

East Renfrewshire Council

# **Humanitarian Research into the Impact of COVID-19 in East Renfrewshire**

Report  
March 2022

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**engage**  
scotland

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# 1. INTRODUCTION

- 1.1. This report sets out findings from research to consider the impact of the COVID-19 pandemic and associated public health restrictions for residents, community groups and businesses in East Renfrewshire.

## **Background and study objectives**

- 1.2. The COVID-19 pandemic – through the direct impact of the virus and the secondary effects of measures introduced to control its spread – has been unprecedented in the breadth and depth of its impact on Scotland's society and economy. The pandemic has resulted in multiple prolonged periods where most schools and businesses were required to close, where a large proportion of the workforce were furloughed or required to adapt to new work from home directives, where public services were set on an emergency footing to protect the most vulnerable, and where there has been extensive disruption to community activities.
- 1.3. The extent and ways in which the pandemic has affected our businesses and communities has varied over the course of the pandemic. Following multiple peaks in infection rates (and associated lockdown periods), roll-out of the vaccination programme during 2021 has finally enabled more dedicated work on the development and implementation of recovery plans.

## **Study objectives**

- 1.4. In this context, now is an opportune moment to consider how the pandemic has affected businesses and communities, and how public agencies, their partners and communities can support recovery.
- 1.5. The overall aim of the study was to improve understanding of the impact of the COVID-19 pandemic and associated public health restrictions for people, communities and businesses in East Renfrewshire. This included a particular focus on the lived experience of the pandemic for people and communities, how these have varied across key socio-economic groups, and the extent to which the pandemic may have added to existing inequalities.
- 1.6. Findings were required to shape recovery planning in East Renfrewshire, including identification of which thematic groups and community areas are likely to require the most support in the short, medium and long term. Findings will also be used to help to develop East Renfrewshire Council's Vision for the Future, Community Plan (including FairER plan) and Locality Plans.

## Research approach

- 1.7. The research used a mixed method approach, incorporating a desk-based review to make best use of available evidence, alongside fieldwork using a mix of survey and in-depth qualitative research to produce a rich set of evidence around the lived experience of the pandemic. The table below provides an overview of the qualitative fieldwork strands for the study.

Research strand/ Target group	Target participants	Achieved participants
<b>Residents</b>	60-70	74
<b>Community groups</b>	30-40	31
<b>Businesses</b>	30-40	16 (plus 54 respondents to previous Council survey)
<b>Service providers and other stakeholders</b>	25-40	41

- 1.8. The number of research participants enabled the research to include a cross-section of residents, community groups and businesses, including representation of key population groups in terms of age, gender, disability/health, ethnicity and geographic location. However, the qualitative nature of the fieldwork means it cannot be interpreted as representative of a given population. Rather, this report draws on qualitative feedback to describe the lived experience of research participants, and illustrate how this appears to have varied across key groups. The mixed quantitative and qualitative approach also allows us to triangulate qualitative feedback with available evidence considered through the desk review. The report highlights common themes which are evident through both qualitative feedback and desk-based analysis.
- 1.9. The approach to desk-based analysis discussions with research participants were structured around the 'four harms' set out by the Scottish Government as a framework for decision-making in relation to the pandemic. This framework ensured a rigorous and consistent approach to synthesis of research findings, and the remainder of this report is structured around the four harms as follows:
- 1.10. **Chapter 2 – Positives identified by communities** considers the changes associated with the pandemic which communities wish to retain as the recovery process continues.
- 1.11. **Chapter 3 – Harm 1: Direct health impacts** considers the direct harm caused to people's health, considering factors such as patterns in the number of COVID-19 positive cases over the course of the pandemic, hospitalisations and

deaths, and how direct health impacts may vary across different parts of the population.

- 1.12. **Chapter 4 – Harm 2: Indirect health and social care impacts** considers impacts on health and social care services, how people are using these services, and harm caused to people's non-COVID health.
- 1.13. **Chapter 5 – Harm 3: Societal, wellbeing and quality of life impacts** considers the wider societal impacts of the pandemic on our way of life, including for example the effects of increased isolation and limited access to services and facilities.
- 1.14. **Chapter 6 – Harm 4: Economic impacts** considers the economic impacts of COVID-19 and associated public health restrictions, including immediate and longer-term impacts for businesses, individuals and families.
- 1.15. **Chapter 7 – Response and supporting recovery** brings together key considerations from across the four harms to inform recovery planning, including positive aspects of the response to date.

## 2. POSITIVES IDENTIFIED BY COMMUNITIES

2.1. The research has focused primarily on the many ways in which the COVID-19 pandemic has adversely affected life for people in East Renfrewshire, and we consider these over the following sections of the report. However, engagement with residents and community groups has identified a number of positive changes associated with the pandemic. These have been highlighted through the research as changes which communities wish to retain as the area continues the recovery process:

- Residents having the opportunity to spend more time with their partners and children was one of the most commonly cited positives associated with the pandemic – although for some this was contrasted with being unable to see other family members for a prolonged period. Some had also found they were able to achieve a better work/life balance during periods of lockdown and as a result of more home working, and wished to maintain this.

*I've been able to focus on what really matters.*

- A stronger sense of community and feeling of belonging to their local neighbourhood were also common cited positives. This included reference to the extent to which residents have supported others in their community through periods of lockdown – for example through 'welfare checks' on vulnerable members of the community, food shopping and collecting other essentials for those who are shielding or self-isolating. This also included more formalised volunteering, with some noting that they had more time to give to community organisations as a result of changes in their working arrangements.

*Better community spirit, 'all in this together' attitude!*

- The stronger sense of community was also reflected in some suggesting that people in East Renfrewshire have developed a better understanding of poverty in their communities, and the struggles that some residents face. This included some noting that the extent of poverty in their local community had been 'hidden' prior to the pandemic.

*People have a better understanding of poverty and the struggles many face.*

- Research participants also referred to the extent to which the pandemic, and in particular periods of lockdown, had improved the quality of their local environment. This included reference to a reduction in traffic and to local neighbourhoods generally being quieter and more pleasant, and to residents making greater use of (and having greater appreciation of) green space in East Renfrewshire. Greater use of open space was also related to reports of a wider increase in use of active travel options during the pandemic. This included residents feeling safer cycling on roads with reduced traffic, and more use of walking in open spaces as their permitted exercise.
- More people walking and cycling, the neighbourhood feels friendlier.*
- Some reported having improved their digital literacy during the pandemic, including through more use of video and other digital communication technologies to keep in touch with family and friends. Those who had seen a significant increase in their confidence using digital communication options appeared to be a minority, but feedback through the research suggests there may also have been a wider shift towards greater acceptance of remote contact methods to access services. A number of research participants saw greater use of digital technologies to request and access services as a positive change in terms of the accessibility of services.

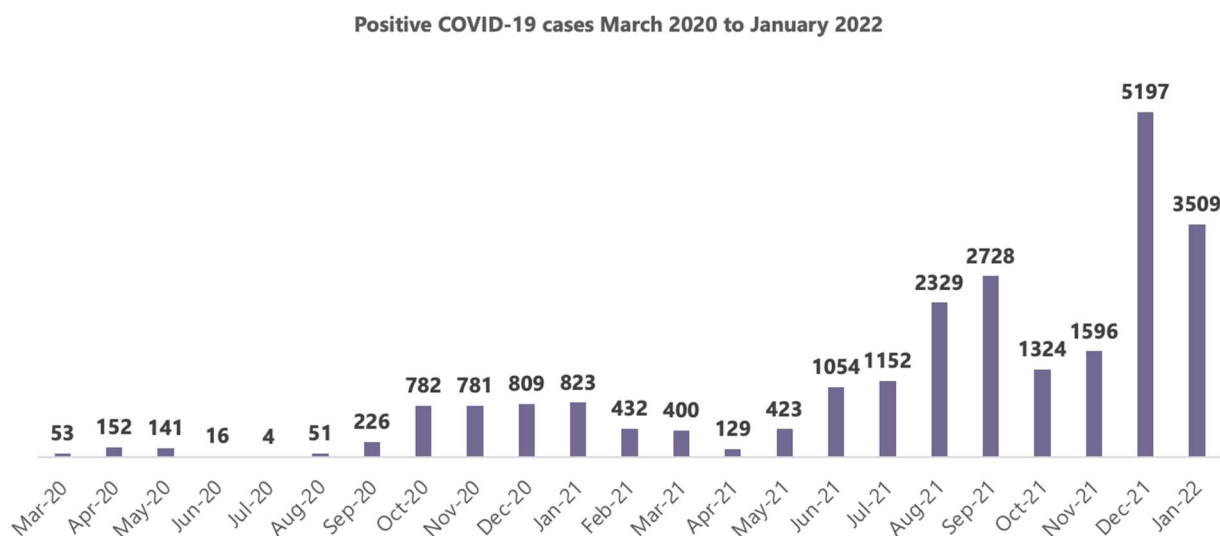
### 3. HARM 1: DIRECT HEALTH IMPACTS

- 3.1. This section sets out key findings in relation to the first of the 'four harms' associated with the COVID-19 pandemic; the direct harm to people's health. This includes key indicators such as patterns in the number of COVID-19 positive cases over the course of the pandemic, hospitalisations and deaths, and how direct health impacts may vary across different parts of the population.

#### COVID-19 in East Renfrewshire

- 3.2. The direct health impacts of COVID in East Renfrewshire have been significant. At January 2022, around 24,000 COVID cases and 202 COVID-related deaths have been recorded since the start of the pandemic.<sup>1</sup> This equates to more than 250 cases per 1,000 of the East Renfrewshire population, above the national average of around 210 per 1,000 population.
- 3.3. The overall volume of positive cases is equivalent to nearly 1,000 per month, although as Figure 1 shows the number of new cases has varied considerably over the course of the pandemic, reaching a peak of nearly 5,200 cases in December 2021.

**Figure 1: COVID-19 positive cases March 2020 to January 2022**

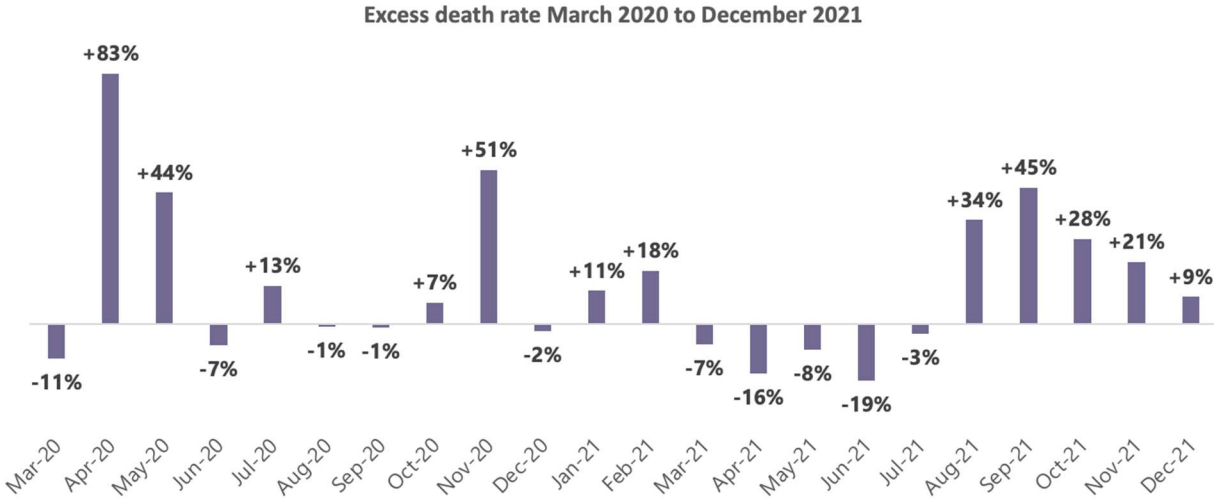


<sup>1</sup> Current data on COVID-19 infections and deaths can be found at: <https://www.opendata.nhs.scot/dataset?groups=covid-19>



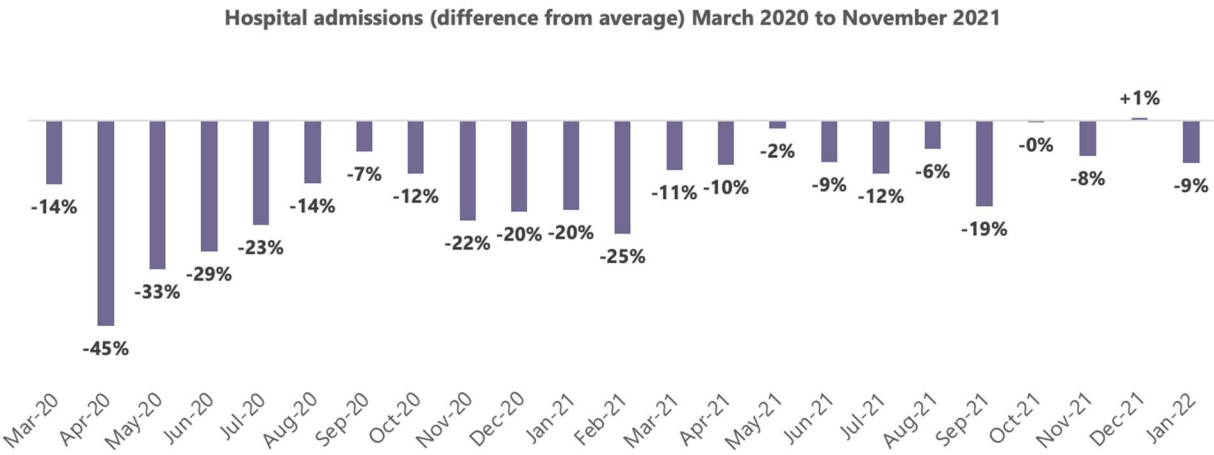
3.4. The direct health impact of COVID-19 is also evident in the 13% increase in excess deaths in East Renfrewshire during the course of the pandemic, similar to the 12% increase seen nationally. Reflecting variation in the COVID-19 case rate (see Figure 1 earlier), the rate of excess deaths in East Renfrewshire has varied considerably, reaching more than 40% above average at several points (e.g. spring 2020, November 2020 and September 2021). It should also be noted that excess deaths in East Renfrewshire remain around 20% above average at the time of writing.

**Figure 2: Excess deaths March 2020 to December 2021**



3.5. Overall, hospital admissions in East Renfrewshire during the pandemic have been 16% below pre-COVID levels. As Figure 3 below shows, admissions have varied over this period. This indicates that, prior to the emergence of the Omicron variant in late 2021, admissions have been lowest when COVID-19 case rates have been highest; in spring 2020 (admissions less than 70% of the pre-COVID average), early 2021 (around 75% of pre-COVID levels) and September 2021 (around 80% of pre-COVID levels).

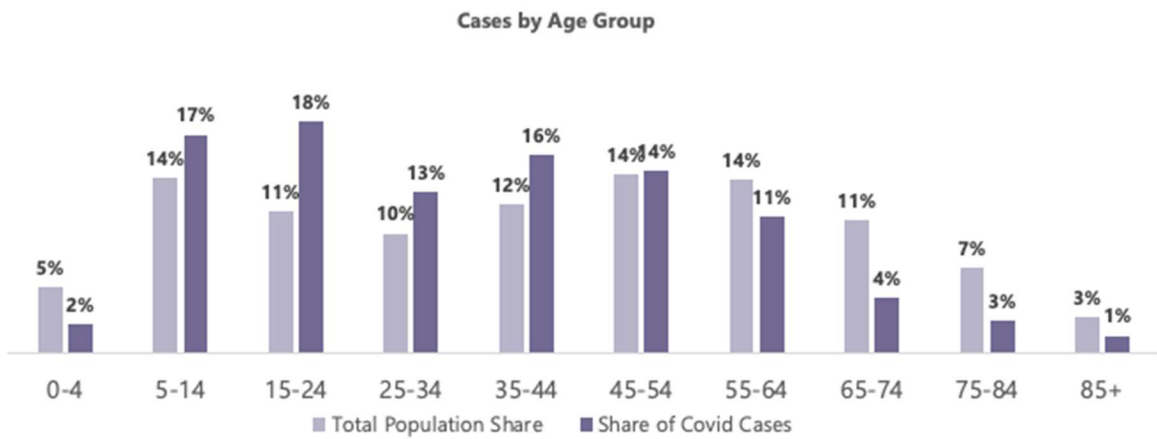
**Figure 3: Hospital admissions (difference from average) March 2020 to November 2021**



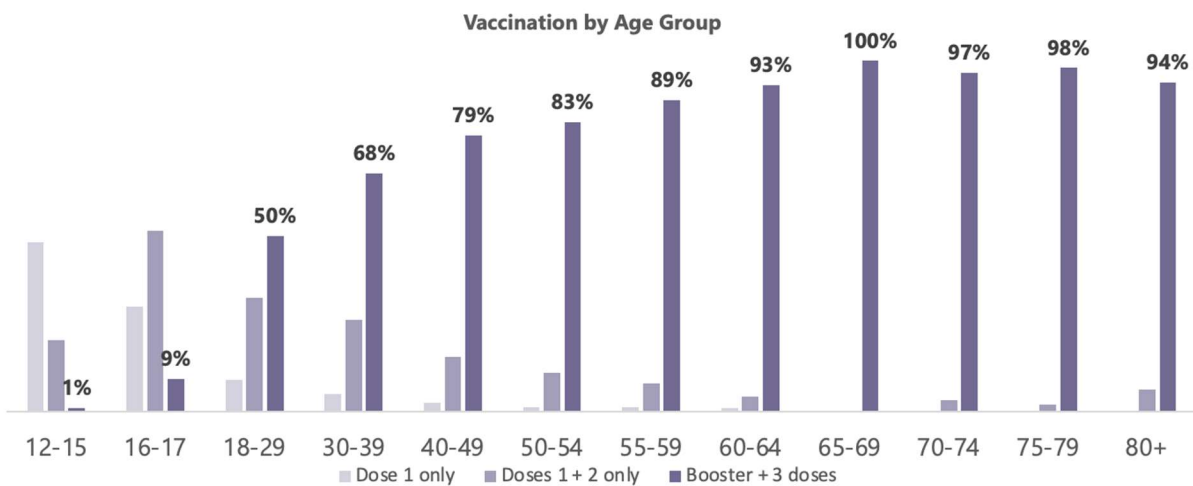
## Impact across different parts of the community

3.6. Available data on the profile of those testing positive for COVID-19 indicates that younger age groups in East Renfrewshire have accounted for a larger share of COVID cases than would be expected. Those aged 5 to 45 together account for 64% of COVID-19 cases in East Renfrewshire, compared with 47% of the wider population. This age profile is consistent with the pattern of COVID-19 vaccination; as Figure 5 shows, 93% of those aged 50+ in East Renfrewshire are fully vaccinated (including a booster), rising to 96% of those aged 60+. It should be noted that vaccination take-up appears to be relatively strong, but staged roll-out of the vaccination programme means that vaccination rates are lower for under 50s (66% of those aged 18-49 have full protection).

**Figure 4: COVID-19 case rate by age group**

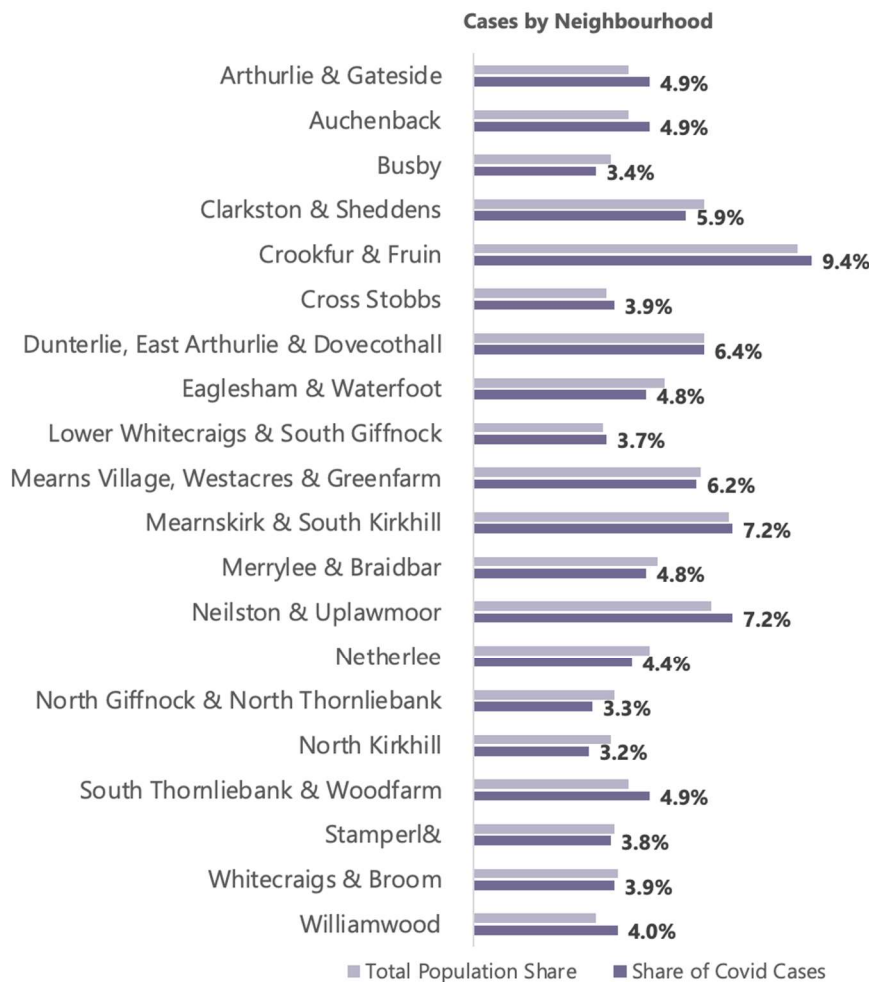


**Figure 5: COVID-19 vaccination rate by age group**



- 3.7. Analysis of the geographic spread of COVID-19 cases also shows some areas accounting for a disproportionately large proportion of COVID-19 cases. In particular, Arthurlie & Gateside; Auchenback; Neilston and Uplawmoor; South Thornliebank and Woodfarm; and Williamwood together account for 26% of COVID-19 cases compared with 23% of the population. This may in part reflect patterns of deprivation; with the exception of Williamwood, these areas account for five of the ten most deprived datazones in East Renfrewshire.
- 3.8. National trends also indicate that COVID-19 is likely to have had a disproportionate impact on the BAME population in East Renfrewshire. While this appears to reflect the severity of illness for some BAME communities, this trend also appears to reflect a correlation between COVID-19 case rates and underlying deprivation.

**Figure 6: COVID-19 case rate by neighbourhood**



## Long COVID

- 3.9. While the majority of people contracting COVID-19 see their symptoms resolve within a few weeks, some have experienced ongoing or new symptoms for a prolonged period after their initial infection, known as 'long COVID'. The clinical definition of long COVID relates to people experiencing COVID symptoms more than four weeks after their initial infection, although some data sources focus on symptoms persisting more than 12 weeks after infection. However, it is important to note that we are yet to fully understand the underlying causes of long COVID, why some people are affected but not others, nor how long these effects might persist.
- 3.10. Long COVID therefore remains an unquantifiable factor for East Renfrewshire. Available data suggest that a relatively small proportion of positive COVID cases result in hospitalisation, particularly for the most recent OMICRON variant which has accounted for the majority of cases since late 2021. However, there is a risk that a substantial proportion of those who have had COVID-19 could experience long-term effects – and feedback from services such as CAB indicates that cases of long COVID are already appearing.
- 3.11. Research into the prevalence and nature of 'long COVID' is ongoing across the UK, but early evidence suggests that this could equate to 5-15% of positive cases. This would mean that 1,100 to 3,500 East Renfrewshire residents could expect to be affected by long COVID. While we do not yet understand why the condition affects some more than others, early research suggests that long-COVID may be more prevalent for those aged 35-64, women, people with a disability or long-term condition, and those in deprived areas.
- 3.12. The Scottish Government<sup>2</sup> makes clear that those affected by long COVID are likely to experience a wide range of symptoms, including some who will require health and social care services. However, the Scottish Government's proposed response to long COVID also emphasises the role of supporting self-management of these symptoms, less intensive community-based support, and rehabilitation support to recover some of the abilities affected by the condition. As such, and in addition to response from health and social care services, long COVID is likely to increase pressure on community based services and community groups in meeting the need for lower level wellbeing support.

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<sup>2</sup> <https://www.gov.scot/publications/scotlands-long-covid-service>

## 4. HARM 2: INDIRECT HEALTH AND SOCIAL CARE IMPACTS

- 4.1. This section sets out key findings in relation to the second of the 'four harms' associated with the COVID-19 pandemic; the wider impact on health and social care services, how people are using these services, and harm caused to people's non-COVID health (for example their physical and mental wellbeing more generally).

### Impacts on non-COVID health

- 4.2. Available evidence indicates that the COVID-19 pandemic is likely to have had a significant and widespread negative impact on mental health in East Renfrewshire. For example, Annual Population Survey 2020/21 data for East Renfrewshire shows a 29% fall in residents describing themselves as 'very happy' since 2018/19, and a 16% increase in those reporting 'high' anxiety. Similarly, the 2021 East Renfrewshire Citizens' Panel (ERCP) survey indicates that nearly two thirds (63%) of respondents felt the pandemic had adversely affected their mental health and wellbeing. As is considered further in relation to 'Harm 3', this is also consistent with research findings which suggest a widespread deterioration in mental health and wellbeing, ranging from low-level anxiety to exacerbation of existing mental health conditions.
- 4.3. National research highlights potential drivers of this reduction in mental wellbeing. For example, bereavement, job and/or financial insecurity, food insecurity, physical inactivity, social isolation and anxiety around virus transmission have all been identified as having an adverse impact on mental health during the pandemic.
- 4.4. Feedback from East Renfrewshire residents suggests that limited access to health and social care services (discussed later in this section) may have also contributed to increased loneliness and anxiety. For example, several older research participants noted that regular engagement with these and other services formed an important point of social contact for them. As such, limitations on access to health and social care services, and on in-person use of other community services/facilities, were a significant loss for some residents. This was compounded by some of these older and more vulnerable residents struggling to make use of remote service access options introduced during the pandemic.
- 4.5. Feedback from those who have been required to shield and/or practice extra caution during lockdown (e.g. due to pregnancy, illness or other risk-factors) also highlights the extent to which the pandemic has been a period of

significant anxiety and fear for many residents. Indeed, some specifically noted that the anxiety caused by periods of shielding or self-isolation was a more significant impact than the restriction on their daily life.

- 4.6. Available data and feedback from research participants also highlight other health impacts associated with the pandemic. For example, the 2021 ERCP survey suggests that nearly half (48%) of residents are taking less physical activity, a similar proportion (46%) are getting less and/or poorer quality sleep, and 30% are consuming more alcohol than before the pandemic. It is also notable that a proportion of those reporting increased alcohol consumption specifically linked this to stress and anxiety.
- 4.7. The experience of local services and community organisations also indicates that the pandemic has contributed to a wider decline in physical fitness and wellbeing across East Renfrewshire residents. This is consistent with polling of public attitudes around the COVID-19 pandemic, which suggests that at the height of the pandemic nearly a third (31%) of people across Scotland felt reluctant to contact their GP with a non-COVID related concern. This remained at 21% of people by the end of August 2021.<sup>3</sup> There has also been a substantial reduction in hospital admissions during the pandemic, and a 19% fall in attendances at accident and emergency services.
- 4.8. These indicators point to a wider trend of East Renfrewshire residents with long-term conditions having less contact with health, social care and other organisations that help to support their physical health and wellbeing. Several participants indicated that they had been put off contacting their GP or other health services in circumstances where they would have usually done so, while others referred to having missed appointments and/or having a reduced level of support for long-term conditions. These participants linked this change to a deterioration in a range of health conditions such as physical mobility, respiratory illness and dementia.
- 4.9. Feedback from residents is also consistent with a wider decline in physical health and wellbeing, with most research participants reporting a worsening of their physical and/or mental health. This included reference to a decrease in physical activity, and to experiencing anxiety around virus transmission, the wellbeing of family and friends, and maintaining schooling and attainment.
- 4.10. Declining fitness has also been increasingly evident to local community organisations. For example, several community organisations report a sharp decline in the health and wellbeing of dementia sufferers, including those who were managing well pre-COVID. More limited social contact and access to support services appear to have contributed to this trend, which in some cases

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<sup>3</sup> <https://www.gov.scot/publications/public-attitudes-coronavirus-november-update-2>

resulted in such a rapid decline that an emergency move to residential care was required. Some suggested that the declining condition of those with dementia also reflected the cumulative impact of the pandemic on families and carers. For example, while some saw families initially providing care to make up for reduced support services, as the pandemic progressed more families have struggled to manage the lack of support services and increased challenging behaviours from those with dementia.

- 4.11. The changing profile of residents seeking financial advice and support during the pandemic is also consistent with declining fitness as a result of fewer residents accessing health and social care services. For example, a trend towards residents looking for cancer-related benefits at a more advanced stage of the illness began to emerge in spring 2021 (around 9-12 months into the pandemic) and has included more residents being eligible for terminal illness benefits. While the referral process may have been slowed by increased pressure on services, this trend appears to reflect residents being diagnosed at a later stage than is usual.
- 4.12. Perhaps unsurprisingly in this context, community organisations are now seeing a real appetite for local support groups to reopen, including for in-person social contact. For example, these groups were identified as a vital opportunity for dementia sufferers to meet their peers, and as respite for families and carers. However, feedback from community groups suggests that the speed with which support groups can re-open may be limited by capacity. For example, some community groups are already at the point of only being able to meet 50% of demand for in-person groups, and there was a common view that community groups will have a potentially substantial backlog of demand to deal with. While COVID restrictions and limits on indoor socialising may continue to constrain the ability of groups to meet this demand, feedback suggests that staffing capacity and financial costs are the biggest barrier. Some noted that substantial additional funding would be necessary to secure the additional staffing capacity required to meet demand.

### **Impact on service provision**

- 4.13. Health and social care services in East Renfrewshire have been under intense pressure during the pandemic. This reflects significant challenges in balancing the need for new services to respond to the health impacts of COVID, while continuing to support the most vulnerable residents in the context of evolving public health restrictions on contact between residents and services.
- 4.14. Providers have seen an increase in need for health and social care services in East Renfrewshire as the pandemic has progressed. Feedback suggests that this is the result of the cumulative impact of reduced contact with GPs and other



services, and reduced preventative services leaving more residents reliant on self-management of their health and long-term conditions. This has been evident in growing pressure on hospital beds (exacerbated by limited care at home capacity, leading to some discharging of hospital beds to care homes as intermediate care), child and adult mental health, and rehabilitation services. While child and adult protection rates fell during the pandemic, there has been some increase in cases in recent months although it is as yet unclear whether this represents an overall increase or services working through the backlog of cases which remained 'hidden' during the pandemic.

- 4.15. The increase in demand for health and social care services has also included a trend towards more people presenting with more complex needs. Again this appears to reflect in part the impact of a greater reliance on self-care and self management of conditions during the pandemic, although other factors such as reduced exercise also appear to have been a factor.
- 4.16. Pressure on health and social care services has been compounded by increased staff absence and sickness, and elements of 'burn out' across health and social care sectors. Rates of staff absence were higher in autumn 2021 than at any prior point during the pandemic, a result of a peak in COVID case rates and the cumulative impact of the pandemic contributing to staff burn-out. Feedback highlighted the extent to which early stages of the pandemic were "harrowing" for staff. This was particularly so for those working in intensive care and with care homes, where death rates were significantly higher than across other services. In this context, resilience of health and social care staff is a real concern. Significant time and support are likely to be required to help staff recover.
- 4.17. Recruitment challenges also continue to impact the ability of health and social care sectors to respond to increasing demand. A recruitment drive in the private care sector prior to the pandemic may have helped to mitigate the pressure on services, but feedback identified examples of private providers being unable to fulfil care packages due to staffing shortages. There is potential for ongoing recruitment challenges to limit capacity to respond to increased need for health and social care services.
- 4.18. Third sector organisations have played an increasing role in the service response to COVID, with the third sector working alongside social care staff. Well established relationships with the third sector have been vital in enabling effective joint working – for example to convert the Talking Points service to a community hub with HSCP staff working alongside the third sector. This included facilitating a rapid response to the pandemic, using emergency arrangements to streamline decision making.



- 4.19. Pressure on services and the impact of public health restrictions are reflected in research participants' experience. Participants reported multiple examples of existing health and social care treatment stopping during the pandemic, moving to telephone consultations and/or having to wait for treatment for a new condition. This appears to have been a particular issue for older people and those with long-term conditions, including examples of residents seeing a deterioration in their condition while waiting for hip or knee replacement. In addition, the research has identified examples of pregnant women and women reaching menopause experiencing difficulty accessing services.
- 4.20. Delayed appointments and moves to remote consultation were reported in relation to GP services, but appear to have been a bigger concern for other health and social care services (including dental care). Indeed, some found remote consultation with their GP more convenient and suggested that this option should be retained as an option for less serious conditions.
- 4.21. In terms of other health and social care services, support for people with mental health needs and other vulnerabilities was seen as a particular challenge to manage remotely. This appeared to reflect some concerns around using remote contact where required to have difficult conversations, and a preference for in-person contact in these circumstances. The feasibility of remote appointments was also raised in relation to menopause and sexual health, where some have chosen to wait for in-person appointments to become available to have more sensitive conversations.
- 4.22. Feedback from research participants indicates that residents recognised the unique challenges faced by health and social care services during the pandemic. For example, there was an understanding of limited service capacity at the height of the pandemic, and for greater use of more remote service access options. However, there is also evidence of some mismatch between people's expectations as public health restrictions have eased, and the reality for services in terms of reduced staffing capacity and continuing pressure on services. Feedback from service providers suggests that this has been an increasing trend as restrictions have eased during the second half of 2021, coinciding with a period of very significant staff absence across health and social care services. There appears to be a need for clearer communication to ensure East Renfrewshire residents better understand the continuing pressures and restrictions on services, even as life for residents becomes more 'normal'.

### **Impact across different parts of the community**

- 4.23. Available data and evidence gathered through the research indicates that some groups are likely to be disproportionately affected by the indirect health impacts of the COVID-19 pandemic, including on their physical and mental

health, and the impact of increased pressures on health and social care services. The key priority groups identified as being most at risk of indirect health impacts are:

- Older residents, especially those with dementia;
- People with long-term conditions, including addictions relapse;
- Carers of people with long-term conditions, and particularly carers of those with dementia;
- Children and adults with mental health needs;
- Pregnant women and women reaching menopause; and
- Those living alone, including single parents, without local family/friends or informal support.

## Looking forward

4.24. Evidence of the indirect health and social care impacts of the COVID-19 pandemic as considered in this section raises a number of considerations for the response required to address 'harm 2'. In particular, the response from the Council and partners should take account of the following:

- There is likely to be an increasing need for lower-level support and wellbeing activities to address the decline in fitness/wellbeing, particularly for older residents and those with disabilities or long-term conditions.
- Need for rehabilitation support is also likely to increase over coming years, again including for those with long-term conditions which have worsened during the pandemic, and for the potentially substantial number of residents affected by long COVID.
- Joint agency working, via the Community Planning Partnership and other structures, will be essential to ensure effective identification and referral of those with need for health and social care services. This should include joint working to ensure effective identification of need for lower level wellbeing support – many of those in need of this kind of support may not yet be known to health and social care services. Referral routes are already in place and beginning to identify COVID-related need for care and support, for example through schools and third sector providers. However, it will be important to ensure that all referral routes are able to identify what may be a changing level and profile of needs.
- Poor mental health and wellbeing is a potential barrier to recovery, and to residents accessing the services they need to recover. This will need to be recognised by the response to increasing mental health needs, a key impact of the pandemic.

- Staff resilience across front-line services has been badly affected by the pandemic, and there will be a need to support these staff to recover from the cumulative impact of the pandemic. While health and social care staff are likely to have borne the most significant direct and indirect health impacts, the research has highlighted the extent to which staff resilience across other services has been adversely affected. Alongside this focus on rebuilding resilience, there is likely to be a need to address ongoing recruitment challenges for the private care sector in particular.
- The extent to which COVID-19 and associated public health restrictions have impacted specific parts of the population in different ways will need to be reflected in a more localised and tailored service response. The correlation between socio-economic deprivation and adverse impacts associated with the pandemic suggests that this should include a geographic focus. However, there will also be a need to tailor the service response to target other priority groups such as older people and those with long-term conditions, carers, those with mental health needs, and those with a limited informal support network.

## 5. HARM 3: SOCIETAL, WELLBEING AND QUALITY OF LIFE IMPACTS

- 5.1. This section sets out key findings in relation to the third of the 'four harms' associated with the COVID-19 pandemic; the wider societal impacts of public health restrictions on our way of life, including for example the effects of increased isolation and limited access to services and facilities.

### **Mental health and emotional wellbeing**

- 5.2. Feedback from residents, community groups and service providers suggests that the most widespread ongoing impact of the COVID pandemic may be on residents' mental health and emotional wellbeing.
- 5.3. Research participants made clear that loneliness and isolation have been a key challenge for many, and that extended periods of isolation without in-person contact with family members have affected all parts of the community. In addition to the widespread effects of social isolation, some also highlighted the extent to which their mental wellbeing had been affected by job and financial insecurity (including reduced hours of work and reduced income), by ongoing COVID health impacts, and by bereavement.
- 5.4. The experience of services supporting residents affected by COVID-19 also illustrates the extent to which the pandemic has adversely affected residents' mental health and wellbeing. For example, the Council's Money Advice and Rights Team (MART) and East Renfrewshire CAB both report that a significant proportion of those seeking financial advice and support during the pandemic were also experiencing mental health challenges. This has included some with existing mental health conditions and/or addictions who have seen a deterioration in their mental wellbeing, including an increase in addiction clients relapsing with drugs or alcohol. This deterioration in mental wellbeing can have a significant impact for these residents' ability to deal with their finances, and on the support they require. For example, where residents contact services in significant emotional distress this often becomes an important part of the support they require.
- 5.5. Impacts on mental health appear to have been particularly acute for those with pre-existing conditions. However, a number of residents without existing conditions noted the extent to which they had struggled with anxiety during the pandemic. This was especially the case for those who had been required to shield, those with vulnerable family members, and those caring for young children (particularly children with additional support needs). The latter group included some evidence of differences in impact across genders, with several

female participants highlighting a loss of structure in their day and the challenges of balancing child-care with remote learning and other pressures. However, it should be noted that support services have also seen an increase in male clients, some with some with significant existing mental health needs and others with anxiety associated with employment or income.

- 5.6. Support services also report an increase in domestic violence cases during the pandemic. This has included an increase in the complexity of cases, for example with more older women and others with health and care needs subjected to domestic violence. The length of time that women spend in the home with the perpetrator has also been a major issue over the pandemic. This has improved as children returned to school and adults to work, but there remains a greater incidence of women with partners working from home, adding to the risk to women and presenting challenges for the provision of support. The volume of cases has returned to pre-COVID levels, but the increased complexity of cases (for example the incidence of other health and care needs) may continue to present significant challenges for support services.
- 5.7. Domestic violence services also face challenges around the security of future funding, and the end of some additional funding sources introduced during the pandemic. Service providers noted that this additional funding had enabled the provision of food vouchers, phone top-ups, and security devices such as CCTV and video doorbells – these are interventions that are still needed by those at risk of or experiencing domestic violence in East Renfrewshire.
- 5.8. In addition to the above mental health and emotional wellbeing impacts seen over the course of the pandemic, the research also identified some significant ongoing anxiety around the return to ‘normal life’ as public health restrictions ease. While some participants noted that roll-out of the vaccination programme had eased their anxiety somewhat, others appeared to retain concerns around the return to public places and public transport in particular. Older people, carers and those with vulnerable children or other family members appeared to be especially concerned, including examples of residents having come to see lockdown and public health restrictions as ‘a safe space’. Some of these residents still reported having very little social contact, even as public health restrictions have been eased.

### **Wider impact on quality of life**

- 5.9. The research has made clear that COVID-19 and associated public health restrictions have affected all parts of residents’ lives including debt, insecurity of home, living circumstances, relationship breakdowns, and wellbeing of children.
- 5.10. Feedback from research participants around wellbeing and quality of life was focused primarily on limited contact with family and friends. Those without local

family and friends appear to have been particularly badly affected by a lack of social contact, including examples of participants having no in-person contact with family members for 12 months or more. Several participants noted that this had been especially distressing where family members had health or social care needs, for example where deterioration in the condition means that they have lost precious time with the family member.

- 5.11. Other key negative impacts on wellbeing and quality of life have included:
- Challenges adapting to home working included finding suitable space for work (especially where 2 or more adults are working from home and/or children are being home schooled), cost of equipment required to enable home working, and maintaining a work/life balance.
  - Supporting children in their remote learning has been a particular challenge for those with multiple children at different stages of the curriculum, where children did not have their own devices (a particular issue for those with two or more children being home schooled), and for parents of children with additional support needs).
  - Parents of young children losing social contact and access to other activities due to childcare commitments.
- 5.12. Participants also reported other negative impacts which illustrate the extent to which the pandemic has disrupted daily life. These included examples of family members living with participants for an extended period during lockdown (e.g. up to 6 months or more), including some in overcrowded situations. This kind of disruption, especially having to live in overcrowded conditions for extended periods of time, appears to have had a significant impact on those with pre-existing mental health conditions. Those without existing mental health needs also indicated that the disruption to everyday life (especially over such a long period) had a detrimental impact on their mental health, although it was unclear whether this would lead to a need for support or other services.
- 5.13. In addition to the wider mental health impacts associated with the pandemic, the research also identified loss of confidence as a potentially widespread issue. A number of residents noted that their anxiety around a return to 'normal life' was part of a wider loss of confidence in dealing with public places, services and facilities. Feedback from residents and service providers suggest that this has been a particular issue older people – as noted above, this includes reports of some single older resident who are still having very little interaction with the local community even as public health restrictions have eased. Several service providers expressed concern that this kind of loss of confidence could take significant time to recover.

- 5.14. Data on the quality of life impacts associated with the pandemic is still emerging, for example as large scale surveys and polling take time to build an accurate picture of sub-national trends. However, available data on recorded crime already points to trends during the pandemic with the potential to have an impact on East Renfrewshire residents.
- 5.15. As Figure 5 over the page shows, total recorded crime in East Renfrewshire fell by 21% between September 2019 and September 2021. This is a significantly larger proportionate reduction in crime than has been seen nationally (-8%), although this was from a relatively low level in East Renfrewshire; crime rates were amongst the lowest in Scotland prior to the pandemic and this remained the case in 2020/21.
- 5.16. The reduction in crime in East Renfrewshire has been driven primarily by falls in housebreaking, shoplifting, other theft, fire raising and vandalism, and sexual crimes. Available evidence points to other significant changes in the profile of crime and community safety issues across East Renfrewshire. For example, there was an increase in public nuisance calls during periods of lockdown driven by reports of breaches of public health restrictions (and despite a fall in antisocial behaviour during lockdown). As public health restrictions have been eased, these levels have fallen back, although antisocial behaviour has begun to return towards pre-COVID levels.
- 5.17. Evidence also shows an increase in noise complaints and neighbour disputes in East Renfrewshire during the pandemic – for example, breaches of the peace increased in the first 6-9 months of the pandemic, but have since fallen back to pre-COVID levels. This may reflect the impact of more people living in close proximity throughout the day during periods of lockdown, and restricted access to restaurants and pubs. A larger proportion of neighbour disputes have also resulted in a crime report during 2020/21, with qualitative feedback suggesting that this may be a result of these cases escalating further than prior to the pandemic. This may also reflect a wider trend referenced in feedback from several front-line services of an increase in anxiety levels and decrease in tolerance across communities as the pandemic continued through the year.
- 5.18. Available data also shows a significant increase in reports of fraud (+123% between September 2019 and September 2021). This is supported by qualitative feedback, which suggests that this may reflect an increase in telephone and electronic communication-based fraud, and a decrease in doorstep crime. This may be a result of more people staying at home during the day and fewer people out in local neighbourhoods – also reflected in the decrease in housebreaking.



5.19. Data also shows some increase in ‘concern calls’ (e.g. potential risk to individuals due to mental health crises) during 2020/21. This would be consistent with feedback from other services indicating an overall deterioration in mental health in East Renfrewshire, although more time is required to establish whether this represents an ongoing trend.

**Figure 7: East Renfrewshire crime trends April 2019 to September 2021**

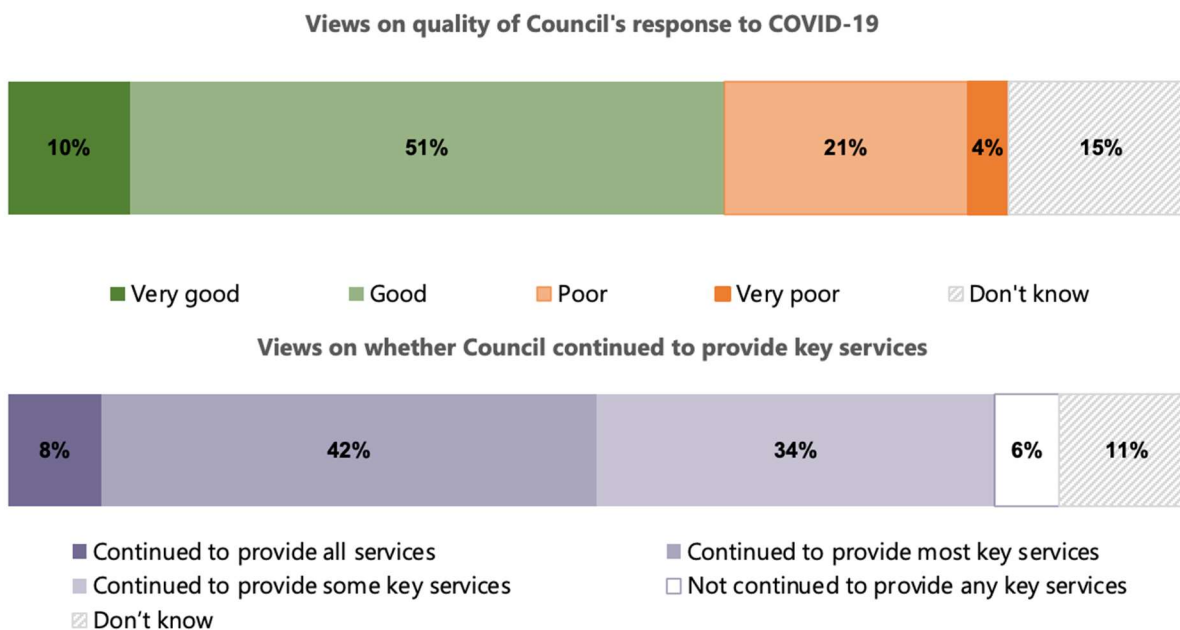




## Access to services and facilities

- 5.20. Feedback from residents was generally positive in terms of the extent to which essential services were maintained during periods of lockdown. While a quarter of Citizens' Panel survey respondents felt that the Council's response to COVID-19 had been poor, qualitative engagement with residents presented a more positive picture.
- 5.21. Feedback suggests that, despite some frustration around reduction of some services, most residents recognised the challenges for Council and other public services operating during the pandemic. Moreover, a large majority felt that these services had been effective in maintaining essential services and supporting the most vulnerable.
- 5.22. Some residents felt that there had been an element of 'information overload' at the peak of the pandemic, particularly as advice and guidance evolved at a rapid pace. Few indicated that they had struggled to access the information they needed, although some noted that it was still difficult to keep up to speed with changing COVID rules.

**Figure 8: Views on East Renfrewshire Council response to COVID-19**



- 5.23. Feedback has nevertheless highlighted the extent to which closure of services and facilities has impacted communities, particularly for more vulnerable residents. For example, service providers and resident interviews noted that these services and facilities form an important part of everyday life for many older people, people with disabilities or long-term conditions, and young

families. Libraries, community centres and other facilities may be one of the few points of social contact for single older people in particular.

- 5.24. Consistent with the important role played by these services, some frustration was evident around the pace of re-opening for community facilities. This was evident in resident feedback, including examples of more vulnerable older people (including those with dementia) where the loss of social contact has resulted in a deterioration in their health and wellbeing. This included some reporting a loss of confidence that has limited their ability to return to in-person contact and the activities they enjoyed prior to the pandemic.
- 5.25. This also appeared to reflect wider frustration and 'lockdown fatigue' across local communities. This included multiple examples of residents expressing frustration (and in some cases anger) about services or venues that are not fully re-opened. This appears to reflect a wider 'mismatch' between residents' expectations as public health restrictions have eased, and the reality for services affected by reduced staffing capacity and other pressures. As noted in relation to Harm 2, there appears to be a need for more effective communication to ensure residents understand the continuing pressures on services, even as public health restrictions are eased.
- 5.26. In this context, it is important to note that staffing and funding may be significant barriers to community organisations restoring in-person services and activities. A number of organisations reported significant demand for a return to in-person groups and activities, but noted the need for caution to ensure the safety of older and more vulnerable residents (key groups for many organisations). In this context, while volunteer numbers were not anticipated to be an issue for a return to in-person activities, the staffing and resources required to coordinate these activities may be significant for some groups.
- 5.27. In relation to the closure of local services and facilities, several participants commented positively on the extent to which local communities 'pulled together' to support each other during the pandemic. Older participants in particular reported having received support from family, friends and neighbours – including some for whom this had increased their circle of social contacts during lockdown.
- 5.28. The ability of participants to make use of digital communication (such as SMS and WhatsApp messaging) appears to have been an important factor in their accessing information and/or support. The importance of digital technologies was also evident in the outreach work of community organisations during the pandemic. Several groups reported positive uptake of online communication including virtual exercise and other classes during the pandemic, such that this kind of engagement is likely to continue to have a role as part of a blended service model to maximise the reach of services.

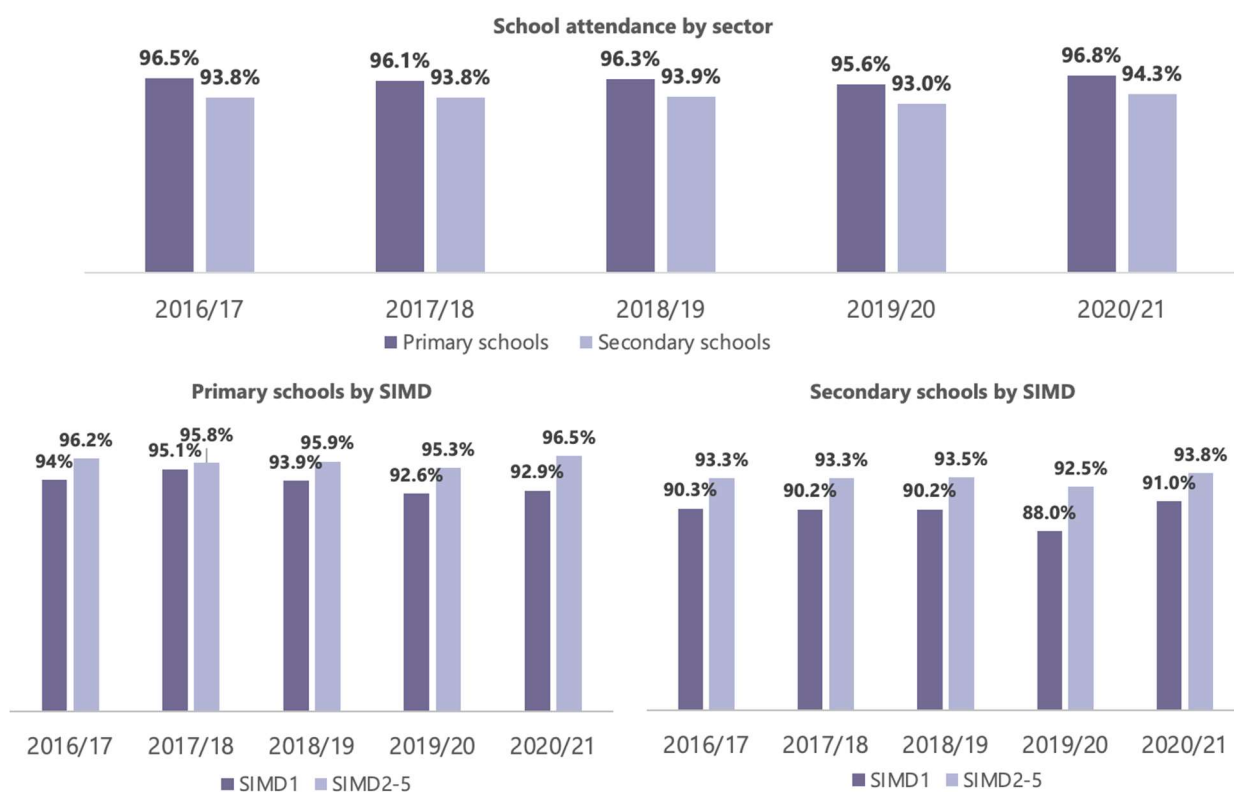
- 5.29. However, it is important to note that some residents face challenges in engaging with remote service access. Digital literacy and connectivity remains a barrier for some; while the pandemic has seen a range of services providing devices and support to overcome these barriers, a number of research participants noted that they still do not feel comfortable or confident accessing services remotely. Some also noted that digital service access can exacerbate language barriers. For example, telephone contact can be challenging for those with English as a second language who use an element of lip-reading to help them understand spoken English (also an issue for in-person service contact while mask-wearing remains a requirement).
- 5.30. Some participants also noted that transport may be a barrier to access to services. While access to private vehicles in East Renfrewshire is substantially higher than the national average, those without access to a private car indicated that access to public transport is likely to continue to limit their access to some services and facilities. As noted previously, this included some specific concern about the safety of public transport for older and more vulnerable residents.

### **Young people, schools and education**

- 5.31. The extent to which the pandemic has impacted children and young people was highlighted by a range of residents, community organisations and other stakeholders. This included a particular focus on the impact of school building closures and wider public health restrictions on education.
- 5.32. A range of initiatives have been introduced over the course of the pandemic to mitigate impact on education. For example, around 30 additional teachers have been provided across East Renfrewshire, an additional Family First worker has been recruited to focus on the effects of social isolation on families, and additional support through initiatives such as homework clubs, October school, Saturday classes and digital resources (including c500 additional Chromebooks) has also sought to minimise the pandemic's impact. The distribution of this additional investment has been targeted around the most disadvantaged children and those most significantly affected by the pandemic. Schools have also continued to refine their remote learning approach during school building closures, and in response to increased COVID-related pupil and teacher absence. This has included use of a growing range of digital platforms and tools to maintain engagement between schools, pupils and families.
- 5.33. Feedback suggests that these approaches have helped to ease the impact of the pandemic on children and young people, both in terms of education and more widely. For example, more effective engagement with families was highlighted as having been effective in ensuring schools better understand the specific needs of individual pupils and families, and can respond accordingly.

- 5.34. However, available evidence indicates that the pandemic has had some negative impact on pupil attendance. As Figure 9 shows, attendance initially decreased during 2019/20 (by 0.7% for primary and 0.9% for secondary schools) but recovered during 2020/21 (+1.2% for primary and +1.3% for secondary schools). However, data indicates that there has been less recovery in attendance for more deprived families; for example, +0.3% for primary pupils living in SIMD1 areas, compared to +1.2% for others. As such, attendance remains around 3% lower for pupils in SIMD1 areas.
- 5.35. A decrease in attendance is likely to reflect the direct health impacts of the pandemic. However, feedback also identified a potential trend towards families being more likely to keep pupils at home for other (health and non-health) reasons. This included concerns that this includes cases which would not have resulted in pupil absence prior to the pandemic, and a potential need for work to rebuild resilience and a more positive mindset amongst pupils and families.
- 5.36. It is also important to note that rates of engagement with remote learning were lower than typical pupil attendance. For example, 86% of pupils engaged with remote learning during the first period of school closures in 2020. Schools achieved significant success in building pupil engagement during the pandemic, which increased to 95% during the second period of school building closures in 2021 (similar to typical attendance rates). However, there remains a substantial number of pupils who are likely to have seen a reduction in their engagement with learning over the course of the pandemic.

**Figure 9: School attendance 2016/17 to 2020/21**



- 5.37. The difference in attainment between those in the most and least deprived parts of East Renfrewshire is also a key measure of how the pandemic has affected children and young people. The socio-economic profile of the area (i.e. the relatively small number of pupils living in SIMD1 areas) means that it is not possible to draw firm conclusions from a single year of attainment data. However, national research suggests that the pandemic could contribute to a significant worsening of the poverty-related attainment gap, and available evidence suggests there has been some worsening of the attainment gap locally, despite work to mitigate the impact of the pandemic.
- 5.38. Attainment data for 2020/21 shows that the numeracy attainment gap increased to 13 points (from 9 points in 2019/20), while the literacy attainment gap decreased slightly to 15 points (from 16 points in 2019/20). This is consistent with feedback from schools suggesting that most felt that the pandemic and school building closures had impacted their progress in closing the attainment gap.
- 5.39. Qualitative feedback suggests that these attainment trends are likely to be the result of a broad range of challenges affecting pupils and families during the pandemic. For example, feedback suggests that a substantial number of families faced challenges in adapting to home learning, and schools saw an increase in families requiring support with home learning, and with digital literacy. This was a particular issue for families with limited access to devices (including those with multiple children of school age), and where parents may lack the time or capacity to supporting home learning. These issues are also consistent with the increasing number of families affected by poverty. Schools worked to address these needs, and were able to achieve strong pupil engagement during the second period of school building closures. However, feedback and emerging attainment data indicates that these factors are likely to have had some impact on pupil attainment.
- 5.40. Feedback from schools and residents also indicates that some children struggled without face-to-face contact with teachers, particularly children with additional support needs (ASN). School hubs played an important role in enabling some pupils, including those with ASN, to more in-person contact with teachers and other staff. However, feedback suggests that more limited face to face contact during school building closures has had an adverse impact for some children. This was raised as a particular concern for those at key transition points. For example, more limited support available to those moving from primary to secondary school during the pandemic has required a particular focus on P1-2 and S1-2 for additional support to help recover losses in attainment and wellbeing.

### **Other impacts for children/young people**

- 5.41. The research has also highlighted the extent to which the pandemic has negatively affected other aspects of children and young people's lives. The significant reduction in social contact has been a common theme here. For example, research participants referred to the impact of isolation from friends, a lack of contact with family members for extended periods (including cancelled holidays and Christmas celebrations), and loss of clubs and other social activities (with many of these still to return fully). This reduction in social contact has been exacerbated for some families by limited access to outdoor space, and increased pressure on families affected by poverty.
- 5.42. Those with younger children (i.e. primary age and younger) suggested that their children had found lockdown particularly difficult, referring to isolation from friends and difficulties adapting to remote learning. This appears to have been a particular challenge for those with limited indoor space and/or who struggled with limited access to outdoor space (including younger children who could not go out without parental supervision). Feedback from services and residents also suggests that children with additional support needs and care experienced young people have been particularly badly affected by the pandemic – specifically in relation to the loss of social contact, but also the wider changes to everyday life as a result of the pandemic.
- 5.43. Feedback from those with older children suggests that they were better able to adapt to remote learning and the lack of face-to-face contact with friends. However, residents and support services highlighted the negative mental health impact of the pandemic for these and other children and young people. This has been reflected in an increased need for support with mental health and wellbeing as children and young people returned to education following periods of lockdown – for example, the Healthier Minds hub for children and young people has a waiting list of referrals for the first time since its introduction. Qualitative feedback included examples of vulnerable children and young people with an acute need for additional support around mental health and wellbeing. However, there has also been a wider focus on lower-level support and engagement, recognising potential for poor mental health and wellbeing to undermine attainment recovery work.

### **Looking forward**

- 5.44. Evidence of the societal, wellbeing and quality of life impacts during the COVID-19 pandemic highlights several considerations that should shape the response to these 'harms'. In particular, the response from the Council and partners should take account of the following:

- There is likely to be a significant increase in need for support around mental health and wellbeing, ranging from lower-level support and social contact to those requiring support from clinical services.
- Mental health challenges, including a loss of confidence for some residents and potentially widespread anxiety around a return to normal life pose a significant risk to recovery for local communities. Rebuilding residents' confidence and resilience will be an essential element of ongoing recovery, and may be a long-term task.
- Effective communication will be required to address an emerging disconnect between resident expectations of local service provision, and the reality for services in meeting backlog demand in the context of what may be ongoing increased staff absence rates. This mismatch between expectations and reality is likely to be especially acute for public services if pressure on local authority budgets continues over the coming years.
- Communication of recovery plans will also be important in supporting work to rebuild residents' confidence. Ensuring residents understand how a coordinated approach to recovery will help individuals, communities and business will be essential in addressing the loss of confidence across some communities, and associated anxiety around a return to normal life.
- Emerging evidence suggests that the pandemic has had a disproportionate impact on the educational attainment of children and young people in the most deprived parts of East Renfrewshire. Ongoing monitoring of the poverty-related attainment gap will be important in better understanding this trend, and in selecting the most effective approaches to regain any lost progress in closing the gap.



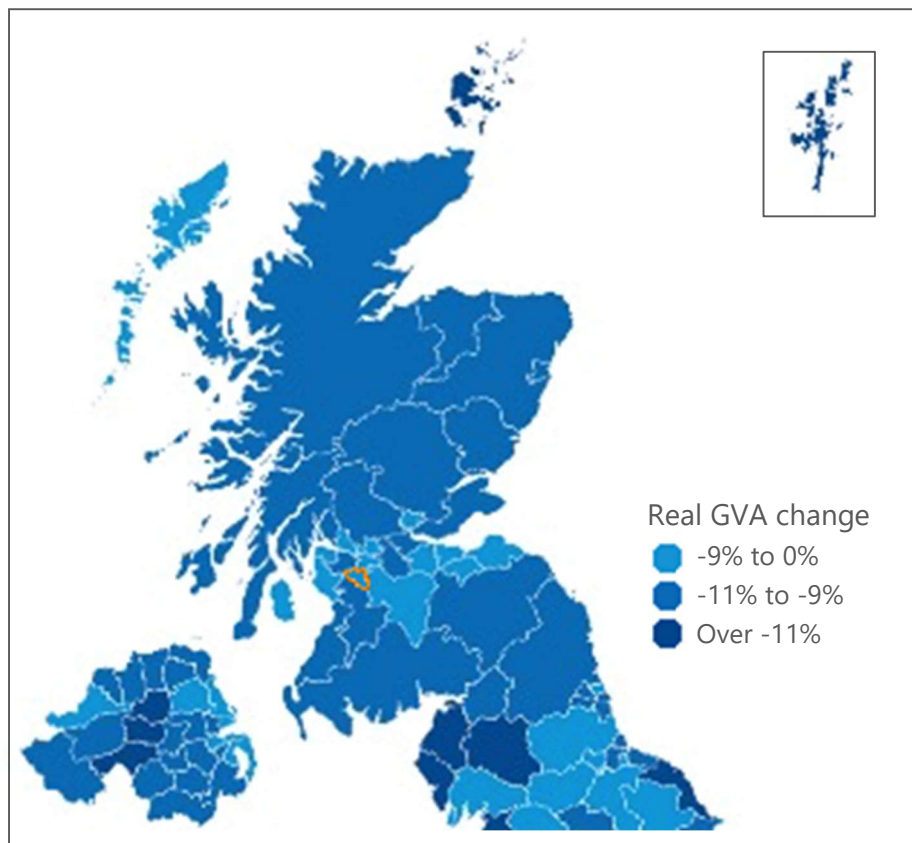
## 6. HARM 4: ECONOMIC IMPACTS

- 6.1. This section sets out key findings in relation to the final of the 'four harms' associated with the pandemic; the economic impacts of COVID-19 and associated public health restrictions. This includes anticipated macro-economic impacts, and immediate and longer-term impacts for businesses, individuals and families.

### Macro-economic impacts

- 6.2. The most recent economic projections indicate that the pandemic will have a less significant economic impact in East Renfrewshire than across other parts of Scotland. A projected 7.4% decrease in gross value added (GVA) for East Renfrewshire compares with a 10.3% decrease projected nationally, and as Figure 10 shows a significant number of local authority areas expected to see GVA decreases of 9% or more.

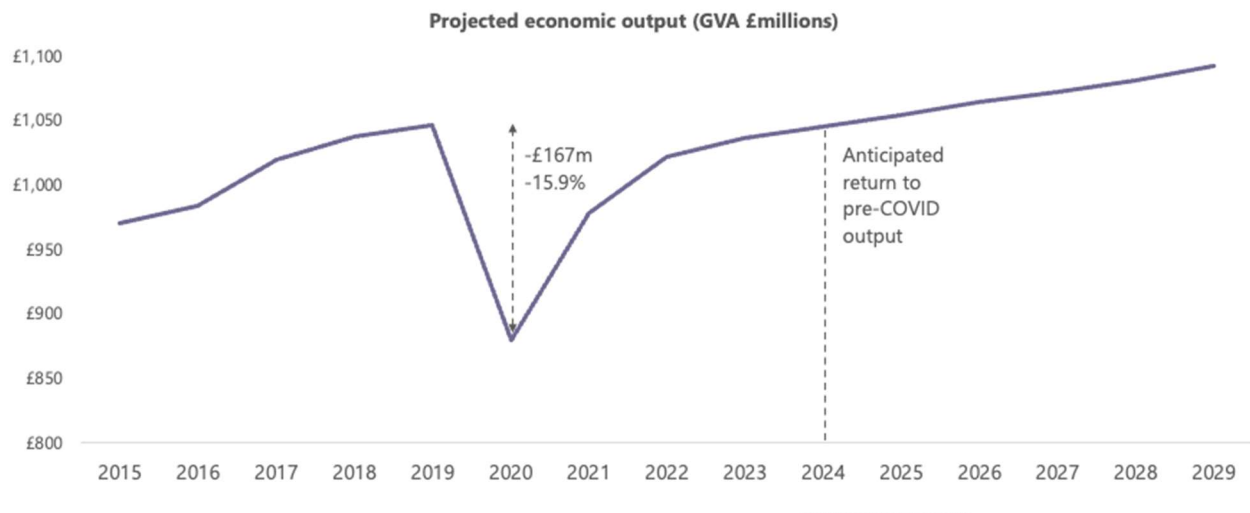
**Figure 10: Economic outlook (GVA) for Scottish local authorities 2020**



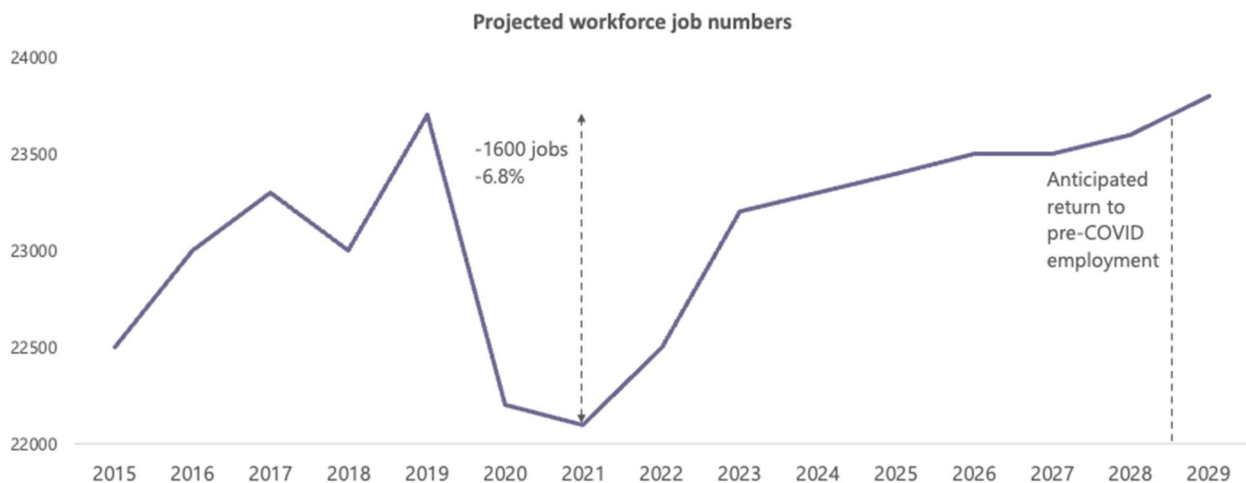


- 6.3. Nevertheless, a 7.4% fall in GVA remains a very significant negative economic impact. As Figure 11 shows, the projected overall economic impact is based on a very significant short-term economic impact worth £167million during 2020, with current projections suggesting that it is likely to take at least 3 years for East Renfrewshire GVA to recover to pre-COVID levels.

**Figure 11: Projected economic output East Renfrewshire 2015 to 2029**



- 6.4. Most recent published data shows a small reduction in the number of businesses in East Renfrewshire in 2020, although this contrasts with a small increase nationally. This is consistent with experience locally which indicate that the pandemic has resulted in few business closures to date. However, other indicators illustrate the scale of the impact on businesses in the area; for example, engagement with businesses indicates that more than three quarters have seen a loss of income and/or customers, and most were concerned about the future viability of their business. In this context, the Job Retention Scheme and other financial support has been vital in ensuring the survival of many businesses in East Renfrewshire – especially across the accommodation, food and recreation sectors.
- 6.5. Latest projections indicate that the pandemic’s impact on businesses will result in a loss of up to 1,500 workforce jobs in East Renfrewshire. As Figure 12 shows, it is anticipated that a return to pre-COVID employment levels may not be seen until 2029. This is a much slower rate of recovery than is expected nationally, reflecting the uneven sectoral impact of the pandemic. In particular, East Renfrewshire has relatively small proportion of jobs in the sectors most at risk in the short term, but has a high proportion of jobs in sectors vulnerable to a weaker recovery over the medium term. Published data indicates that accommodation/food/recreation, retail and construction have been most severely affected by the pandemic – sectors where recovery in jobs is expected to take a number of years.

**Figure 12: Projected workforce jobs in East Renfrewshire 2015 to 2029**

## The experience of businesses in East Renfrewshire

6.6. As noted earlier, the pandemic has had a sector-specific economic impact across Scotland. This is evident in the extent to which East Renfrewshire businesses have varied in their experience of the pandemic. Feedback suggests that this experience has been dependent on the type and size of business, as much as business sector. For example:

- While available data suggests that the immediate economic impact of the pandemic has been more limited in East Renfrewshire than other parts of Scotland, micro-businesses and sole traders appear to have had more difficulty adapting to the pandemic. These account for a relatively large proportion of East Renfrewshire businesses, and often have limited scope to reduce business costs. The experience of business support services suggests that their capacity to adapt to changing circumstances can depend on the specific skills and experience of the owner.
- The experience of some businesses has illustrated the sector-specific impact of the pandemic, and the specific targeting of government support. For example, the research found instances of cafés adapting well to the pandemic in part due to receiving financial support to remain open, while takeaways did not receive this support.
- Feedback suggests that smaller businesses may have faced particular challenges in adapting to COVID requirements. For example, where full-scale COVID compliance is unlikely to be achievable for businesses, there appears to have been some lack of advice around how to make best use of their resources to continue trading (i.e. rather than achieving an 'ideal').

- 6.7. The research has made clear that some businesses have faced significant challenges as a result of the pandemic. In terms of sector, hospitality and events appear to have been hardest hit, in large part due to extended periods where premises were required to close. The relatively large number of sole traders and micro-businesses in East Renfrewshire has also been an important factor. As noted earlier, many had limited options to restructure or reduce business costs. The extent to which these businesses were able to respond to the ongoing impact of the pandemic also appears to have been dependent on the skills and attitude of business owners. Without access to the pool of skills that might be available within larger businesses, it can be “hit or miss” whether owners have the skills and experience to navigate the challenges presented by the pandemic. Access to finance was also a significant factor, and again this varied considerably across businesses, in part due to the specific criteria set for government financial support.
- 6.8. In terms of challenges facing East Renfrewshire businesses, reduced footfall remains a particularly significant issue across multiple business sectors. The latest available data shows a 41% year on year increase in the volume of online retail sales nationally, and feedback through the research suggests that a similar trend has been seen locally. This includes some suggesting that footfall remains only around half of pre-COVID levels in some town centres, suggesting that changes in shopping behaviour may persist. This is likely to be compounded by the impact on food and other retailers of more office workers continuing to work from home, and continuing constraints on disposable income due to price inflation and wider cost of living increases.
- 6.9. Ongoing development of ‘Shop Local’ and other initiatives was viewed positively as having potential to improve footfall as part of a coordinated approach to town centre renewal. It was also suggested that improved communication and cooperation between retail businesses could help to support this process. However, some remained sceptical about scope to increase town centre footfall, and for town centres to genuinely compete with online commerce, supermarkets and out of town retail. This included to ongoing challenges for town centre businesses with business costs such as rent and rates having remained relatively static during the pandemic, while income has fallen significantly.
- 6.10. Feedback from businesses and support services also indicates that some businesses have adapted well to the challenges of the pandemic. For some, this has involved substantial changes to business structures and staffing to ensure their financial viability; this has been a temporary measure for most, but some have found they are able to operate with fewer staff. Other responses to the pandemic appear to have involved bringing forward changes which may have already been planned or anticipated - “*lockdown forced our hand*”. This has

included for example moves to online commerce, diversifying business, changing business operation and moves to more blended working arrangements. This suggests that the pandemic may have generated permanent change in some sectors.

- 6.11. In this context, some businesses reported having exceeded their pre-COVID trading, including examples of some now 10-20% above their previous operation. This includes examples of food establishments introducing delivery services, with a significant impact on turnover and staffing levels.
- 6.12. There has also been some increase in business start-up, with around 30 new starts per month equating to an increase of around 5% on the pre-COVID average. Feedback suggests that this includes examples of furloughed staff and those working from home choosing to change career direction, and taking advantage of new ways of working remotely. This is reflected in the mix of new business types, which have included the fitness industry, catering and food takeaways, cleaning services, financial and business support services, telecoms and software support.
- 6.13. However, it is notable that demand for support for business growth has not returned to pre-COVID levels. This may indicate that, while businesses may have been able to return to normal operation, few are yet at a point of considering further growth.

### **Business support**

- 6.14. Business Gateway East Renfrewshire, as part of the Economic Development team, provide a coordinated approach to supporting economic growth in East Renfrewshire. This includes delivery of workshops, consultancy and 1-1 support across various aspects of business activity such as business start-up, business strategy, finances, sales and marketing.
- 6.15. Business Gateway saw a rapid increase in demand for information and support during the first months of the pandemic, suggesting that many businesses were quick to adapt to the initial COVID lockdown. This involved a significant increase in contacts from business seeking advice and support, and also in attendance at business workshops. Business Gateway also coordinated the series of COVID grant programmes providing support to a wide range of sectors. These programmes have together awarded more than £21m in COVID grants to around 13,000 businesses in East Renfrewshire since the start of the pandemic. This has included support to a varied profile of businesses, with grants ranging from £1,000 to £25,000 subject to eligibility criteria set by the Scottish Government. A summary of these programmes is provided below.

Figure 13: Overview of COVID support grants in East Renfrewshire

Grant scheme	Business type	2020												2021							Total value
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	
COVID-19 Business Grant (Phases 1 to 3)	Business Rates related																				£9,927,500
Self-Employed Hardship Fund 2020	Newly Self-Employed - Individuals																				£188,000
B&B Hardship Fund 2020	Business Rates related																				£3,000
COVID-19 Brake Restrictions Grant Fund	Business Rates related Retail, Hospitality & Leisure																				£280,230
Strategic Fund Business Framework (SFBF)	Business Rates related Retail, Hospitality & Leisure																				£4,791,887
Local Discretion Fund	Non Rates related																				£532,000
Local Discretion Fund Phase 2	Business Rates related Retail, Hospitality & Leisure, Non rates businesses																				£516,000
Taxi & Private Hire Grants	Self Employed, Sole Traders mainly																				£1,402,000
Contingency Plus	Business Rates related Retail, Hospitality & Leisure																				£230,000
Small Accommodation Paying Council Tax	Non Rates related																				£30,000
SFBF Hospitality, Retail & Leisure Sector Restart Grants	Business Rates related Retail, Hospitality & Leisure																				£2,736,000
SFBF Transition Fund 2021	Business Rates related Retail, Hospitality & Leisure																				£369,571
SFBF Level 2 extra funding	Business Rates related Retail, Hospitality & Leisure																				£231,900
<b>Total</b>																					<b>£21,238,088</b>

- 6.16. While the initial focus of businesses was on securing their financial viability, Business Gateway saw a shift in demand for support to focus more on enabling businesses to adapt to the pandemic. This included for example advice and support around business restructure and cost reduction, moves to online commerce, and business start-up.
- 6.17. This resulted in a need for Business Gateway to quickly adapt the approach to provision of business support. This involved, for example, having to move workshops online within days of lockdown being announced, and a substantial proportion of staff time being dedicated to COVID-related activities for a sustained period. These changes also reflected the time-critical nature of

business support at the time – the context in which businesses were operating (limitations on their operation, access to funding, etc) was changing on a sometimes daily basis in the initial stages of lockdown, and the service appears to have been effective in adapting to this.

- 6.18. The close working relationship between Business Gateway East Renfrewshire and the wider Economic Development team was crucial in enabling the service to adapt to rapidly changing circumstances. For example, changes to content provided to businesses had to be revised quickly, where following the usual approval channels for content may have led to critical delays in businesses' access to up to date information and advice.
- 6.19. The service also worked closely with East Renfrewshire Chamber of Commerce, the three Business Improvement Districts (in Barrhead, Clarkston and Giffnock), Voluntary Action East Renfrewshire, as well as the local business community. These partnerships have been vital for the response to COVID, from facilitating initial distribution of PPE to businesses to gathering information on business experience and needs, and supporting provision of business support activities throughout the pandemic.
- 6.20. This partnership working has been strengthened through the pandemic. For example, regular partnership meetings initially established to share rapidly-changing information and advice have evolved into less frequent 'check-in' meetings, having proven an effective means of developing shared responses to emerging issues. Town centre recovery groups were also established across East Renfrewshire, and have been an effective vehicle to share information on COVID support grants with the local business community as well providing advice on other matters. It was suggested that there may be scope for further information sharing and collaboration between businesses, particularly as businesses continue to adapt to the current environment.
- 6.21. The way in which the provision of business support has been required to adapt COVID-19 also reflects the broader point noted earlier, that the pandemic has to some extent accelerated changes which were already planned. Response to the changing needs of businesses has involved: further strengthening partnership working; sharpening the focus on issues such as the real living wage, fair working practices, and place; and developing a pilot to promote use of local business across public sector procurement in the area. The move to more web-based business support also appears to have been an example of the pandemic accelerating existing trends. While the service is largely back to 'business as usual', the majority of contact with businesses remains online. In-person workshops and other events are returning, but it is expected that provision of business support will continue on a more 'blended' basis than prior to the pandemic.

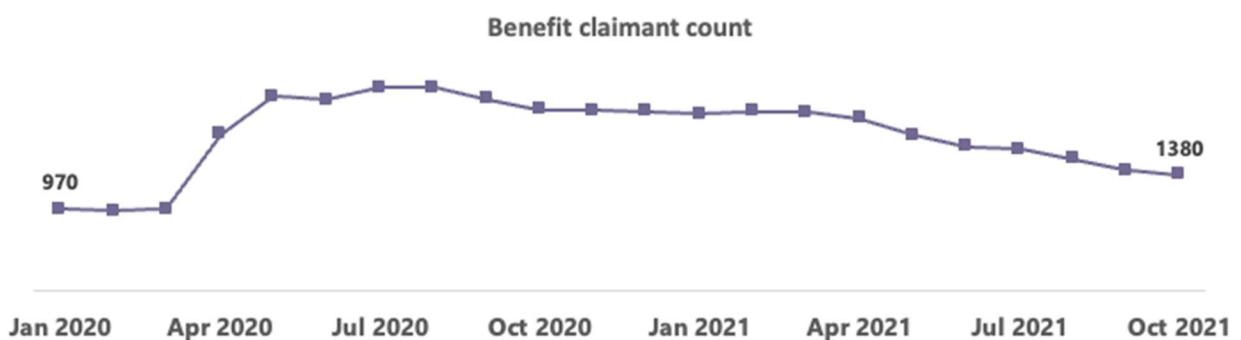
- 6.22. In the context of this changing profile of demand for support, direct contact with businesses was vital in ensuring support was based on a real understanding of business experience and needs. For example, the service contacted all businesses applying for the Covid-19 Business Grant Scheme as an opportunity to 'check-in' on businesses, and to signpost other sources of support if necessary. These direct contacts also highlighted the extent to which some business owners were in need of emotional support as well as more practical information and advice – “[Economic Development] staff have had some very difficult conversations”.
- 6.23. This has been a positive outcome for the Economic Development team where engagement with businesses across the various funding strands has built a much better understanding of local business needs, as well identifying skills shortages and recruitment issues. This intelligence is now informing the ongoing support being provided to businesses, from the content of regular communication to working closely with businesses on specific areas such as procurement and record keeping.
- 6.24. This improvement in understanding has been especially important for home-based businesses. Engagement around COVID grant programmes has identified a number of businesses which would otherwise have been 'below the radar', as they are not paying non-domestic rates and have not previously requested support. Home based businesses were more likely than others to struggle to meet evidence requirements for business grants and engagement has enabled the service to better target information and support.
- 6.25. In addition to changes in operation, funding to recruit an additional staff member to the service was also vital in maintaining the 'basic functions' of business support and grant processing. This illustrates the scale of the increase in workload for the service in managing the range of business funding mechanisms introduced over the course of the pandemic.
- 6.26. Retaining grant processing within Economic Development also appears to have benefited the response to COVID. Staff reported that the strength of existing working relationships with colleagues was a particular benefit given the workload and pressure under which they were operating, particularly at the peak of the pandemic. Indeed, the experience appears to have strengthened these working relationships, building a shared ethos, a better understanding of respective roles, and a greater willingness to ask for help. This was especially important given the team were working remotely during the majority of the pandemic.



## Jobs and employment

- 6.27. Experimental data released by ONS provides an early indication of unemployment trends since the start of the pandemic at a local authority level.
- 6.28. This shows that the benefit claimant count rate of 2.8% in East Renfrewshire is substantially lower than the national average (4.9%), and the lowest in the Glasgow City Region. However, as Figure 13 shows, the benefit claimant count at October 2021 remained 42% above the pre-COVID level, having peaked at more than twice the pre-COVID level in July 2020. Available data indicates that the impact of the pandemic has been particularly acute for younger residents; for example, claimants aged 16-25 more than tripled between March and July 2020.

**Figure 14: Benefit claimant count in East Renfrewshire January 2020 to October 2021**



## Household financial circumstances

- 6.29. Increased demand for financial support also illustrates the significant impact on the finances of East Renfrewshire residents. As Figure 14 shows, there has been a significant increase in cases being handled by the Council's Money Advice and Rights Team (MART), and in Scottish Welfare Fund applications:
- MART case numbers in 2020/21 represented a 75% increase from 2019/20, and an 83% increase from 2018/19. This was in large part due to MART being involved in COVID relief efforts during 2020/21, although by summer 2021 case numbers remained above pre-COVID levels.
  - Applications to the Scottish Welfare Fund increased by 37% between Jan-Mar 2020 and Jan-Mar 2021, translating into a 46% increase in Fund awards.
  - This increase was driven primarily by a 94% increase in Community Care Grant applications, translating into a 108% increase in awards.
  - CAB has also experienced a significant increase in demand for services, with 46% of CAB customers in August 2021 using the service for the first time.



**Figure 15: Demand for financial support from East Renfrewshire residents**

- 6.30. In terms of the profile of this demand, national data indicates that more than half of those receiving support from the Scottish Welfare Fund during the pandemic live in the 20% most deprived areas in Scotland, and that 1 adult households (single people and single parents) have accounted for three quarters of all awards.
- 6.31. The experience of local services providing financial advice and support also indicates some shift in the profile of households requiring support. This has included an increasing number of in-work residents experiencing financial difficulties as a result of reduced hours and/or increased living costs, and more families affected by poverty for the first time. This contrasted with the more typical profile of demand for financial advice and support, and included residents in more affluent areas struggling with high housing costs and little or no savings following a reduction in their income.

- 6.32. This change is consistent with profile of those seeking employability support during the pandemic. Business Gateway and Economic Development services have seen a significant increase in the number of 'work ready' people looking for support, for example following redundancy. While these residents typically requires less intensive support from services, the range of assistance available is limited by Scottish Government funding being primarily targeted towards those who are not job ready. Nevertheless, this change in profile of demand means that the 'core' client group (e.g. those facing multiple barriers to employment) are facing increased competition from more 'work ready' residents.
- 6.33. Other key trends in the characteristics of those experiencing financial difficulties during the pandemic are summarised below:
- A significant increase in contacts from self-employed residents was seen in the early months of the pandemic, including those ineligible for government support programmes. However, these cases appear to have fallen back as public health restrictions on businesses have eased.
  - An initial reduction in debt-related cases appeared to be the result of mortgage and credit freezes, and the Council ceasing to pursue arrears. However, this now appears to be changing as creditors begin to pursue debt that was on hold during the pandemic, and which may have increased over this period.
  - Services have been contacted by substantial numbers of residents who have not had to ask for help before. These residents were typically referred via other services (such as schools or health services) or through the Council website. While services have sought to raise awareness of available support for those encountering difficulties for the first time, there is potential that some of these residents will be unaware of their options.
  - Fuel debt has been a significant factor during the pandemic, reflecting increased energy use as more people worked from home and continuing fuel price inflation. CAB has distributed around £80,000 in fuel vouchers during the pandemic to date, primarily to help those who had accumulated debt.
  - Services have seen an increase in demand for other support services for those in financial difficulty, such as food larders and clothing banks. This is also reflected in a 50%+ increase in demand for the Food Train service at the peak of lockdown, and the establishment of two food larders during the pandemic. Food larders appear to have played a particularly important role for households who may have fallen into financial difficulties for the first time, and for whom stigma associated with existing food banks may have been an issue (also reflected in the successful trialling of shopping vouchers being offered as an alternative to food banks). While this has clearly been a

positive change for many residents, it is unclear the extent to which food ladders have been as effective as other food banks in referring residents to other sources of advice and support.

- 6.34. In addition to the changing profile of demand during the pandemic, services also expressed concern around potential for a significant increase in need for financial support and advice over the coming period. This reflected concern that 'hidden' debt cases could emerge as creditors continue to re-activate pursuit of debt, and the impact of recent and further anticipated increases in fuel costs for levels of fuel debt. In relation to the latter group, it was noted that fuel poverty cases can take time to emerge as residents accumulate debt, and suggested that "the worst is still to come" in terms of the impact of fuel costs.
- 6.35. Similar concerns were also expressed in relation to other pressures on household finances. This included the effect of housing market inflation on private rent levels and concern around a potential rise in evictions, and a "perfect storm" of removal of the Universal Credit uplift, planned national insurance increases, and continuing price inflation.
- 6.36. Providers of financial advice and support have been required to move to a remote service model during the pandemic, and most retain this as part of a more blended model. Feedback suggests that this approach works well for most. In addition to specific issues for those with a hearing impairment or language barriers, it was noted that more vulnerable clients can struggle with telephone-based contact and this limits scope for staff to pick up on body language and visual clues when assessing needs. It was also suggested that remote contact can increase the time required to assess needs, adding to challenges in resolving the backlog of service demand. Staffing capacity and resourcing is also a significant concern in the context of anticipated worsening of many residents' financial circumstances over the short to medium term.
- 6.37. Feedback from service providers suggests that the wide range of financial and other support available during the pandemic was comprehensive and addressed the needs of key groups. The Humanitarian Fund was highlighted as a particular positive in this context, with the ability to access funds quickly seen as essential. However, there was some suggestion that the availability of support was more limited for self-employed and working families with middle to higher incomes. The targeting of government support on lower income households meant that self-employed and higher income households had fewer options open to them, despite some seeing a substantial drop in income and worsening of their financial circumstances.
- 6.38. It is also notable that the number of vulnerable clients seeking financial advice and support has remained broadly consistent over the course of the pandemic. These were typically lower income households in receipt of income and/or

health-related benefits. This group did not appear to benefit from the reducing outgoings reported by some other residents during the pandemic – for example some older participants and those in work reported an increase in their disposable income due to reduced travel and limits on recreation and hospitality. This may reflect that a smaller proportion of vulnerable residents are in work (and hence were not saving on travel costs) and may not have had any real disposable income to save during lockdown. This aspect of the pandemic’s financial impact on East Renfrewshire residents may therefore have exacerbated existing inequalities, by indirectly benefiting more affluent residents who experienced reduced costs during the pandemic.

## Looking forward

6.39. Evidence of the economic impacts associated with the the COVID-19 pandemic highlights several considerations that should shape the response to these ‘harms’. In particular, the response from the Council and partners should take account of the following:

- Services are already struggling to meet demand for financial advice and support, and a range of factors are likely to result in further increases in demand over the coming year. For example, services are yet to see the full effects of increasing energy costs, removal of the Universal Credit uplift, price inflation and interest rate rises. There is a significant risk that increasing numbers of residents will be pushed into financial crisis by this combination of factors. In addition to the potential volume of additional cases, the specific challenges in resolving fuel debt (often requiring specialist support) is likely to add further complexity to the service response.
- Any further increase in need for financial advice and support is likely to include a proportion of residents requiring support for the first time. There is a risk that these residents are unaware of the full range of support available to them – services must ensure they can reach out to this ‘new’ need, even as pressure on services increases.
- Financial support has been critical to the survival of businesses during lockdown, and continues to be so for some. This reflects in part ongoing challenges associated with a significant reduction in footfall across many town centres. That can affect all business sectors and is a particular concern for small businesses. In addition to existing schemes to boost footfall, there may be benefit in considering the need for more targeted funding to support those worst affected, as part of a wider approach to town centre renewal. Place-based initiatives such as investment in Neilston town centre offer potential models for the approach to town centre renewal. There is also a need to consider the extent to which businesses have been affected

by business costs (including rates) having remained static while income has fallen significantly.

- The agility of Business Gateway and the Economic Development department will continue to be essential in ensuring available support can meet what may be changing business needs. This should incorporate continuing work to further strengthen joint working with external partners, and across Council services.

## 7. RESPONSE AND SUPPORTING RECOVERY

- 7.1. The preceding sections of this report have provided an overview of evidence around the 'four harms' associated with the COVID-19 pandemic, highlighting key considerations for services in recovery planning. This section summarises these key considerations.

### Positives from the response to date

- 7.2. The response to the pandemic to date, from public services, third sector organisations and local communities has illustrated a range of positives which should inform ongoing recovery planning. These are summarised below:
- Joint working has been a key theme across many aspects of the response to date. This included at the strategic planning level, where a shared commitment to the need for a rapid response to changing circumstances was essential in streamlining decision processes. Work between statutory services and with third sector organisations at an operational level has also illustrated the value of positive working relationships in the context of rapidly changing circumstances.
  - Services sharing information and working in a coordinated way has been especially important in identifying those in need (often residents or businesses who have never previously had a need for support), and ensuring they are directed to appropriate services. This is likely to continue to be an important factor if there is a further increase in households experiencing financial difficulties as a result of cost of living increases.
  - The effectiveness of partnership working has also been evident at a community level. A stronger sense of community and increase in formal and informal volunteering helped to keep residents active and engaged with others. This extended to examples of residents taking on a coordinating role for their local neighbourhood, using digital technologies to organise volunteers and ensure support was available to all residents (potentially including some who may not have been known to health and social care services). Other examples of community-based initiatives included food larders coordinating food donations, community wardens providing a food delivery service when restrictions on social mixing were in place, a back to school bank providing school uniform and equipment, and a young person setting up a COVID-safe local lending library including delivery service.
  - A range of research participants expressed hope that these positive changes can be harnessed to enable more effective community empowerment as part of ongoing recovery. This was highlighted in the

context of work to date to empower communities, and the need to make the step from involving communities to giving communities responsibility.

- Working in partnership with community groups and bodies such as VAER, Cosgrove Care, IncludeMe2 and local faith groups, the Council has played an important role in facilitating the community response. This has included, for example, providing information and advice to local groups and residents to enable them to support others. While the Council had a clear role to ensure this was done safely, a number of research participants noted the importance of Council services taking a positive approach to facilitating this response.

## Specific groups impacted

- 7.3. Research evidence has identified a wide range of specific population groups as having been particularly badly affected by the pandemic. A number of common themes are evident across the four harms, and which should be the focus of more targeted work to support recovery. These are summarised below.
- Children and young people have been particularly adversely affected by the pandemic. This has included impacts associated with school building closures and reduced school attendance, the impact of social isolation and other restrictions on their mental health and emotional wellbeing, and an increase in child protection cases and children being placed in care. Specific concerns were raised for children and young people with ASN, and those reaching key transition points during the pandemic (e.g. primary to secondary, from school to higher education or post-education destinations).
  - Older people have been a key risk group in terms of the direct health impacts of COVID-19, although public health restrictions and the vaccine roll-out has limited these impacts, for example such that the case rate for those aged 55+ is lower than for younger residents. Older people have also experienced significant indirect impacts such as reduced access to care and support services for those with long-term health conditions. Evidence of a potentially significant deterioration in older people's physical fitness and wellbeing, and their confidence and resilience, suggests that addressing negative impacts for this group is likely to be a challenge for services expected to be under continuing pressure.
  - Those with disabilities and ongoing physical and mental health conditions have also experienced a significant reduction in access to care and support services. This is likely to have contributed to a decline in health and fitness over this period, while reliance on remote service contact can disadvantage more vulnerable residents who struggle to communicate their needs effectively in this way.

- Carers have played an even more significant role in the context of restricted access to care and support services. Cumulative effects of lockdown and isolation, more limited contact with family members (who may have previously provided informal care) and lack of access to respite care have added to challenges for carers during the pandemic. Carers of people with dementia have been identified as a particularly vulnerable group, in part due to many of these carers seeing those they care for passing away or moving into long-term care as their condition deteriorated.
- Evidence also points to the pandemic having disproportionately affected those in more deprived areas. This has included households with more limited access to open spaces and more likely to be affected by overcrowding, for whom periods of lockdown and social isolation have been particularly challenging.
- Single households including older people and single parents without family in the local area appear to have been significantly affected by social isolation. For some this has been compounded by closure of local services and facilities, which can be important points of social contact for some.
- Young families also appear to have been significantly affected by the pandemic. This has included examples of families struggling with home learning, especially where children have additional support needs, where parents are supporting multiple children at different stages of the curriculum, and/or where families lack quiet space for home learning.
- People from BAME backgrounds have experienced particularly high COVID-19 infection rates. While residents, including some refugees for example, appear to have coped relatively well with the pandemic, the increased reliance on remote contact may be a barrier to services for those with English as a second language.
- Women experiencing domestic violence have had significantly reduced access to support during the pandemic, while evidence suggests there has been an increase in the complexity of needs of victims of domestic violence. This has included more older and disabled women, for example where COVID restrictions have led to social isolation and an escalation of abuse.
- Public sector staff have faced unprecedented challenges in maintaining public services in the context of public health restrictions and changing needs – in addition to experiencing the adverse impacts on their personal lives faced by other East Renfrewshire residents. There is likely to be a need for work to rebuild staff resilience across public sector services, with a particular focus on frontline staff in health and social care, education and other services.



## Looking forward

- 7.4. A common theme across research participants' feedback has been that recovery planning presents an opportunity to make significant change. For example, participants referred to scope to change service models and working arrangements, to retain positive changes for their quality of life seen through the pandemic, to make greater use of digital technologies to extend the reach of services, and to further empower communities to take responsibility for local service provision. The approach to recovery planning will have to take account of the following considerations, to maximise the impact of available resources for residents and communities.
- There is likely to be an increasing need for lower-level support and wellbeing activities to address the decline in fitness/wellbeing, particularly for older residents and those with disabilities or long-term conditions. This is also likely to include increasing need for rehabilitation support, again including for those with long-term conditions which have worsened during the pandemic, and for the potentially substantial number of residents affected by long COVID.
  - Poor mental health and wellbeing, including a loss of confidence for some residents, are a significant risk to recovery for local communities. There is likely to be a significant increase in need for support around mental health and wellbeing, ranging from lower-level support and social contact to those requiring support from clinical services. Rebuilding residents' confidence and resilience will also be an essential element of ongoing recovery, and may be a long-term task. This should also take account of the pandemic's impact on staff resilience across health and social care services, including increased risk of burn-out. Work to support these staff will also have to address ongoing recruitment challenges.
  - Services are already struggling to meet need for financial advice and support, and this need is expected to increase further over the coming year as the full effects of increasing energy costs, removal of the Universal Credit uplift, price inflation and interest rate rises become evident. This is likely to include a proportion of residents requiring support for the first time. There is a risk that these residents are unaware of the full range of support available to them – services must ensure they can reach out to this 'new' need, even as pressure on services increases.
  - Effective communication will be required to address an emerging disconnect between resident expectations of local service provision, and the reality for services facing increasing demand and ongoing staffing pressures. This mismatch between expectations and reality is likely to be especially acute for public services if pressure on local authority budgets

continues over the coming years. Communication will also be important in supporting work to rebuild residents' confidence. Ensuring residents understand how a coordinated approach to recovery will help individuals, communities and business will be essential in addressing the loss of confidence across some communities, and associated anxiety around a return to normal life.

- Effective joint working will be essential to ensure effective identification and referral of those with need for support. In addition to addressing likely increasing need for services, there will also be a need to ensure that service referral routes are accessible to those in need of support for the first time.
- More localised and tailored services will be necessary to respond to the different ways in which COVID-19 and associated public health restrictions have affected specific parts of the population. The correlation between socio-economic deprivation and adverse impacts suggests that this should include a geographic focus, but there will also be a need to tailor the service response to target other priority groups.