

Summary of COVID-19 impact

COVID-19 evidence up to October 2020

Sport for life

sportscotland
the national agency for sport

Introduction

COVID-19 directly, and indirectly, causes short and long-term harm to Scotland and its population in numerous ways. This document draws heavily from the '[Coronavirus \(COVID-19\): framework for decision making](#)'¹, which identifies four main categories of harm:

1. Direct harm to people's health.
2. Wider impact on health and social care.
3. Damage to our broader way of living and society.
4. Impact on our economy.

This document focuses on the harm to people's health by reviewing the health and wellbeing inequalities related to COVID-19. It concentrates on the people and groups that are disproportionately affected by COVID-19, based upon Equality Act² protected characteristics and socioeconomic disadvantage.

However, it is important to be aware that every person and every family will display a combination of different protected characteristics. The intersectionality of protected characteristics, and the wide range of family circumstances, combine to influence the barriers people face and their lived experience.

It is key that during this public health crisis we seek to understand how COVID-19 has impacted, and is still impacting, people and communities. The evidence outlined in this document has therefore been used to assess the impact of our policies and practices against the needs of the General Equality Duty as we move through and out of the pandemic. This ensures we maximise positive impacts and reduce negative impacts on people who share one or more of the protected characteristics.

Key messages

- COVID-19 is affecting everyone. But the harms caused by the pandemic are not being felt equally.

- It's important we recognise this is a public health crisis. We all have to operate safely and responsibly and in line with Scottish Government guidance.
- We also have to recognise one of the key risks of the restrictions put in place to deal with the virus is declining levels of physical activity. This is because people are staying at home more so they're moving less. And because gyms and sports centres have been closed and are only re-opening in a phased way.
- Before the pandemic certain groups were less likely to participate in sport and physical activity. These groups are also the most at risk of worsening inequalities due to COVID-19:
 - Older people
 - Disabled people
 - People from diverse ethnic minorities
 - Women
 - People from deprived communities

Age

- Prior to the pandemic, participation in physical activity and sport, including walking, declined with age^{3,4}.
- In the early stages of lockdown some countries did research on how participation habits changed. One study found that young people were exercising more than they did before lockdown, both indoors and outside, compared to older age groups⁴. However, after the national lockdown, the number of children and young people being physical active still fell⁶.
- Another study found that young people were more likely to maintain their exercise levels compared to older people. This means we may see the age gap in participation widen due to the pandemic⁷.
- However, children from lower income households, girls, older children and children from diverse minority ethnic communities are all more likely to be doing less than others^{6, 8}.
- Older people are more likely to have underlying health conditions⁹, making them more susceptible to severe negative health effects of the virus.

Sex

- Just over half of Scotland's population are women and the ratio of women to men is higher in older age groups reflecting womens' longer life expectancy¹⁰.
- Prior to the pandemic, participation in physical activity and sport, including walking, was lower in women than in men³. As girls move into their teenage years, sports participation reduces and stays lower than boys¹¹.

- Women were found to feel safe returning to gyms/pools which had anti-coronavirus systems in place. However, despite feeling safe few had actually attended¹².
- Women make up the majority of people providing care, both paid and unpaid, and the majority of health workers and key workers^{13, 14}.
- Men are more likely to experience severe negative health effects of COVID-19¹⁵.

Disability

- We know that one in three adults in Scotland are disabled. Older people, adults from lower income households and women are more likely to be disabled¹⁶.
- A lower percentage of disabled people met physical activity recommendations prior to the pandemic. Restrictions on exercise may worsen the already poorer physical and mental health disabled people experience¹⁷.
- Disabled people may face additional barriers to outdoor exercise due to their proximity to green and blue space¹⁷. Closing gyms and swimming pools limits accessible opportunities for disabled people.
- When self-isolating disabled people will need to rely more on support networks to help them with digital connectedness, food and other essential supplies¹⁸.
- Disabled people are more likely to have pre-existing health conditions and experience severe negative health effects of COVID-19¹⁹.

Race

- People from diverse ethnic communities make up around one tenth of the population in Scotland²⁰.
- There is limited data about physical activity participation among ethnic minority people in Scotland. There is, however, some evidence of inequalities with Pakistani adults being the least likely to participate in sport²¹.
- People from diverse ethnic communities experience a higher rate of some illnesses²². Some conditions are more likely to increase the severity of COVID-19. There may also be increased risk of infection due to higher likelihood of multigenerational families living within the same home²³.
- Existing social inequalities in the areas of poverty, health, housing and employment may mean that people from diverse ethnic communities are disproportionately impacted by the negative fall-out of this public health crisis and may find it more difficult to access support.

Socio economic disadvantage

- Prior to the pandemic a lower percentage of people from the most deprived communities in Scotland participated in sport compared to the least deprived. That gap has been widening over time²⁴.

- Households experiencing poverty are more likely to rely on public transport, and to make more low value shopping trips so can be at higher risk of COVID-19 infection. In addition, the workforce still actively employed and not home working includes many roles that are characterised by low and/or unstable income⁴⁷.
- School and Early Learning Centre closures will affect low income and single parent families particularly. As they may lack the space, resources or flexible working arrangements to meet an unexpected need for childcare^{25, 26}.
- Measures to contain the pandemic have the potential to increase the number of people experiencing financial hardship through redundancy, reduction of working hours or furlough.
- During times of financial hardship many families may struggle to pay membership fees for leisure services and sports clubs or to cover the cost of the equipment they need to participate. They are also more likely to live in smaller accommodation with no outdoor areas²⁷. Clubs may want to think about innovative ways to support low income families to get involved or stay involved in their sport.

Key themes emerging

The evidence emerging has clear implications for how we design and deliver sport and physical activity.

Communication

- Digital exclusion is a key issue. With so many services and so much information moving online it risks worsening the health impacts of the pandemic. It can make it difficult for people to access online support and services and connect with people^{28,29}.
- About 13% of households in Scotland don't have internet access. This increases to as high as 30% for some groups (disabled people, low income households, older adults)^{28,29}. The use of smartphones is increasing, and people are now more likely to use a smartphone to access the internet than a PC or laptop²⁸.
- Ethnicity can sometimes interlink with problems of language and knowledge and trust of systems. This cultural difference may further exacerbate impacts, as people find themselves less informed about the virus and how to stay safe, and less knowledgeable about the different support routes available to them^{30,31}.
- We have to think innovatively about the range of ways we can provide information to people about sport and physical activity.

Accessibility

- Accessibility of our environments is another key issue emerging from the pandemic.

- Disabled people may face greater challenges implementing regular handwashing and social distancing measures because of additional support needs. Some disabled people may need to use touch to help them get information from their environment and physical support. This increases the likelihood of virus transmission³².
- Younger people are finding it harder than older people to stick to social distancing rules³³.
- We know that face coverings discriminate against deaf people who need to look at lips to help communicate³⁴. Also people with certain health conditions or who are disabled don't need to wear face coverings.
- As clubs and leisure centres re-open it's important to build understanding of people's specific accessibility needs so we can provide the best possible support to people to take part in sport and physical activity.

Anxiety, mental health and wellbeing

The pandemic is leading to an increased risk of anxiety and mental ill-health for people who share all characteristics. For example:

- 40% of those that live alone in Scotland are of pensionable age making them at particular risk of social isolation³⁵. Yet survey data suggests younger people may be at the greatest risk of loneliness during the pandemic. They may also have experienced declines in mental wellbeing and increases in anxiety^{36,37,38}.
- Closing places of worship and moving services online is excluding some people who share certain religious beliefs, and this will impact on their wellbeing. Places of worship can also play a large role in communities by providing support and/or food³⁹.
- LGBT people may find it more difficult to access the medical support they need and may be more at risk of abuse and mental health issues^{40,41}.
- People living in financial hardship, experiencing furlough or worried they will lose their job tend to be at increased risk of mental health problems and have lower mental wellbeing^{41,42,43}.
- People with caring responsibilities, the majority of which are women⁴⁴, are experiencing lower mental wellbeing while the numbers of people with more or new caring responsibilities has increased.
- Performance athletes are experiencing lower mental wellbeing during the pandemic. They may also experience disrupted training and adverse nutrition/diet^{45,46}.

We know that sport and physical activity can have significant benefits for people's mental health⁴⁷ so it's vital that we continue to promote those benefits, so people are encouraged to get involved.

Confidence

Confidence to return to sport is also a big issue across all groups. We know that some groups have a higher risk of infection from Covid-19 than others:

- **Women** because they are disproportionately represented in care sector and key worker roles^{13, 14}.
- **Ethnic minorities** due to higher likelihood of multigenerational families living within the same home and a higher rate of some pre-existing conditions^{22,23}.
- **Disabled people** due to a higher likelihood of pre-existing conditions that make them more vulnerable to the disease¹⁹.
- **Households experiencing poverty** as they are more likely to rely on public transport, have jobs that expose them to Covid-19 and to make more low value shopping trips⁴⁷.

These groups may be even more nervous about returning to sport or starting to participate. They are also less likely to participate in sport in the first place so we'll need to give extra attention to their needs to help build their confidence.

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