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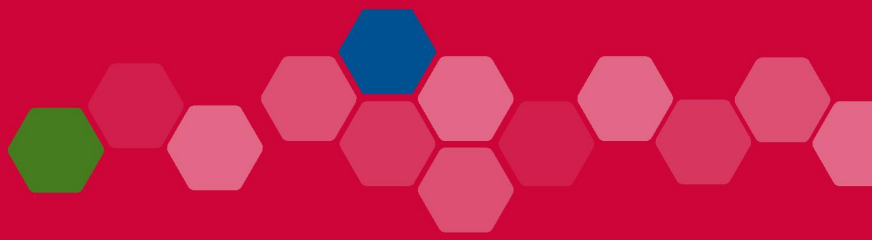
COVID-19 and Disabled People in Scotland - Health, Social and Economic Harms



EQUALITY AND WELFARE

social research

Contents

Executive Summary

This report uses demographic data and data on deaths involving COVID-19[1] to assess whether COVID-19 mortality rates for disabled people in Scotland are similar to rates in England and Wales. Mortality rates are a way of measuring the number of deaths (in this case involving COVID-19) in a particular population, scaled to the size of that population.

Provisional analysis from the Office for National Statistics (ONS), published in September 2020[2], demonstrated that the relative differences in COVID-19 mortality rates between those disabled and limited a lot and those non-disabled[3] were 2.4 times higher for women and 2.0 times higher for men[4] in England and Wales.

Age-standardisation allows populations with different age profiles to be compared. This is particularly important when considering mortality rates for disabled people because disability is more common amongst older people. When ONS considered the age-standardised mortality rates (ASMRs) for deaths involving COVID-19 in England and Wales they found that that mortality rates were higher for disabled people across all age groups, but the relative gaps in ASMRs between disabled and non-disabled men and women were largest amongst those aged 9 to 64

[1] Includes cases where COVID-19 is listed on the death certificate
[2] Coronavirus (COVID-19) related deaths by disability status, England and Wales - Office for National Statistics (ons.gov.uk)
[3] Disability status was defined using the self-reported answers to the 2011 Census question; "Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? - Include problems related to old age" (Yes, limited a lot; Yes, limited a little; and No).
[4] Sex as defined on death certificate

years. Relative gaps in ASMRs between non-disabled and disabled groups were smaller in the 65 years and over age group.

The largest relative gap in ASMRs was between women aged 9 to 64 years who were disabled and limited a lot, who had a rate of death involving COVID-19 10.8 times greater than non-disabled women in this age group. Men aged 9 to 64 years who were disabled and limited a lot had a rate of death involving COVID-19 6.5 times greater than non-disabled men.

The National Records of Scotland (NRS) will publish COVID-19 mortality rates for disabled people in March 2021. Despite differences in the policy context, it is expected that the NRS findings will be broadly similar to the English and Welsh results on COVID-19 mortality rates for disabled people published in September 2020, for the following reasons:

- Demographics of the disabled population are broadly similar – in all three countries 1 in 5 people were disabled according to the 2011 Census.

- Prevalence of long-term conditions in Scotland, England and Wales are similar - in all 3 countries the most common conditions were 'musculoskeletal system' (which includes conditions such as arthritis and back problems), followed by 'heart and circulatory illnesses', and 'mental disorders'. 'Ischaemic heart diseases', which are included within the 'heart and circulatory illnesses', are linked to increased COVID-19 deaths.[5]

[5] Scottish Health Survey 2019; National Survey for Wales 19-20; Health Survey for England 2017-18

- The demographic profile of deaths involving COVID-19 is similar in England, Wales and Scotland. People whose deaths involved COVID-19 were:

  - more likely to be aged 75+;
  - more likely to be a man;
  - more likely to experience multiple deprivation;
  - more likely to have a pre-existing medical condition.

- Frequency of types of pre-existing health conditions in deaths involving COVID-19 are similar for older people:

  - In England and Wales, and also Scotland, the most common pre-existing medical condition in deaths involving COVID-19 for **women aged 65+** was 'dementia and Alzheimer's disease' (34% in England and Wales vs. 38% in Scotland). This is followed by 'chronic respiratory diseases' (8% in England and Wales vs. 12% in Scotland).

  - There were similar rates of 'ischaemic heart diseases' (5% in England and Wales vs 8% in Scotland) and 'cerebrovascular disease' (4% in England and Wales vs. 6% in Scotland).

  - The most common main pre-existing conditions amongst **men aged 65+** in deaths involving COVID-19 in England and Wales and Scotland was 'dementia and Alzheimer's disease' (24% in England and Wales vs. 24% in Scotland), followed by 'ischaemic heart diseases' (15% in England and Wales vs. 21% in Scotland).

- Rates of 'chronic lower respiratory diseases' were similar for men aged 65+ (8% in England and Wales vs. 9% in Scotland).

It is important to note that there were differences in the types of pre-existing health conditions in deaths involving COVID-19 for people aged below 65.[6] Women in Scotland whose deaths have involved COVID-19 were more likely to have the pre-existing conditions of 'ischaemic heart diseases' and 'chronic lower respiratory diseases' than women aged under 65 in England and Wales, and both men and women were more likely to have pre-existing conditions of 'diabetes' and 'cirrhosis and other disease of the liver' than people aged under 65 in England and Wales. These patterns may be due to differences in underlying population health.

COVID-19 mortality rates and people with learning/intellectual disabilities

This report also summarises findings on mortality rates for deaths involving COVID-19 amongst people with learning/intellectual disabilities. Research from The Scottish Learning Disabilities Observatory (SLDO)[7] has demonstrated that:

- People in the learning/intellectual disabilities population were more than 3 times more likely to die from COVID-19 than those in the general population.

[6] As only 14% of total COVID-19 related deaths occur in the population aged below 75, these differences are unlikely to change the overall conclusions.
[7] COVID -19 | Research projects | Scottish Learning Disabilities Observatory (sldo.ac.uk)

- People with learning/intellectual disabilities were twice as likely as those in the general population to become infected with COVID-19.

- People with learning/intellectual disabilities were twice as likely to experience a severe outcome of COVID-19 infection, resulting in hospitalisation and/or death.

Wider impacts of COVID-19 on disabled people

This report also summaries evidence from a range of disabled people's organisations. This evidence indicates that, alongside experiencing direct COVID-19 health impacts, disabled people are also experiencing a range of other harms:

- Disruption of routine health and social care due to the pandemic has had a disproportionately negative impact on disabled people, who are more likely to require such services.

- Disabled people, who were already more likely to be experiencing mental health problems prior to the pandemic, have experienced increased mental ill-health as a result of the pandemic.

- There are a number of accessibility issues for disabled people using public transport, shopping and eating out as a result of busier streets, one way systems, potential queuing and the requirement to physically distance.

- Disabled people, who were already more likely than non-disabled people to experience loneliness, have faced increased isolation as a result of the COVID-19 pandemic.

- There is evidence that disabled people, who are more likely to experience poverty, and more likely to work in sectors which have been hit hard by COVID-19, or not be employment, are facing increased debt and economic difficulties as a result of the COVID-19 pandemic.

- Disabled people have experienced issues with accessing food as a result of food shortages, gaps and delays in receiving shielding support and priority deliveries.

Introduction

This report uses demographic data and data on deaths involving COVID-19 to assess whether COVID-19 mortality rates for disabled people in Scotland are similar to rates in England and Wales. Mortality rates are a way of measuring the number of deaths (in this case involving COVID-19) in a particular population, scaled to the size of that population.[8] In this analysis we are interested in the number of disabled people whose deaths have involved COVID-19 out of a population of 100,000 disabled people.

The Scottish Government supports the 'social model' of disability, which sees the barriers created by society – such as negative attitudes towards disabled people, and inaccessible buildings, transport and communication – as the cause of disadvantage and exclusion, rather than the impairment itself.[9] However, it should be noted that as the social model is seldom used in the context of survey-based data collection, statistics using this definition are limited. Instead, the statistics cited here use the 'medical model' of disability, which views an individual as being disabled by their impairment.

Impact of COVID-19 on mortality rate for disabled people

Provisional analysis from the ONS, released in September 2020, demonstrated that after adjusting for region, population density, socio-demographic and household characteristics, the relative difference in

[8] E.g. number of deaths in 100,000 people.
[9] Find more information on the Social Model of Disability here: The Social Model of Disability | Inclusion Scotland

mortality rates between those disabled and limited a lot and those non-disabled was 2.4 times higher for women and 2.0 times higher for men in England and Wales.[10] The analysis compared the risk of death involving COVID-19 according to a person's disability status, as recorded in the 2011 Census, and found that disabled people, including those with conditions relating to aging, made up almost 6 in 10 (59%) of all COVID-related deaths from 2nd March to 14th July 2020[11].

When ONS considered the age-standardised mortality rates (ASMRs)[12] for deaths involving COVID-19 in England and Wales, they found that relative gaps in ASMRs between disabled and non-disabled men and women were largest amongst those aged 9 to 64 years. The largest relative gap was between women aged 9 to 64 years who were disabled and limited a lot who had a rate of death involving COVID-19 10.8 times greater than non-disabled women in this age group. Men aged 9 to 64 years who were disabled and limited a lot had a rate of death involving COVID-19 6.5 times greater than non-disabled men. Relative gaps in ASMRs between non-disabled and disabled groups were smaller in the 65 years and over age group. Men aged 65 years and over, who were disabled and limited a lot, were 2.4 times more likely and women were 3.1 times more likely to die than their counterparts who were non-disabled.[13]

[10] Coronavirus (COVID-19) related deaths by disability status, England and Wales - Office for National Statistics (ons.gov.uk)
[11] Coronavirus (COVID-19) related deaths by disability status, England and Wales - Office for National Statistics (ons.gov.uk)
[12] Age-standardised mortality rates (ASMRs) allow populations with different age profiles to be compared fairly. This is particularly important when considering mortality rates for disabled people because disability is more common amongst older people.
[13] Coronavirus (COVID-19) related deaths by disability status, England and Wales - Office for National Statistics (ons.gov.uk)

It should be noted that new ONS estimates of COVID-related deaths in England by disability status covering the period between 24 January to 20 November 2020 was published in February 2021.[14] This analysis uses linked data from the 2011 Census, death registrations, and primary care and hospital records. The NRS work due to be published in March 2021 uses a similar model to the ONS analysis published in September 2020; using linked data from the 2011 Census and death registration data.

Our assessment is that the NRS results are likely to be similar to the ONS findings on England and Wales for the following reasons:

- Demographics of the disabled population are broadly similar in Wales/England and Scotland.
- Frequency of long term-conditions are similar in Scotland, England and Wales.
- Demographic profile of COVID related death is similar.
- Frequency of types of pre-existing health conditions involved in COVID deaths are similar for older people.

These reasons will be discussed in more detail in the following sections. Section 1 will begin by comparing the demographic profiles of the disabled populations of England/Wales and Scotland. It will then compare the frequency of long-term health conditions in Scotland, England and Wales.

[14] See Updated estimates of coronavirus (COVID-19) related deaths by disability status, England - Office for National Statistics (ons.gov.uk)

Section 2 will move on to consider the demographic profile of COVID-19 deaths in England/Wales and Scotland, before moving on to consider the frequency of types of pre-existing health conditions involved in COVID deaths in England/Wales and Scotland. Section 2 then goes on to explain the weaknesses in the data, for example issues around the age of the most recent Census.

Section 3 will provide statistics on COVID-19 mortality rates for people with learning/intellectual disabilities in Scotland. Finally section 4 will consider the wider impacts of COVID-19 on disabled people in Scotland, including: non-COVID health and social care impacts; social impacts, and economic impacts. We will conclude by offering the next steps we are taking to better understand the impact COVID-19 is having on disabled people.

1. Demographics of the disabled populations

The proportion of the populations in England, Wales and Scotland with a disability were broadly similar, as at the 2011 Census. In England and Wales, nearly 1 in 5 (19% of the population) had a disability – 20% of women and 19% of men.[15,16] Similarly, 1 in 5 (20%) people living in Scotland had a disability – 21% of women and 18% of men.[17]

In addition, disabled people in all three countries are more likely to experience multiple deprivation. This is important to note because

[15] Age Standardised
[16] [ARCHIVED CONTENT] Release Edition Reference Tables - ONS (nationalarchives.gov.uk)
[17] Standard Outputs | Census Data Explorer | Scotland's Census

experiencing multiple deprivation increases the risks associated with COVID-19.[18]

The 2019 Scottish Health Survey showed that adults (aged 16+) with a limiting long-term condition[19] were more likely to live in the most deprived 20% of areas in Scotland than those with non-limiting long-term conditions and those with no long-term conditions. Almost half (46%) of adults in the most deprived 20% reported limiting longstanding conditions compared with only a quarter (25%) of adults in the least deprived.[20]

In 2019-20, 45% of the population living in the 20% most deprived areas in Wales had a limiting longstanding illness, while only 27% living in the 20% least deprived area in Wales had a limiting longstanding illness.[21][22]

In 2011, of the 10 local authorities in England with the highest percentage of residents experiencing limiting longstanding condition(s), nine were placed among the top third most deprived authorities in England, indicating the links between the relative deprivation of an area and the disabled status of its population.[23,24]

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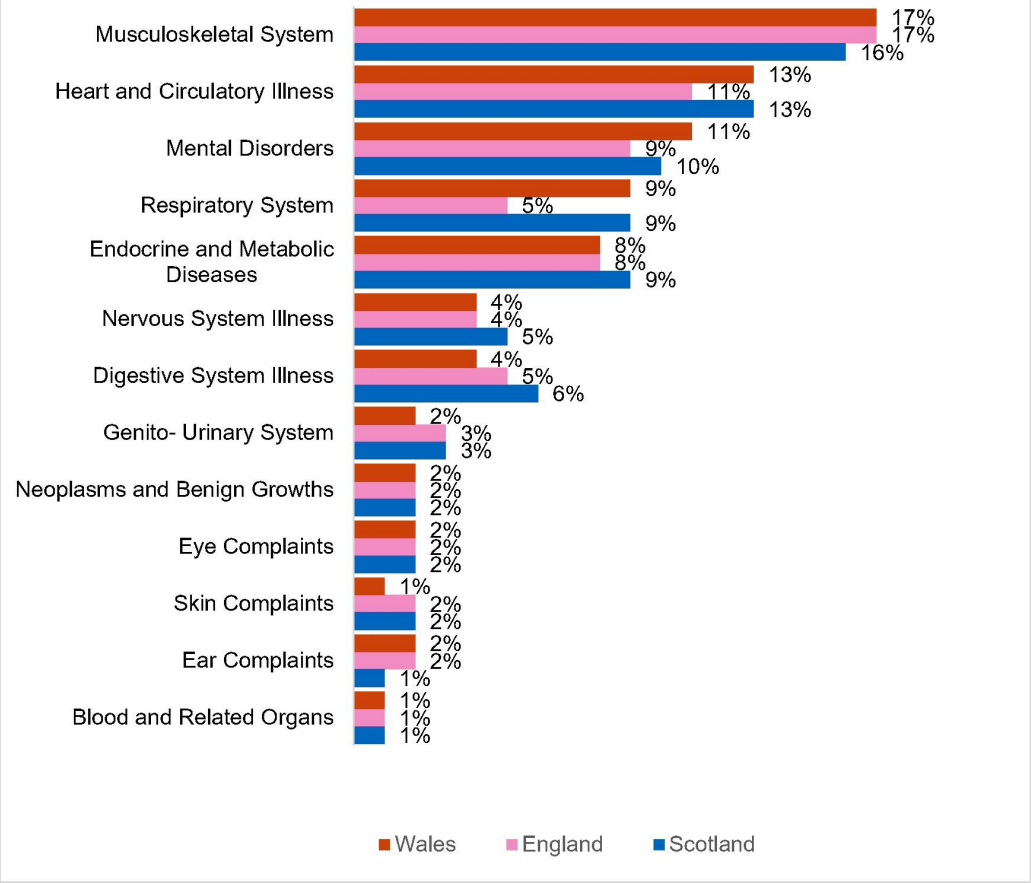
[18] Socio-economically disadvantaged people are more likely to experience poorer mental and physical wellbeing, lower life satisfaction, and feelings of loneliness, all of which either have already been impacted by COVID or are likely to be impacted by an economic downturn and increased poverty. Age-standardised death rates for COVID-19 have been twice as high for people living in the 20% most-deprived areas compared to the 20% least deprived areas. See Covid+and+Inequalities+Final+Report+For+Publication+-+PDF.pdf (www.gov.scot) for more details.
[19] The Equality Act 2010 harmonised guidance defines someone as being disabled if they have a longstanding condition (lasting or expecting to last for 12 months or more) which reduces\limits their ability to carry-out-day-to-day activities, see more: Measuring disability for the Equality Act 2010 harmonisation guidance – GSS (civilservice.gov.uk)
[20] Scottish Health Survey - gov.scot (www.gov.scot)
[21] General health and illness by WIMD deprivation quintile (gov.wales)
[22] It is important to note that area deprivation is measured differently in Wales and Scotland, so the 20% most deprived are not necessarily equivalent.
[23] Disability in England and Wales - Office for National Statistics (ons.gov.uk)
[24] It is worth noting that health inequality is higher for women and men aged 35-79 in Scotland than in England and Wales, see: UK trends - ScotPHO

1.1 Prevalence of long- term health conditions

Figure 1: Prevalence of long-term health conditions (grouped), Scotland, England and Wales[25][26]



Sources: Scottish Health Survey 2019; National Survey for Wales 19-20; Health Survey for England 2017-18[27]

[25] Please note these findings refer to long term health conditions rather than limiting long- term conditions. The Equality Act 2010 harmonised guidance defines someone as being disabled if they have a longstanding condition (lasting or expecting to last for 12 months or more) which reduces\limits their ability to carry-out-day-to-day activities. Data on limiting long- term conditions was not available for all countries.

[26] Please note that findings have been grouped in order to ensure comparability across surveys. Heart and Circulatory conditions includes Stroke/cerebral haemorrhage/thrombosis, Heart attack, angina Hypertension/high blood pressure/other blood pressure problem, Other heart problems, Piles/haemorrhoids, Varicose veins/phlebitis in lower extremities, Other blood vessels/embolic. Endocrine and Metabolic diseases includes Diabetes and Other endocrine and metabolic complaints.

[27] It is important to note that data for these surveys were collected at different times. Data for the Scottish Health Survey was collected from January to December 2019; data for the National Survey for Wales was collected in April 2019 to March 2020, and data for the Health Survey for England covers the period January to December 2018. All three surveys define a respondent as having a long-term health condition if they answer 'yes' to the question: "Do you have a physical or mental health

Figure 1, above, shows that the prevalence of long-term health conditions in Scotland, England and Wales are similar. In all three countries, the most common conditions were 'musculoskeletal system' (which includes conditions such as arthritis and back problems), followed by 'heart and circulatory illnesses', and 'mental disorders'. However, it does appear that 'heart and circulatory illnesses' and 'respiratory system conditions' were slightly more common in Scotland (and Wales) than in England. 'Ischaemic heart diseases', which are included within 'heart and circulatory illnesses', are linked to COVID-19 deaths.

2. Demographic profile of COVID-19 deaths

Table 1, below, demonstrates that the demographic profile of COVID-19 deaths are similar in Scotland and England and Wales. People whose deaths involved COVID-19 were:

- more likely to be aged 75+;
- more likely to be a man;
- more likely to experience multiple deprivation;
- More likely to have a pre-existing medical condition.

condition or illness lasting, or expected to last, 12 months or more?". Respondents were then given the opportunity to list up to six longstanding conditions.

Table 1: Demographic profile of COVID-19 deaths, Scotland, England and Wales

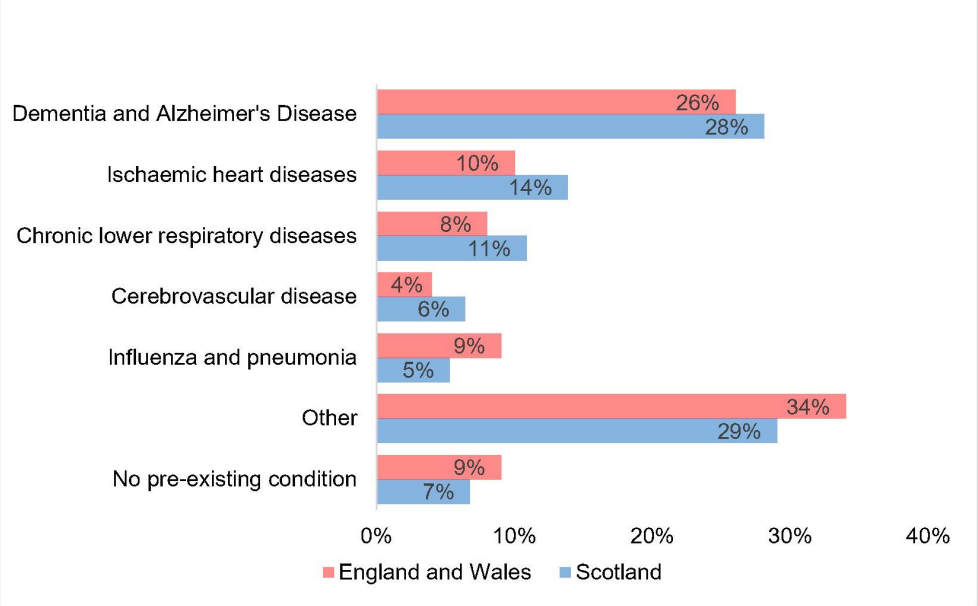
	Scotland	England and Wales
Age	In week 25 to 31 January 2021 (week 4): 68% of deaths involving COVID-19 aged 75+.[28]	In week ending 29th January 2021 (week 4): 72.7% of deaths involving COVID-9 amongst people aged 75+.[29]
Sex	51.2% of all deaths involving COVID-19 were amongst men.[30]	54.5% of all deaths involving COVID-19 deaths were amongst men.[31]
Multiple deprivation	Most deprived 20% of areas 2.2 times higher COVID-19 mortality rate than the least deprived.[32]	Most deprived areas have between 2 and 3 times higher COVID-19 mortality rate than the least deprived areas.[33]
Pre-existing condition	93% of deaths between March and December 2020 had at least one pre-existing condition.[34]	91.1% of deaths between March and June 2020 had at least one pre-existing condition.[35]

[28] Deaths involving coronavirus (COVID-19) in Scotland, Week 4: Report (nrscotland.gov.uk)
[29] Deaths registered weekly in England and Wales, provisional - Office for National Statistics (ons.gov.uk)
[30] Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk)
[31] Deaths registered weekly in England and Wales, provisional - Office for National Statistics (ons.gov.uk)
[32] Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk)
[33] Deaths involving COVID-19 by local area and socioeconomic deprivation - Office for National Statistics (ons.gov.uk)
[34] Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk)
[35] Deaths involving COVID-19, England and Wales - Office for National Statistics (ons.gov.uk)

2.1 Frequency of types of health conditions in deaths involving COVID-19 in Scotland, England and Wales[36]

Disabled people have a range of limiting long-term physical health conditions, such as those affecting the heart and respiratory system, which are linked to increased vulnerability to COVID-19.[37] The figures discussed below demonstrate the main pre-existing medical conditions in deaths involving COVID-19, broken down by age and sex.

Figure 2: Main pre-existing medical conditions in deaths involving COVID-19



Sources: Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk); Deaths involving COVID-19, England and Wales - Office for National Statistics (ons.gov.uk) (June 2020)[38] [39]

[36] ONS data on COVID-19 deaths is reported for England and Wales combined.
[37] See the Scottish Health Survey 2019 for more information on the prevalence of limiting longstanding conditions amongst disabled adults: Scottish Health Survey 2019: supplementary tables - gov.scot (www.gov.scot)
[38] Conditions included in 'Other' are for example hypertensive diseases, cancer, Parkinson's disease, cirrhosis and other diseases of liver and heart failure.
[39] For Scotland, data represents deaths between 1st March and 31st December 2020, and for England and Wales, data represents deaths between March and June 2020. ONS have since not been

'Deaths involving COVID in Scotland (monthly analysis)'[40] shows that, of the 6,834 deaths occurring between March and December 2020, 93% (6,372) of people who died had at least one pre-existing condition. This is very similar to England and Wales where, of the 50,335 deaths involving COVID-19, 91% (45,859) of people who died had at least one pre-existing health condition.

In Scotland, the most common pre-existing condition amongst those who died of COVID-19 between March and November 2020 was 'dementia and Alzheimer's disease', accounting for more than a quarter (28%) of all deaths involving COVID-19 (see figure 2 above). Similarly, in England and Wales, the most common pre-existing condition amongst those who died of COVID-19 was 'dementia and Alzheimer's disease', also accounting for more than a quarter (26%) of all deaths involving COVID-19 (see figure 2 above). It's worth noting here that 'dementia and Alzheimer's disease' is more common in the older population, so age may be a factor in these deaths as well as pre-existing condition.

It should be noted that the NRS death registration figures are produced using the same definition as those published by the ONS (for England and Wales) so are broadly comparable. However, the data for England and Wales dates from June 2020[41] whereas the Scottish data dates from December 2020. We are assuming that the same patterns continued in England and Wales. In addition, while ONS provide data on all pre-

producing breakdowns of COVID-10 deaths by pre-existing conditions due to low death rates posing disclosure risks. For more information, see COVID-19 deaths broken down by underlying health condition - Office for National Statistics (ons.gov.uk).

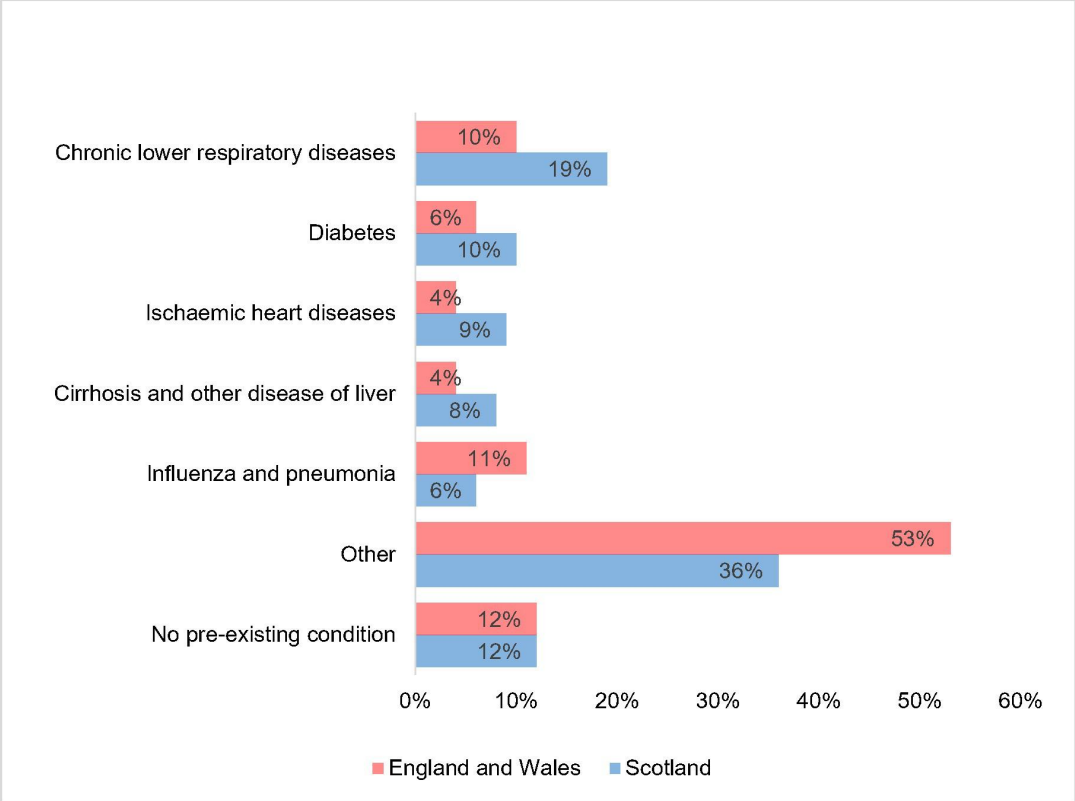
[40] Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk)

[41] For Scotland, data represents deaths between 1st March and 31st December 2020, and for England and Wales, data represents deaths between March and June 2020. ONS have since not been producing breakdowns of COVID-10 deaths by pre-existing conditions due to low death rates posing disclosure risks. For more information, see COVID-19 deaths broken down by underlying health condition - Office for National Statistics (ons.gov.uk).

existing conditions involved in COVID-19 deaths, NRS provide details only for the main pre-existing conditions involved in COVID-19 deaths.

This data is for all people. To investigate this further we looked at the difference between older and younger men and older and younger women.

Figure 3: Main pre-existing medical conditions among women aged under 65 in deaths involving COVID-19



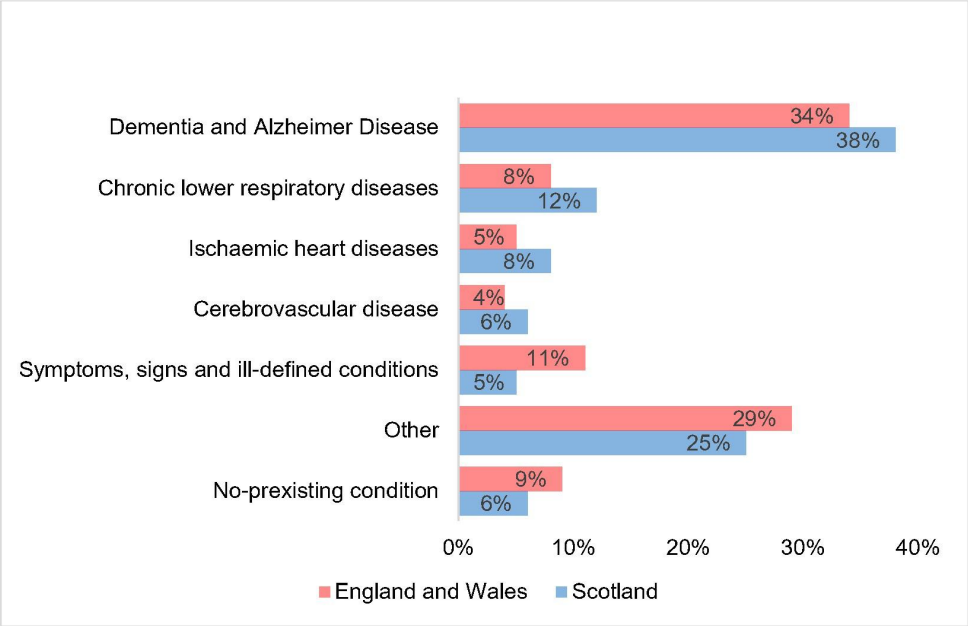
Sources: Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk); Deaths involving COVID-19, England and Wales - Office for National Statistics (ons.gov.uk) (June 2020)

Figure 3, above, shows the main pre-existing medical conditions in deaths involving COVID-19 among women aged under 65.[42] The main pre-existing conditions in deaths involving COVID-19 in Scotland among women aged under 65 were 'chronic lower respiratory diseases' (19%), and this proportion was almost double that of England and Wales (10%). The next most common pre-existing condition in Scotland was 'diabetes' (10%), and again this proportion was higher than England and Wales (6%). 'Ischaemic heart diseases' were the third most common pre-existing condition in deaths involving COVID-19 amongst women aged under 65 in Scotland (9%), and this was higher than England and Wales (4%). In Scotland 'cirrhosis and other disease of the liver' was present in 8% of deaths involving COVID-19 amongst women aged under 65, which was double the rate in England and Wales (4%).

'Influenza and pneumonia' were the main pre-existing conditions involved in deaths involving COVID-19 in England and Wales among women aged under 65 (in 11% of deaths), but this was only the fifth most common condition in COVID deaths in Scotland (in 6% of deaths). In addition, the proportion of 'other' conditions in deaths involving COVID-19 amongst women aged under 65 was substantially higher in England and Wales (53%) than Scotland (36%).

[42] Includes women and girls from age 0

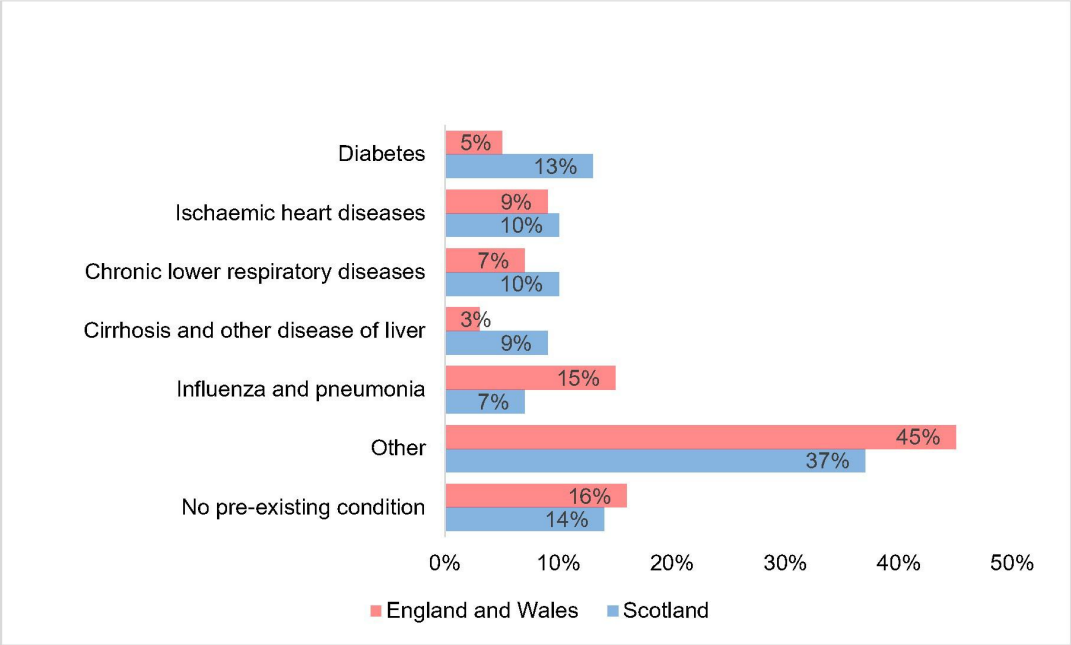
Figure 4: Main pre-existing medical conditions among women aged 65+ in deaths involving COVID-19



Sources: Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk); Deaths involving COVID-19, England and Wales - Office for National Statistics (ons.gov.uk) (June 2020)

There are noticeable similarities in the proportion of pre-existing medical conditions present in deaths involving COVID-19 for women aged 65+. Figure 4, above, shows that in England and Wales, the most common pre-existing medical condition in deaths involving COVID-19 for women aged 65+ was 'dementia and Alzheimer's disease' (34%), and this was also the case in Scotland (38%). The next most common conditions in England and Wales and also Scotland were 'chronic respiratory diseases', although the rate of these conditions were slightly higher in Scotland than England and Wales (8% and 12% respectively). There were similar rates of 'ischaemic heart diseases' (5% in England and Wales vs 8% in Scotland) and 'cerebrovascular disease' (4% in England and Wales and 6% in Scotland).

Figure 5: Main pre-existing medical conditions among men aged under 65 in deaths involving COVID-19

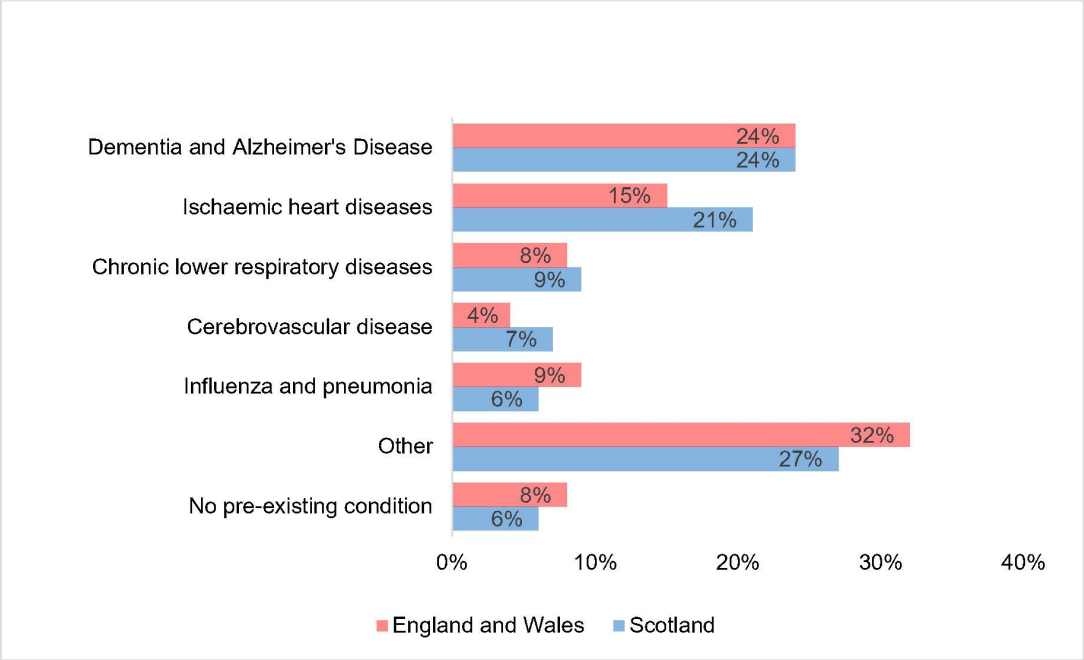


Sources: Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk); Deaths involving COVID-19, England and Wales - Office for National Statistics (ons.gov.uk) (June 2020)

Figure 5, above, demonstrates that for men in Scotland aged under 65[43] the main pre-existing medical condition in deaths involving COVID-19 was 'diabetes' (13%), but this was not the case in England and Wales where 'diabetes' was present in 5% of COVID-19 deaths. There were similar rates of 'ischaemic heart diseases' (10% in Scotland compared to 9% in England and Wales), and the rates of 'chronic lower respiratory diseases' were also fairly similar (10% in Scotland and 7% in England and Wales). However, the rate of 'cirrhosis and other disease of the liver' in Scotland was 3 times the rate in England and Wales (9% compared to 3%). The rate of 'influenza and pneumonia' in England and Wales was more than double the rate in Scotland (15% compared to 7%).

[43] Includes all men and boys from age 0

Figure 6: Main pre-existing medical conditions among men aged 65+ in deaths involving COVID-19



Sources: Deaths involving coronavirus (COVID-19) in Scotland, Week 2: Report (nrscotland.gov.uk); Deaths involving COVID-19, England and Wales - Office for National Statistics (ons.gov.uk) (June 2020)

Figure 6, above, demonstrates the main pre-existing conditions amongst men aged 65+ in deaths involving COVID-19 in England and Wales and Scotland, which are broadly similar. 'Dementia and Alzheimer's disease' were the most common pre-existing conditions in England and Wales (24%) and Scotland (24%). 'Ischaemic heart diseases' were the next most common, although the rate was higher in Scotland (21%) than England and Wales (15%). Rates of 'chronic lower respiratory diseases' were similar (8% in England and Wales and 9% in Scotland). In addition, rates of 'Influenza and pneumonia' were fairly similar in England and Wales (9%) and Scotland (6%), as was 'cerebrovascular disease' (7% in Scotland vs 4% in England and Wales), and 'other' conditions (32% in England and Wales and 27% in Scotland).

2.2. Weaknesses in the data

Based on the assessments above we would expect that the mortality rate of disabled people due to COVID-19 in Scotland would be very similar to England and Wales, particularly for the over 65s. However, this analysis has some weaknesses:

- The ONS study on COVID-19 mortality rates for disabled people is based on the 2011 Census population, which might not be representative of the current population. In particular, the data does not account for people who have developed a disability or health condition since 2011.
- Breakdown of deaths due to COVID-19 by underlying health conditions has not been reported since June 2020 in England and Wales due to small numbers of deaths posing a disclosure risk.
- We are also unable to judge whether different policy decisions, or differences in health and social care provision may also have an impact on these figures.
- In addition, this report does not account for the fact that the environment someone with a pre-existing condition lives in can impact mortality. For example, a person with dementia or Alzheimer's disease is more likely to live in a care home. Care homes residents have experienced higher COVID-19 mortality than non-care home residents.

NRS will be publishing an analysis of mortality rates for disabled people based on data linkage with the 2011 Census in March 2021.

3. COVID-19 mortality rates and people with learning/intellectual disabilities

Sections 1 and 2 have considered the high risk of death from COVID-19 disabled people are likely to face. In section 3 we will consider how this risk impacts people with learning/intellectual disabilities.

The Scottish Learning Disabilities Observatory (SLDO) have produced research looking at COVID-19 mortality rates for people with learning disabilities in Scotland.[44] NRS provided access to 2011 Census records for 17,173 people with learning/intellectual disabilities and 195,859 with no learning/intellectual disabilities, and this was linked with death registrations, hospital records and COVID-19 testing data from the first wave of the COVID-19 pandemic in Scotland (24 January to 15 August 2020). The research found that of this Census sample there were 36 deaths from COVID-19 in the learning/intellectual disabilities population, compared with 199 deaths amongst the general population.[45] Overall, people in the learning/intellectual disabilities population were more than 3 times more likely to die from COVID-19 than those in the general population.[46]

In addition, the SLDO research demonstrated that people with learning/intellectual disabilities were twice as likely as those in the general population to become infected with COVID-19. People with learning/intellectual disabilities were also twice as likely to experience a

[44] These are interim findings which will be submitted for publication in a Scientific journal for peer-review, publication and dissemination. These interim results have been provided to support policy discussions.
[45] The general population being made up of those without learning/intellectual disabilities.
[46] COVID -19 | Research projects | Scottish Learning Disabilities Observatory (sldo.ac.uk)

severe outcome of COVID-19 infection, resulting in hospitalisation and/or death.[47]

SLDO also looked at whether more people with learning disabilities had died in 2020 from all causes than in other years. Deaths from all causes in adults with learning/ intellectual disabilities increased by 23% in the period 24th January to 15th August 2020, compared to 21% in adults who do not have learning/intellectual disabilities.[48]

Early studies in England have found similar evidence that people with learning disabilities have up to 3.6 higher COVID-19 mortality rates than those with no learning disabilities.[49] There is a difference in age at death between COVID-19 deaths in the general population compared to people with learning disabilities. In the general population of England and Wales, almost half (47%) of deaths from COVID-19 were in people aged 85 years and over. Of all deaths of people with learning disabilities from COVID-19, just 4% were aged 85 years and over[50].

A more recent study from ONS demonstrates that in England, in the period 24 January to 20 November 2020, also showed that people with a learning disability had a statistically significantly higher rate of COVID-19 mortality than those who did not have a learning disability.[51] The mortality rate for men with a learning disability was 3.5 times the rate of men without a learning disability, and for women with a learning disability the rate was 4 times higher than for women without a learning disability.

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[47] COVID -19 | Research projects | Scottish Learning Disabilities Observatory (sldo.ac.uk)
[48] COVID -19 | Research projects | Scottish Learning Disabilities Observatory (sldo.ac.uk)
[49] COVID-19: deaths of people with learning disabilities - GOV.UK (www.gov.uk)
[50] Deaths of people with learning disabilities from COVID-19.pdf (bristol.ac.uk)
[51] Updated estimates of coronavirus (COVID-19) related deaths by disability status, England - Office for National Statistics (ons.gov.uk)

After adjusting for age the mortality rate for both men and women with learning disabilities were 3.7 times compared to people without learning disabilities.

4. Wider impacts of COVID-19 on disabled people

Sections 1 and 2 have identified the high mortality rate for disabled people due to COVID-19, but this is not the only negative impact. Various documents[52] have accounted for the impact of COVID-19 on disabled people across four harms: COVID-19 health impacts; non-COVID health and social care; social, and economic. This section summarises some of those factors:

4.1 Non-COVID health and social care impacts

Disruption of routine health and social care due to the pandemic has had a disproportionate negative impact on disabled people, who are more likely to require such services. A survey carried out by Inclusion Scotland in April 2020 found that almost half of respondents said that the pandemic had had an impact on the social care they get, formal and informal. Around a third (30%) of respondents had had their social care support reduced or stopped completely.[53] Inclusion Scotland highlight that people were left in desperate situations as a result of this, with respondents describing how they had been forced to sleep in their wheelchair or were left unable get out of bed.[54] In addition, Inclusion

[52] See Coronavirus (COVID-19): impact on equality (research) - gov.scot (www.gov.scot), Inequalities by disability in the context of Covid-19 (slide-pack) - gov.scot (www.gov.scot)
[53] Rights At Risk – Covid-19, disabled people and emergency planning in Scotland – a baseline report from Inclusion Scotland | Inclusion Scotland, n=822
[54] Rights At Risk – Covid-19, disabled people and emergency planning in Scotland – a baseline report from Inclusion Scotland | Inclusion Scotland, n=822

Scotland's survey demonstrated that 7% of respondents had had their medical appointments and/or routine health services had been cancelled or reduced since the start of the crisis.

Disabled people might also experience heightened anxiety around attending appointments due to the risk of contracting COVID-19 and experiencing severe symptoms. A survey conducted by the Glasgow Disability Alliance (GDA) found that 90% of the respondents have been worried about their physical and mental health during the pandemic.[55][56] The NHS mobilisation plan outlines an increased expansion of health and social care support services to mitigate the negative impacts of reduced routine and normal health and social care due to the pandemic.[57]

Many services, such as health care appointments, have relied on digital services during the COVID-19 pandemic. For some disabled people online appointments may have the positive impacts of reducing stress, expense and inconvenience around having to attend in person.[58] However, online appointments can also be a potential barrier for disabled people, with 60% of GDA members reporting being digitally excluded. To tackle this, the Connecting Scotland programme[59] has initially aimed to support 9,000 low income individuals at increased clinical risk from COVID-19.[60]

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[55] Supercharged: A Human Catastrophe - Inequalities, Participation and Human Rights, before during and beyond COVID19 - Glasgow Disability Alliance | Glasgow Disability Alliance (gda.scot), n=5000
[56] Please note that GDA operate largely in Glasgow and the surrounding areas while Inclusion Scotland and Disability Equality Scotland operate nationally.
[57] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot), p. 23
[58] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot), p. 18, 19
[59] Connecting Scotland
[60] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot), p. 36

The introduction of compulsory face coverings in public spaces has been recognised as not always being appropriate for disabled people. Regulations, therefore, exempt the wearing of masks for disabled people for whom it is not appropriate or where there are justifiable reasons. However, data gathered amongst members of Disability Equality Scotland (DES) demonstrated that while a majority of respondents were in favour of wearing face coverings as an extra precaution against transmission of the virus, many disabled people who were exempt from this requirement had faced difficulties when shopping, including verbal abuse.[61] In addition, further DES polls showed that disabled people felt that they were experiencing a higher level of disability-based hate crime.[62] An exemption card has been made available in order to mitigate the risk of challenge or abuse faced by disabled people.[63]

Having a long term physical condition increases the likelihood of experiencing poor mental health, and vice versa. According to the most recent data from the Scottish Health Survey 2019, disabled people had lower mental wellbeing than non-disabled people (45.4 compared to 51.8 on a scale of 14 to 70). The COVID-19 pandemic, with its restrictions on social interaction and physical activity, is likely to exacerbate this.

Inclusion Scotland found that respondents to their April 2020 survey were anxious about their own and the health of the people they care

[61] Weekly Poll Results – COVID-19: Access to Supermarkets (Week Beginning 20 April 2020) | Have Your Say... (yoursayondisability.scot) n=88
[62] Weekly Poll Results – Hate Crime Bill (Week Beginning 22 June 2020) | Have Your Say... (yoursayondisability.scot)
[63] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot), p. 23

about, with many “fearful for the future”.[64] In addition, in September 2020, disabled people in the UK reported more frequently feeling that the coronavirus pandemic was affecting their well-being, compared to non-disabled people. Disabled people reported that the pandemic was making their mental health worse (41% for disabled people and 20% for non-disabled people), that they were feeling lonely (45% and 32%), that they were spending too much time alone (40% and 29%), that they felt like a burden on others (24% and 8%), and that they had no-one to talk to about their worries (24% and 12%).[65]

Research from Glasgow Disability Alliance has highlighted the increased isolation and loneliness that disabled people have felt during the COVID-19 pandemic. Disabled people were already significantly more likely than non-disabled people to experience loneliness.[66] 82% of GDA members surveyed during COVID lockdowns had been concerned about isolation, with 80% of members not being aware of any local support services they could access during the pandemic and lockdown.[67]

In addition, Inclusion Scotland’s survey on shielding carried out between the 19th and the 3rd of July 2020 found that long-term shielding was having a substantial impact on respondents’ health. Many respondents spoke about the loss of health care appointments and treatments which was causing distress and concern about deteriorating health.[68]

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[64] Rights At Risk – Covid-19, disabled people and emergency planning in Scotland – a baseline report from Inclusion Scotland | Inclusion Scotland, n=822
[65] Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics (ons.gov.uk)
[66] Scottish household survey 2018: annual report - gov.scot (www.gov.scot)
[67] Supercharged: A Human Catastrophe - Inequalities, Participation and Human Rights, before during and beyond COVID19 - Glasgow Disability Alliance | Glasgow Disability Alliance (gda.scot), n=5000
[68] Shielding Report | Inclusion Scotland, n=135

To mitigate the disproportionately negative social impacts on disabled people, the Scottish Government has introduced an exception to no indoor mixing through extended households for disabled people needing informal care and support. This aims to have a positive impact on disabled people's physical and mental health through reducing isolation, while also still maintaining protection from the virus.[69]

4.2 Social impacts

Restrictions imposed on public transport has had an impact on disabled people. Disabled people are more likely than non-disabled people to be reliant on public transport. The need for more physical distancing results in fewer accessible seats and spaces for wheelchair users, making it more challenging for disabled people to use public transport. The reduction of two metres to one metre physical distancing will have had some mitigating effect, but transport accessibility is likely to still be an issue for disabled people. For example, in May 2020 as a part of their weekly polls, Disability Equality Scotland asked their members if they had experienced any issues with physically distancing during their daily exercise or when undertaking essential journeys. 99% of respondents answered yes to this question.[70] The Transport Transition Plan developed by Transport Scotland aims to mitigate these issues of reduced capacity and concerns amongst disabled people over being able to observe physical distancing measures.[71]

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[69] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot), p. 22
[70] Weekly Poll Results – COVID-19: Physical Distancing (Week Beginning 25 May) | Have Your Say... (yoursayondisability.scot), n= 920
[71] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot) p. 8

In addition, the restrictions related to shopping and eating out have had disproportionate negative social impacts on disabled people. There is potentially a risk of heightened anxiety among disabled people due to a number of situations made by the COVID-19 pandemic, including: busier streets, one way systems, potential queuing and the requirement to physically distance. In an April 2020 poll Disability Equality Scotland found that there were issues around the accessibility of supermarket stores. For example, rules on shoppers having to be alone, and therefore unaccompanied by carers, presented problems for those who needed additional assistance.[72] In addition, DES highlighted issues around the need to queue outside supermarkets with no seating available.[73] Retail Sector Guidance has been published and is regularly reviewed to remove disadvantages for particular equality groups, including disabled people.[74]

4.3 Economic impacts

Disabled people are more likely to experience poverty and less likely to be in employment.[75] They are also more likely than non-disabled people to work in sectors which have been hit hard by COVID-19, including public administration, education and health, as well as the distribution, accommodation and catering sectors.[76] The economic impacts of the COVID-19 pandemic are, therefore, more likely to affect disabled people compared to non-disabled people. A survey carried out in the UK in April

[72] Weekly Poll Results – COVID-19: Access to Supermarkets (Week Beginning 20 April 2020) | Have Your Say... (yoursayondisability.scot), n=88
[73] Weekly Poll Results – COVID-19: Access to Supermarkets (Week Beginning 20 April 2020) | Have Your Say... (yoursayondisability.scot), n=88
[74] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot), p. 12
[75] Inequalities by disability in the context of Covid-19 (slide-pack) - gov.scot (www.gov.scot)
[76] Disabled people and the labour market in Scotland - gov.scot (www.gov.scot)

2020 showed that disabled people are more likely than non-disabled people to say that they will come out of the pandemic in more debt. 34% of disabled women said their household has already run out of money, compared to 24% of non-disabled women[77]. Furthermore, research by GDA showed that among disabled people in Scotland, 57% have been worried about money and hardship during the pandemic.

For those who are unemployed, disabled people might face extra barriers to access information and receive support. According to GDA, 80% of their members were not aware of any local support services they could access, and 41% had difficulties accessing information in formats required.[78]

For those who are in employment, disabled people might find it more challenging to return to work. In particular, disabled people may struggle to maintain physical distancing if they are required to return to work for essential purposes. In addition, the negative impacts of working from home, such as loneliness and decreased mental wellbeing, are likely to be particularly challenging for disabled people with a history of mental health illness. [79]

Another economic impact that might be affecting disabled people more than non-disabled people is food insecurity. Disabled people experienced higher prevalence of food insecurity prior to the pandemic.[80]

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[77] Disabled-Women-and-Covid-19.pdf (wbg.org.uk), n=3,280
[78] Supercharged: A Human Catastrophe - Inequalities, Participation and Human Rights, before during and beyond COVID19 - Glasgow Disability Alliance | Glasgow Disability Alliance (gda.scot), p. 10, n=5000
[79] Coronavirus (COVID-19): phase 3 measures - equality and fairer Scotland impact assessment - gov.scot (www.gov.scot) p. 11
[80] According to the 2019 Scottish Health Survey significantly more adults with a limiting long-term condition (defined as disabled) had experienced food insecurity when compared to adults without a

COVID-19 has further exacerbated the financial vulnerability of disabled people, and so increased risk to food insecurity, alongside introducing additional barriers to accessing food due to the need to self-isolate, shield or the reduction in access to unpaid care. Data from a YouGov poll shows that disabled adults across the UK were disproportionately affected by food insecurity during the first two weeks of lockdown arising due to all three drivers measured - financial hardship, lack of food in shops and isolation. Taking these drivers together, 37% of adults who reported that they were limited because of a health condition or disability reported that they experienced food insecurity compared with 19% of those limited a little because of a health problem or disability and 12% among those not limited by health problem or disability.[81]

In addition, over half (53%) of respondents to Inclusion Scotland's April 2020 survey said that they had experienced difficulties accessing food for themselves and those that they care for.[82] 1 in 8 people at high risk from COVID-19 told Inclusion Scotland that they were not able to effectively shield or isolate themselves because they did not have other support to access food and or medication.[83]

Findings from Glasgow Disability Alliance published in August 2020[84] indicates that their members experienced extra barriers to food security from supermarket delivery slots being overwhelmed and having a minimum spend barrier.[85] Members of GDA also expressed concerns

limiting long-term condition (non-disabled) (18% compared to 5%). See: Scottish Health Survey 2019: supplementary tables - gov.scot (www.gov.scot)

[81] COVID-19: latest impact on food - Food Foundation, n=2070

[82] Rights-At-Risk-Summary-Report-1.pdf (inclusionscotland.org), n=822

[83] Rights-At-Risk-Summary-Report-1.pdf (inclusionscotland.org), n=822

[84] With data collected from 20th March – 31st July 2020.

[85] Supercharged: A Human Catastrophe - Inequalities, Participation and Human Rights, before during and beyond COVID19 - Glasgow Disability Alliance | Glasgow Disability Alliance (gda.scot), p. 10, n=5000

about delays and gaps in accessing eligibility status for shielding support and delivery priority slots, with many being expected to rely on the goodwill of friends and family when support lines were withdrawn as shielding was paused.[86] Inclusion Scotland's July 2020 survey found that over 56% of respondents who were shielding without a letter (56%) said that they did not have access to the support they needed.[87]

Conclusion and next steps

In this report we have demonstrated that the mortality rate related to COVID-19 for disabled people in Scotland is likely to be higher for disabled than non-disabled people. This follows previous work in England and Wales showing higher mortality rates amongst disabled people and a comparison of a range of similar factors in Scotland, including:

- Demographics of the disabled population are broadly similar
- Prevalence of long- term conditions in Scotland, England and Wales are similar
- Demographic profile of COVID related death is similar for older people
- Frequency of types of pre-existing health conditions prior to COVID death are similar

However, we have also noted that there are differences for people aged below 65 with women in Scotland whose deaths have involved COVID-

[86] Supercharged: A Human Catastrophe - Inequalities, Participation and Human Rights, before during and beyond COVID19 - Glasgow Disability Alliance | Glasgow Disability Alliance (gda.scot), p. 10, n=5000
[87] Shielding Report | Inclusion Scotland, n=135

19 more likely to have the pre-existing conditions of 'ischaemic heart diseases' and 'chronic lower respiratory diseases', and both men and women more likely to have pre-existing conditions of 'diabetes' and 'cirrhosis and other disease of the liver' than people aged under 65 in England and Wales. These patterns may be due to differences in underlying population health.[88]

NRS will publish data on COVID-19 related deaths by disability status in Scotland in March. This work will use a similar methodology to the ONS work published in September 2020. In addition, NHS Education for Scotland Digital Service (NDS) and Public Health Scotland (PHS) are in the process of working on a model – QCOVID – which will help Scottish Government to identify and improve support to those people who are most vulnerable of being seriously ill or dying from COVID-19, which includes people with pre-existing health conditions. This model was developed by the University of Oxford, and has been validated by Edinburgh University.

We have also highlighted some of the areas where COVID-19 restrictions have disproportionately impacted disabled people, noting the Scottish Government action taken to mitigate these effects where possible.

[88] Comparing underlying conditions would require considerable research to be undertaken to ensure definitions, categories and age standardisation methods were appropriate and consistent. This is out with the scope of this report."

social research

The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.

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