 2020.

Younger people, those on lower incomes, and disabled people were more likely to report feelings of loneliness.

People who said they were not managing well financially were more than twice as likely to report loneliness than those who said they were doing very or quite well financially.

Figure 9. The proportion who reported loneliness by self-assessed financial situation:



Please note that not all differences between groups are statistically significant

51% of people aged
16-24 felt lonely in
the last week.
This was lower
for other
age groups
(40% and under).

 $^{^{11}}$ In this report loneliness refers to the proportion of people who say they feel lonely some, most, all or almost all of the time in the past week

Most people (57%) said they had socialised (either in person or by video-call) more than once a week in the past month.

One in five (22%) reported they had social contact less than once a week.

Disabled people were more likely say they had less regular social contact.

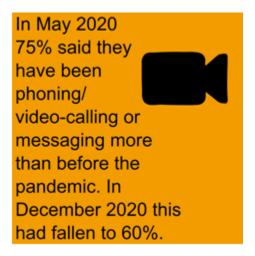
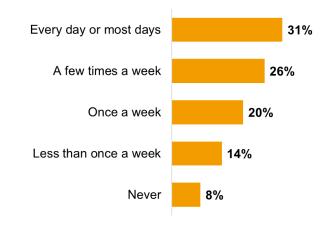


Figure 10. How often people reported social contact:

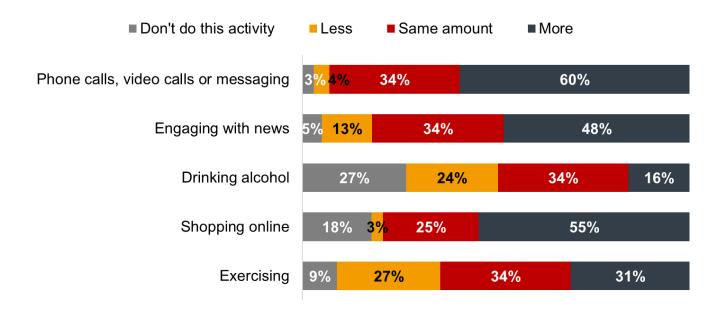


Compared to before the pandemic, more than half said they were shopping online more.

The picture was more mixed for exercise and drinking alcohol – some people doing these things more, and some less.

39% said they were sleeping badly (December 2020). This was higher than in May 2020 (29%).

Figure 11. The proportion who reported doing each activity compared to the start of March 2020:

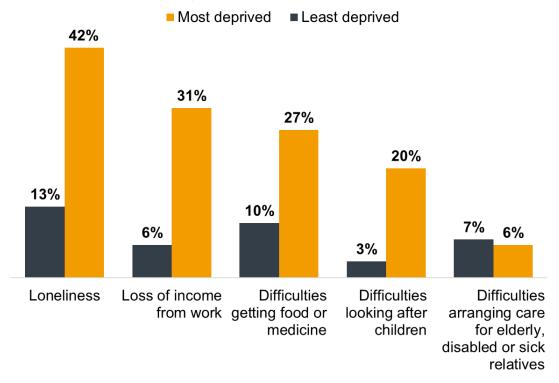


Experiences of COVID

5% reported having had Coronavirus themselves since March 2020.

30% of all respondents had self-isolated since March, most often because they or someone in their household had symptoms. Loneliness was the most commonly reported issue by those who had self-isolated, followed by difficulties getting food or medicine, and loss of income from work.

Figure 12. The proportion who reported facing each issue when self-isolating, by area:



Please note that differences between groups are not statistically significant

Annex A – Further Information

The questionnaire was 20 minutes long and contained closed questions only. Fieldwork was carried out by Ipsos MORI between 10 and 16 December 2020. Minimum quotas were set, and met, on gender, age, working status and Scottish Parliamentary region. The sample source was random digit dialling, as well as supplementary mobile number databases. Weighting was applied to make the results representative of the Scottish population.

At the time fieldwork was conducted, COVID protection levels were in place. Further limitations on Christmas gatherings and plans for nationwide Level 4 restrictions from Boxing Day had yet to be announced (these were announced on 19 December). The first COVID-19 vaccinations in Scotland were conducted the week fieldwork started. News of the Kent variant of the virus broke at the end of fieldwork (15 December). The winter weather may also have influenced results.

Representativeness was achieved through quota sampling. This means that strictly speaking, statistical significance should not be applied, however it has been used in the analysis of this survey data as an indication of differences that are likely to be of importance.

Unweighted base sizes

Figure 1. All whose work situation or working hours have changed in some way since the start of the outbreak (n=455) Figure 2. All whose work situation or working hours have changed in some way since the start of the outbreak (n=455) Figure 3. All adults in SIMD 1 (n=150) and SIMD 5 (n=220) Figure 4. All adults whose income is lower than at the start of March, disabled (n=40) and non-disabled (193) Figure 5. All adults in SIMD 1 (n=150) and SIMD 5 (n=220)

Figure 6. All adults in May 2020 (n=1,000) and December 2020 (1,004)

Figure 7. All adults who are disabled (n=176) and non-disabled (n=818)

Figure 8. All adults in order of youngest to oldest categories (n=111, 157, 333, 263, 140)

Figure 9. All adults managing very/quite well (n=592), alright (n=334), and not well (n=75)

Figure 10. All adults (1,004)

Figure 11. All adults (1,004)

Figure 12. All adults who self-isolated in SIMD 1 (n=55) and SIMD 5 (n=58)

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