

COVID-19

Framework for Decision Making – Assessing the Four Harms of the Crisis



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report defines the harms in more detail, explains how we have assessed each of the four harms – to produce ratings for each harm that inform decision making - and presents some of the key data we have used to arrive at our assessments.

What are the four harms?

The four harms encapsulate the multi-faceted harms of the crisis namely the direct harm of the disease itself, the wider health harm and the broader societal and economic impacts of both the virus itself and our necessary responses to it. The Scottish Government's approach is to suppress the virus to a very low level (the first harm) while seeking to minimise these broader harms. This approach has guided decision making concerning the easing of restrictions during the Route Map process.

Harm 1 represents the direct impact of COVID-19 and ratings for this harm are based on a consideration of transmission risk and the impact on R. The factors taken into account in arriving at the ratings include the setting, indoors or outdoors, the number of people potentially affected, the duration of the activity and the proximity of the people involved, the likelihood of droplet/aerosol production and spread and of touching surfaces and, finally, the possibility and ease of mitigations available. All of these factors are underpinned by the developing scientific evidence base, international experience and experience in Scotland. The highest risk activities are those that take place indoors in crowded, noisy environments with poor ventilation, many surfaces, physical space that makes distancing difficult (for example shared bathrooms, canteens, few entrances and exits) and social environments that tend to discourage distancing. The latter is very relevant for household meetings in private homes where maintaining distancing among family and friends is very difficult.

Harm 2 focuses on the indirect impact of COVID-19 on both health and social care services and wider impacts on public health. Key considerations influencing scoring for Harm 2 include anticipated impact on levels of excess non-Covid deaths and the effects of health and social service changes. The wider public health aspects considered are around physical and mental health and wellbeing. Particular attention is paid to services for the most vulnerable in the community who are often the section of the population likely to suffer most from COVID-19 infection. The physical and mental health consequences of restrictions that limit the possibility of social interaction and exercise are also seen as extremely important.

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