

COVID-19 Shielding
Programme (Scotland)
Impact and Experience
Survey

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For more information, please contact:

Joke Delvaux, Public Health Intelligence Adviser

Email: jokedelvaux@nhs.net

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Contents

At a glance	5
Key findings.....	8
About the survey	8
Survey findings	8
Introduction	11
The Scottish Government shielding programme	11
Evaluating the Scottish Government shielding programme	11
How the survey was done	13
Limitations.....	13
Profile of respondents	15
Results	18
Negative impacts	18
Negative impact on mental health.....	20
Negative impact on condition(s) for which people are shielding.....	20
Negative impact on quality of care	20
Negative impact on education.....	20
Coping with shielding	21
Shielding behaviour.....	23
Self-reported adherence to shielding guidance.....	23
Following the guidance partially – from necessity vs. by choice	23
Following the guidance completely	24
Deviations from the shielding guidance	27
Does deviating from the shielding guidance offer any health benefits?	29
Leaving home	31
Visitors to the home	33

Staying two metres away from others in the household.....	34
Change in approach to shielding.....	35
Intentions regarding future shielding behaviour	36
Shielding support received to date	37
Support to access food	37
Home delivery of free food boxes	38
Alternatives to free food boxes.....	39
Signing up for both the free food boxes and a priority online slot.....	40
GP or hospital appointments by phone or videoconference.....	40
Home delivery of medicines	40
Mental health support by phone or videoconference	41
Welfare rights and benefits support	41
Has the support enabled respondents to follow the guidance?.....	41
Support from local authorities	45
Unmet needs.....	46
Struggling to access food support that meets my needs.....	46
Is the food support reaching the intended audiences?.....	47
Is the food support fit for purpose?	48
Struggling to access healthcare appointments.....	50
Struggling to access medication	51
Struggling to access welfare benefits.....	51
Information and advice needs	52
Conclusions and next steps	53
Appendix 1. Socio-economic vulnerability.....	54
Appendix 2. Negative impacts.....	58
Appendix 3. Coping with shielding	66

Appendix 4. Self-reported adherence.....	72
Appendix 5. Deviations from the guidance	85
Appendix 6. Future shielding intentions.....	90
Appendix 7. Access to food support.....	93
Appendix 8. Support received to date	97
Appendix 9. Unmet needs	102

At a glance



12,851 individuals participated in the survey.

This was around **7%** of all the individuals included on the shielded list.



The 12,851 individuals were more likely to be female and more likely to be under 65.

To address this discrepancy, data and percentages have been weighted for age and gender.

A large proportion of the respondents followed the shielding guidance.



More than 4 in 10 (**41%**) followed all shielding guidance.



Only a third (**33%**) left their home against shielding guidance.



Half (**52%**) of those who left their home (for any reason), only did so less than once per week.

Respondents reported negative impacts...



87% – quality of life



85% – physical activity



72% – mental health

But



71% – felt that they were coping okay with shielding

The negative impacts of shielding were more common among socio-economically vulnerable respondents.



Only 48% felt that they were coping okay with shielding (vs. 71% for all respondents).



88% reported a negative impact on their mental health (vs. 72% for all respondents).



26% struggled to access food that met their needs (vs. 7% for all respondents).

Key findings

About the survey

1. Between 1 and 14 June 2020, Public Health Scotland ran an online survey of individuals who had received a letter from the Scottish Chief Medical Officer advising them to follow shielding guidance. Individuals caring for someone who had received a letter from the Scottish Chief Medical Officer were also able to participate. **A total of 12,851 individuals participated in the survey.** This represents 7% of the almost 180,000 individuals included on the shielded list at the time of the survey.¹
2. The profile of the respondents varies from the profile of the wider shielded group in a number of important respects: survey respondents are more likely to be female and more likely to be aged younger than 65. To address this discrepancy, data and percentages have been weighted for age and gender. The data have not been weighted for socio-economic vulnerability, but subgroup analysis by socio-economic vulnerability has been undertaken. The survey could only be completed online. Some groups of shielded people may have been less likely to engage with the survey as a result. This includes those less digitally able or without internet access.
3. The survey was organised during the initial 12 weeks of the shielding programme: changes to the shielding guidance were announced by the First Minister while the survey was live (on 8 June 2020), but those changes did not come into effect until after the survey had closed.

Survey findings

4. **A large proportion of respondents are following the shielding guidance.** More than four in ten (41%) respondents do not report any deviations from the shielding guidance. Only a third (33%) have left their home against

¹ On 8 June 2020, there were 179,997 individuals included on the shielded list.

shielding guidance. Half (52%) of those who have left their home (for any reason, whether against the guidance or not), have only done so less than once per week.

5. **Many respondents report negative impacts:** 87% of respondents report a negative impact on their quality of life; 85% report a negative impact on how much physical activity they do; 72% report a negative impact on their mental health; 79% of young people in education report negative impacts on their education. **That being said, 71% of respondents feel that they are coping okay with shielding.**
6. **Negative impacts of shielding are more common among socio-economically vulnerable respondents.** Among respondents for whom finding £100 for an unexpected expense would be impossible, only 48% feel that they are coping okay with shielding (vs. 71% for all respondents). 88% report a negative impact on their mental health (vs. 72% for all respondents). 26% struggle to access food that meets their needs (vs. 7% for all respondents). They are also less likely to know that they can ask their local authority for support (27% vs. 6% for all respondents).
7. Negative mental health impacts of shielding are also more common among those respondents aged younger than 65, respondents who are caring for someone who is shielding, respondents living on their own or in larger households (with two or more other people in their household) and respondents with children in their household.
8. Respondents who are more likely to cope with shielding do not necessarily report higher levels of adherence to the shielding guidance. It may be important in this context to tailor the support and information offer.
9. Respondents who do not understand why they have been advised to shield are much less likely to feel that they are coping okay with shielding.
10. Home delivery of medicines appears to enable respondents to avoid leaving their home to pick up their medication – but **the relationship between other elements of the shielding support offer and respondents' shielding behaviour is more complex.** Respondents who receive free food boxes are

more likely to leave their home to go shopping for food (or other essentials). Respondents who receive mental health support by phone or videoconference are **more** likely to leave their home for their wellbeing or mental health. Respondents who receive GP or hospital appointments by phone or videoconference are **more** likely to leave their home for healthcare appointments. There are reasons to explain these discrepancies – but it is clear that challenges remain around how to build a support offer that enables shielding.

11. There may have been scope to target the shielding support offer more towards those who need it most. 25% of respondents who have received free food boxes would have struggled to get food without the free food boxes – but the remainder would not have struggled. Among respondents who signed up for both the free food boxes and a priority online slot for supermarket delivery, 26% did so 'to play it safe'.²

² Home delivery of free food boxes has since been paused by the Scottish Government.

Introduction

The Scottish Government shielding programme

The Scottish Government's shielding programme was introduced in mid-March 2020 in order to protect those individuals at the highest risk of severe illness or death in case of COVID-19 infection. The programme aimed to provide individuals with guidance to help minimise interaction between them and others – and ultimately to reduce the risk of infection, severe illness and death. The programme also aimed to provide individuals with the necessary support to enable them to follow the shielding guidance. The support offer included home delivery of free food boxes, home delivery of medication and priority access to supermarket home delivery slots.

Evaluating the Scottish Government shielding programme

Public Health Scotland was asked by the Scottish Government to evaluate the shielding programme. The overall aims of the evaluation are:

- to evaluate the effectiveness of the shielding programme
- to inform the advice, information and support offered to individuals in the shielding group during the COVID-19 outbreak
- to inform the advice, information and support offered to at-risk people more widely during the COVID-19 outbreak
- to identify lessons learnt for future pandemic planning
- to identify lessons learnt for work with at-risk groups.

The evaluation is structured around six key evaluation questions:

1. Who has been advised to shield?
2. Have individuals followed the shielding guidance?
3. Has shielding reduced harm?
4. Has the shielding support reached the intended audiences?

5. Has the shielding support been fit for purpose?
6. What have been key process issues?

As part of the evaluation, Public Health Scotland ran an online survey of individuals who had received a letter from the Scottish Chief Medical Officer advising them to following shielding guidance. Individuals caring for someone who had received a letter from the Scottish Chief Medical Officer were also able to participate.³

The survey looked at four of the six key evaluation questions (questions two to five above). The survey explored people's shielding behaviour (related to question two), the negative impact of shielding (related to question three) and the shielding support offer and unmet support needs (related to questions four and five).

Exploring the negative impact of shielding presented a particular challenge. It is difficult to disentangle the negative impacts of shielding from the negative impacts of the other COVID-19 restrictions: early on, shielding coincided with population-wide lockdown restrictions. This difficulty was explicitly acknowledged in the survey questionnaire: respondents were asked to try, if possible, to think specifically about the impact of shielding. That being said, an element of ambiguity remains. The responses to the negative impact questions may benefit from being considered against other surveys exploring the negative impact of lockdown restrictions among the Scottish population, as they become available.

Any negative impacts of shielding will also need to be considered against the positive outcomes of the shielding programme (in particular, the number of COVID-19 infections prevented and lives saved). Evaluating the positive outcomes of the programmes falls outside the scope of the online survey and this report. The shielding evaluation is ongoing. A full evaluation report, synthesising the findings

³ More than nine in ten (92%) respondents are on the shielded list themselves. Fewer than one in ten (7%) are caring for someone else who is on the shielded list. The remaining 2% are both on the shielded list themselves and caring for someone else who is on the shielded list. These percentages do not add up to 100% because of rounding. These percentages are unweighted.

from the online survey and the other evaluation work streams, will be published in early 2021. This report sets out the key findings and high-level analysis of the online survey findings.

How the survey was done

The survey was organised during the initial 12 weeks (which came to an end on Thursday, 18 June 2020) of the shielding programme. The survey ran between Monday, 1 June 2020 and Sunday, 14 June 2020. Changes to the shielding guidance were announced by the First Minister while the survey was live (on 8 June 2020), but those changes did not come into effect until after the survey had closed. A total of 12,851 individuals participated in the survey. This represents 7% of the almost 180,000 individuals included on the shielded list at the time of the survey.⁴

The timeframe for the development and analysis of the survey was limited: there was a need to get the survey out within a window of time that would enable understanding of people's reactions to the programme during the first stage of shielding. The Scottish Government's request for rapid survey data was initially raised on 19 May 2020. An internal report presenting preliminary and partial findings was shared with the Scottish Government on 12 June 2020 and informed the further development of the shielding programme.

Limitations

Because of the short timeframe, the survey has a number of limitations which need to be taken into account:

- The survey responses reflect the views of individuals who **self-report** that they (or the person they care for) have received a letter from Scotland's Chief Medical Officer advising them to follow shielding guidance.

⁴ On 8 June 2020, there were just fewer than 180,000 (179,997) individuals included on the shielded list.

- **The survey could only be completed online.** People could ask others to help them to complete the survey, but there was no (centrally organised) opportunity for participation via telephone or post. Some groups of shielded people may have been less likely to engage with the survey as a result. This includes those less digitally able or without internet access.
- The survey response is therefore not based on a representative sample of the shielded group. The next section (Profile of respondents) describes how this limitation was addressed.
- The survey could also be completed by individuals **caring** for someone else who was shielded. Survey questions were phrased in such a way to encourage carers to respond **on behalf** of the person they were caring for. However, there may be an element of ambiguity in the responses of some carers. For example, a carer's response to the question about the negative mental health impact of shielding may refer to the (perceived) negative impact on the mental health of the person they are caring for **or** the negative impact on their own mental health. More than nine in ten (92%) survey respondents are on the shielded list themselves.⁵
- This report does not present any subgroup analysis which **combines** variables relating to respondents' personal characteristics (for example, subgroup analysis by age **and** by clinical category). This means that some of the differences in reporting by one variable may be affected by differences in another variable.
- No formal statistical testing was undertaken. All data and percentages in this report present the result of descriptive analysis only.

⁵ Fewer than one in ten (7%) are caring for someone else who is on the shielded list. The remaining 2% are both on the shielded list themselves and caring for someone else who is on the shielded list. These percentages do not add up to 100% because of rounding. These percentages are unweighted.

- This report does not include any comparison with the non-shielded population. The results from this survey will need to be carefully considered against the results of other, population-wide surveys relating to the impacts of the COVID-19 pandemic and lockdown restrictions.

Profile of respondents

The profile of respondents varies from the profile of the wider shielded cohort in a number of important respects (see Table 1). Survey respondents are more likely to be female and more likely to be aged younger than 65. In the remainder of the report, all data and percentages are weighted for age and gender (except for any subgroup analyses by age or gender and excluding Table 1 which presents the unweighted data).

Table 1. Profile survey respondents vs. wider shielded group

	Survey respondents	Wider shielded group
Gender	63% female 37% male	55% female 45% male
Age	33% 65+ 67% < 65	51% 65+ 49% <65
Clinical category*	42% respiratory disease 22% clinician-identified 33% immunosuppression 11% cancer 8% rare disease 5% organ transplant	45% respiratory disease 26% clinician-identified 21% immunosuppression 12% cancer 6% rare disease 4% organ transplant
Ethnic group	98% white	Unknown
SMS (text message) registration	90% registered via SMS	55% registered via SMS
Local authority**	9% Glasgow 8% Fife 8% Edinburgh 6% North Lanarkshire 6% South Lanarkshire	12% Glasgow 7% Edinburgh 7% Fife 7% North Lanarkshire 6% South Lanarkshire
Socio-economic vulnerability	Distribution by Scottish Index of Multiple Deprivation (SIMD) quintile unknown	26% 1st SIMD quintile 23% 2nd SIMD quintile 20% 3rd SIMD quintile 17% 4th SIMD quintile 14% 5th SIMD quintile

* The percentages do not add up to 100% because an individual may fit more than one category.

** The local authorities mentioned are the five local authorities with the highest total number of shielded individuals among their residents.

There is no information about the Scottish Index of Multiple Deprivation (SIMD) profile of survey respondents, but a number of survey questions offer some insight in the socio-economic profile of respondents:

- Six in ten (60%) respondents report that finding £100 for an unexpected expense would be no problem.
- More than eight in ten (82%) have access to a private garden.
- The vast majority (99%) have access to the internet at home.

The data have not been weighted by socio-economic vulnerability, but subgroup analysis has been undertaken based on the question whether finding £100 for an unexpected expense would be impossible, a big problem, a bit of a problem or no problem. This indicator is used as a proxy indicator for socio-economic vulnerability throughout the report. Any further reference to 'socio-economic vulnerability' in this report refers to survey responses to this question.

As mentioned above, this report does not contain subgroup analysis combining variables. This means that some of the differences in reporting by socio-economic vulnerability may be affected by differences in age, clinical category and so on. The socio-economic vulnerability profile of respondents is presented in Appendix 1.

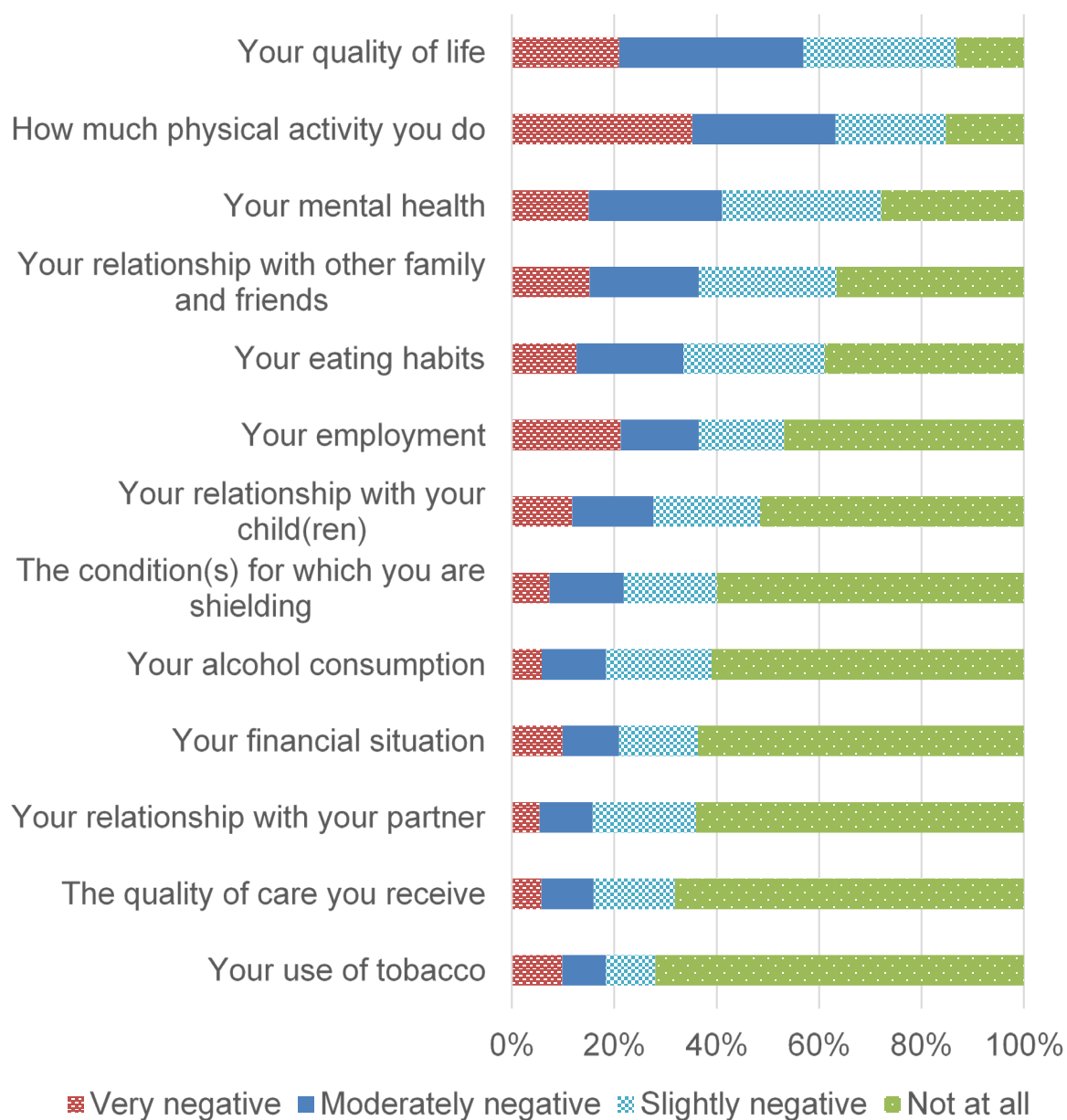
It has not been possible to present subgroup analysis by local authority because of the small number of respondents in some areas. Subgroup analysis by local authority **and** by socio-economic vulnerability would not have been possible across all local authorities because of the sample size. The impossibility of weighting the data by socio-economic vulnerability introduces a risk that comparisons between local authorities would be skewed.

Results

Negative impacts

Many survey respondents report negative impacts (see Figure 1), in particular on their quality of life (87% report a negative impact), the amount of physical activity they do (85%) and their mental health (72%). 'Very negative' impacts tend to be reported less frequently. Just more than one in five (21%) report a very negative impact on their quality of life. Fewer than one in five (15%) report a very negative impact on their mental health. Respondents are most likely to report a very negative impact when commenting on the amount of physical activity they do: 35% report a very negative impact.

Figure 1. Has shielding had a negative impact on your life?



N = 10,597 (your quality of life); 10,155 (how much physical activity you do); 10,389 (your mental health); 10,007 (your relationship with other family and friends); 9,701 (your eating habits); 4,512 (your employment); 7,387 (your relationship with your children); 10,130 (the condition(s) for which you are shielding); 6,628 (your alcohol consumption); 7,662 (your financial situation); 7,573 (your relationship with your partner); 8,055 (the quality of care you receive); 2,976 (your use of tobacco).

Negative impact on mental health

Negative impacts on mental health are more likely to be reported by respondents who are aged younger than 65, respondents who live on their own or in larger households (with two or more other people) or respondents who have children in their household. Negative mental health impacts are also more likely to be reported by respondents who face greater socio-economic vulnerability or who are unemployed or not working because of a long-term condition or disability. Similarly, respondents who are caring for a shielded adult or shielded child are more likely to report negative impacts on their mental health than those who are shielded themselves (see Appendix 2, Figures 5–10).

Negative impact on condition(s) for which people are shielding

Four in ten (40%) respondents report a negative impact on the condition(s) for which they are shielding (see Figure 1). Negative impacts on the condition(s) for which people are shielding vary by clinical condition (see Appendix 2, Figure 11).

Negative impact on quality of care

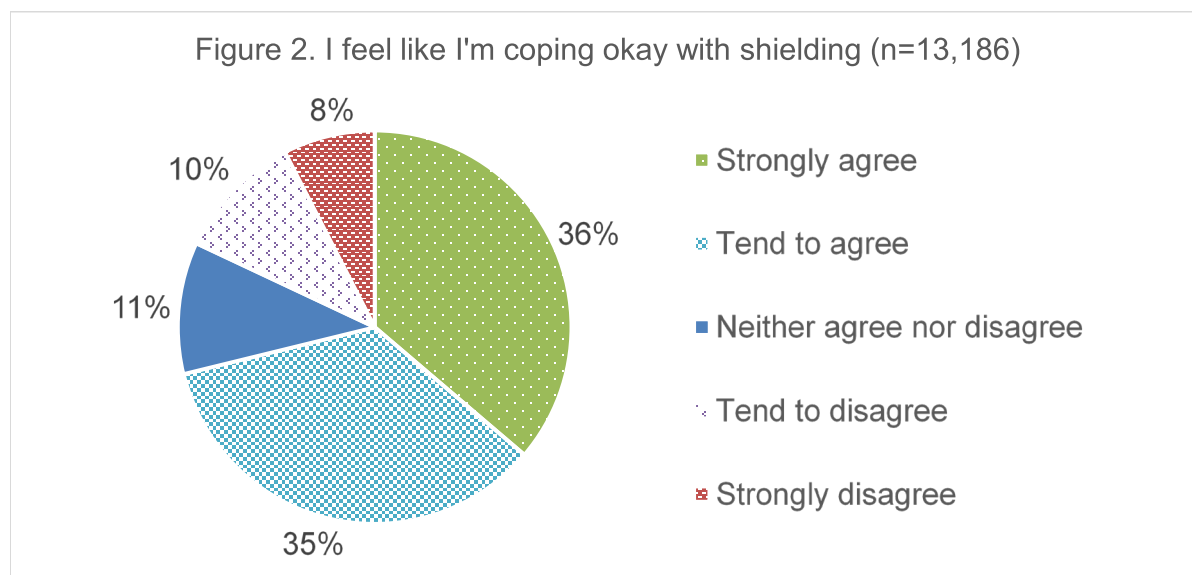
One third (32%) of respondents report a negative impact on the quality of care they receive (see Figure 1). This increases to more than half (53%) among respondents who have received visits from a healthcare or care worker (n=372). Similarly, almost half (48%) of respondents who are not working because of a long-term condition or disability (n=1,029) report a negative impact on the quality of care they receive. Negative impacts on quality of care vary by clinical condition (see Appendix 2, Figure 13).

Negative impact on education

Among young people (aged 24 or younger) in education (n=179), almost eight in ten (79%) report negative impacts on their education – although it is important to note that the shielding period coincided with school closures for all (or most) children.

Coping with shielding

Despite these negative impacts, more than two thirds (71%) of respondents still feel that they are coping okay with shielding⁶ (see Figure 2).

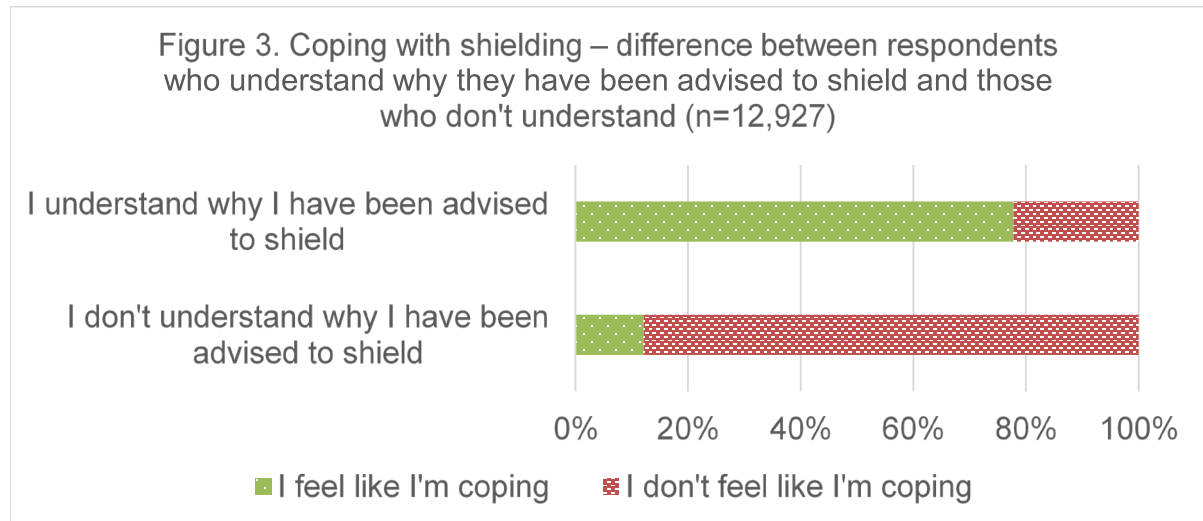


Respondents who are aged younger than 65, those who live on their own or in larger households (with two or more other people) or those who have children in their household are less likely to report that they are coping. The same is true for respondents who are socio-economically more vulnerable or who are unemployed or not working because of a long-term condition or disability. Similarly, respondents who are caring for a shielded adult or a shielded child are less likely to feel that they are coping okay with shielding than those who are shielded themselves (see Appendix 3, Figures 14–19). The groups less likely to cope are similar to the groups who are more likely to report negative impacts on their mental health.

Respondents who understand why they have been advised to shield are much more likely to feel like they are coping: almost eight in ten (78%) of those who understand why they have been advised to shield are coping with shielding. By comparison, only just more than one in ten (12%) of those who do **not** understand why they have been

⁶ Respondents are reported to be coping with shielding if they tend to agree or strongly agree with the statement 'I feel like I'm coping okay with shielding'.

advised to shield are coping (see Figure 3). The vast majority of respondents (89%) report that they understand why they have been advised to shield.

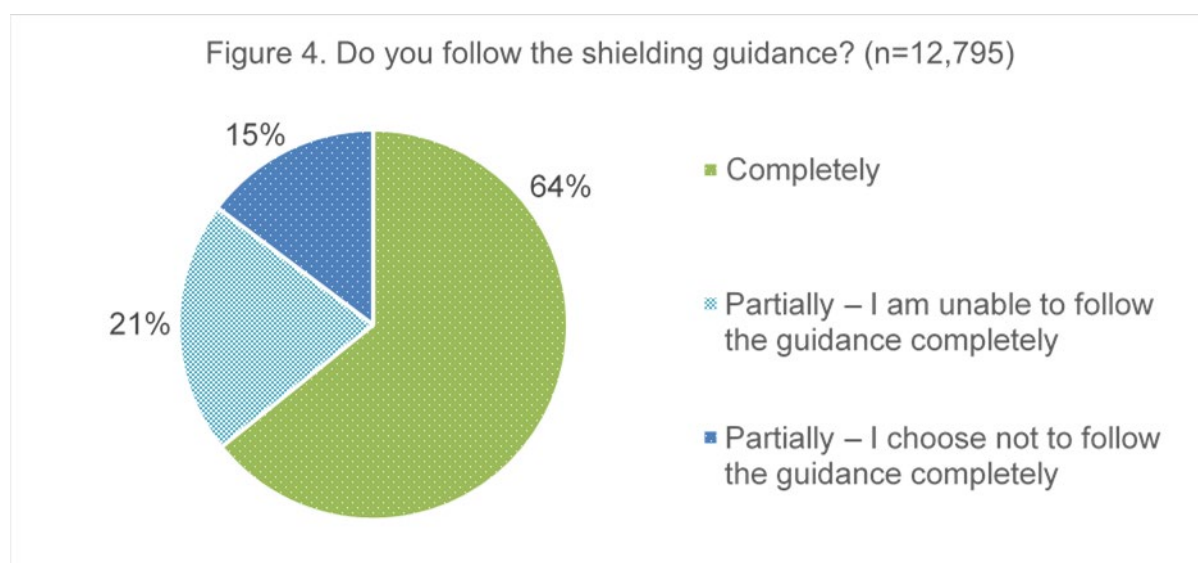


N = 11,764 (I understand why I have been advised to shield); 1,163 (I don't understand why I have been advised to shield). I feel like I'm coping = respondents who tend to agree or strongly agree with the statement 'I feel like I'm coping okay with shielding'. I don't feel like I'm coping = respondents who neither agree nor disagree, tend to disagree or strongly disagree with the statement 'I feel like I'm coping okay with shielding'. I understand why I have been advised to shield = respondents who tend to agree or strongly agree with the statement 'I understand why I have been advised to shield'. I don't understand why I have been advised to shield = respondents who tend to disagree or strongly disagree with the statement 'I understand why I have been advised to shield'.

Shielding behaviour

Self-reported adherence to shielding guidance

Almost two thirds (64%) of respondents report that they follow the shielding guidance completely (see Figure 4). The remaining third (36%) follow the shielding guidance only partially, either from necessity⁷ (21%) or by choice (15%).



Following the guidance partially – from necessity vs. by choice

Respondents are more likely to follow the guidance partially **from necessity** (as opposed to by choice) if they are:

- aged younger than 65
- living on their own or in larger households (with two or more other people)
- living with children in their household
- socio-economically more vulnerable

⁷ Respondents are considered to be deviating from necessity if they report that they are unable to follow the guidance completely. Respondents are considered to be deviating by choice if they report that they choose not to follow the guidance completely.

- not working because of a long-term condition or disability
- caring for a shielded child or a shielded adult.

There is also variation by clinical condition (see Appendix 4, Figures 20a–26a). The groups more likely to follow the guidance partially **from necessity** are similar to the groups who are less likely to report that they are coping with shielding and the groups who are more likely to report negative mental health impacts.

Following the guidance completely

Respondents who are aged 65 or older, who live on their own or with only one other person, or who have no children in their household are more likely to report that they follow the guidance completely. The same is true for respondents who are socio-economically more vulnerable or who are retired, unemployed or not working because of a long-term condition or disability. Similarly, respondents who are shielded because of a severe respiratory condition are more likely to follow the shielding guidance completely (see Appendix 4, Figures 20–26).

It is interesting to note that some of these groups, who are **more** likely to report that they follow the guidance completely, are **less** likely to report that they are coping okay with shielding.⁸ Four groups can be distinguished based on levels of adherence to the guidance and levels of coping with shielding:

- Respondents who are aged 65 or older, who live with one other person in their household, who are retired, or who have no children in their household, are more likely to adhere to the shielding guidance and more likely to cope with shielding.

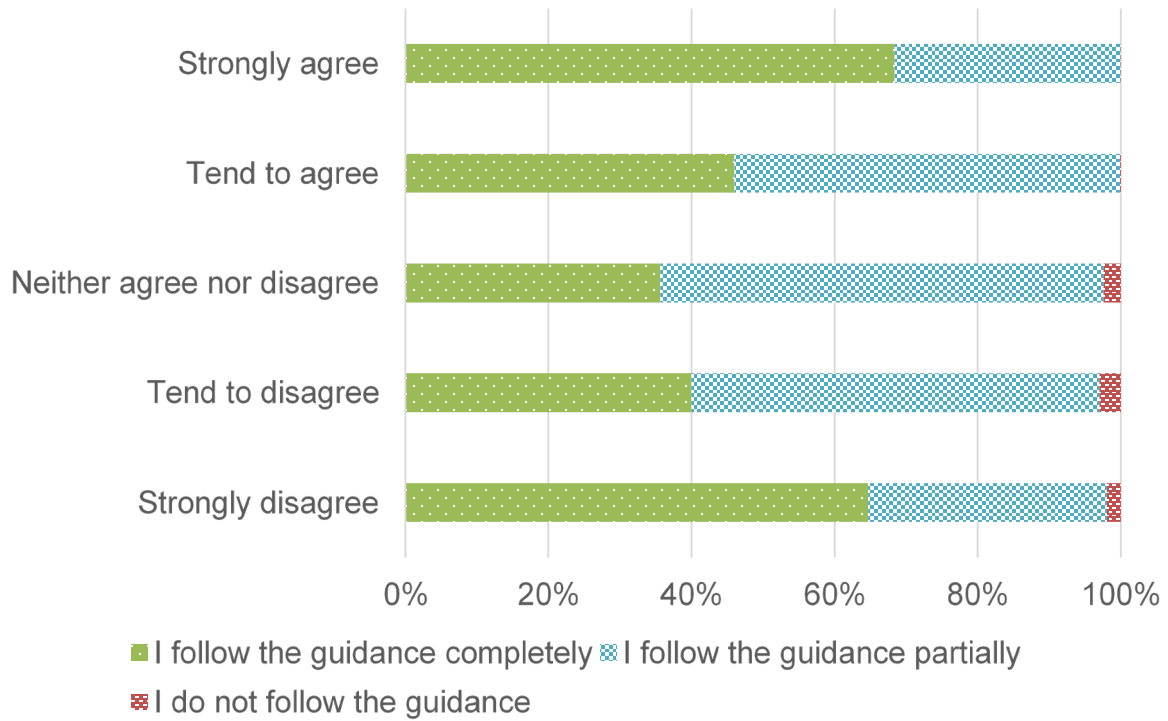
⁸ As reported earlier, Figures 14–19 in Appendix 3 present the subgroup analysis of coping with shielding.

- Respondents who live on their own, who are socio-economically more vulnerable, or who are not working because of a long-term condition or disability, are more likely to adhere to the shielding guidance but less likely to cope.
- Respondents who are socio-economically less vulnerable are less likely to adhere to the shielding guidance but are more likely to cope.
- Respondents who are aged younger than 65, who live in larger households (with two or more other people), or who have children in their household, are less likely to adhere to the shielding guidance and are less likely to cope with shielding.

Complete adherence is more likely among respondents who strongly agree with the statement that they understand why they have been advised to shield (68% follow the guidance completely), but also among those who strongly **disagree** with this statement (65%) (see Figure 5). This suggests that, for some, complete adherence to the guidance may be driven by lack of understanding rather than informed choice.⁹

⁹ As mentioned earlier, the vast majority (89%) of respondents report that they understand why they have been advised to shield.

Figure 5. Adherence to the guidance – difference between respondents based on their agreement with the statement 'I understand why I have been advised to shield' (n=12,771)



N = 9,734 (strongly agree); 1,642 (tend to agree); 247 (neither agree nor disagree); 281 (tend to disagree); 869 (strongly disagree). These numbers do not add up to 12,771 because of rounding.

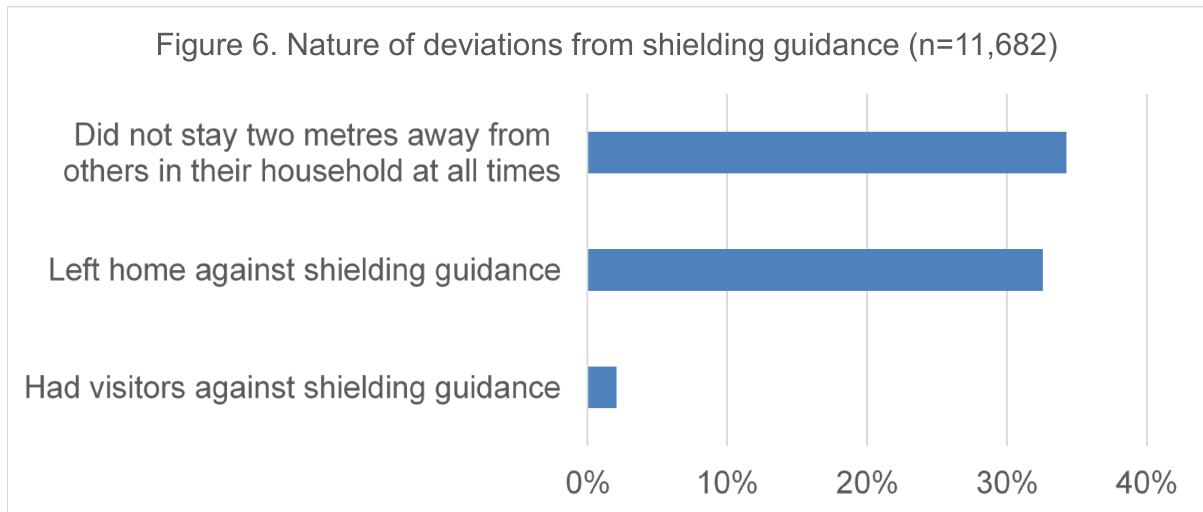
Deviations from the shielding guidance

Overall, more than half (59%) of all respondents are deviating from the shielding guidance in one way or another.¹⁰ This includes the one third (36%) of respondents who report that they are not following the guidance completely (see Figure 4) and an additional quarter (23%) of respondents who report that they **are** following the guidance completely but nevertheless report at least one deviation from this guidance (e.g. leaving their home for physical activity or exercise).

A third (34%) of respondents are not keeping two metres away from others in their household at all times. Similarly, a third (33%) are leaving their home against shielding guidance. Only 2% of respondents are having visitors against shielding guidance (see Figure 6). [Please note: these percentages do not add up to 59% because respondents can deviate from the guidance in more than one way.] Further

¹⁰ The following answers were interpreted as a deviation from the shielded guidance: (i) I follow the shielding guidance partially or not at all; (ii) I have left my home for exercise or physical activity, to shop for food or other essentials, to go to work, for my wellbeing or mental health or to see a friend, neighbour or family member; (iii) I have had visits from friends, neighbours or family members; (iv) yes, I am staying two metres away from others in my household some of the time or no, I am not staying two metres away from others in my household at all. Only individuals who responded to **all** of the following four question groups were included in the analysis: (i) do you follow the shielding guidance completely, partially or not at all; (ii) have you left your home since beginning to shield; (iii) have you had visitors coming into your home since beginning to shield and (iv) are you staying two metres away from others in your household. Individuals who responded 'yes' to the question asking whether they had left their home were only included in the analysis if they had also ticked at least one reason for leaving their home. Similarly, individuals who responded 'yes' to the question asking whether they had had visitors to their home were only included in the analysis if they had ticked at least one reason for having visitors.

information about how often respondents are leaving their home, and why, is reported later in this report (see page 31 onwards).



Deviations from the shielding guidance are more likely to be recorded for respondents who are aged younger than 65, who live in larger households (with two or more other people) or who have children in their household. Respondents who are socio-economically more vulnerable, or who are retired or not working because of a long-term condition or disability, are less likely to deviate. Similarly, respondents who are shielded because of a severe respiratory condition are less likely to deviate (see Appendix 5, Figures 27–32). These findings mirror the self-reported adherence findings.

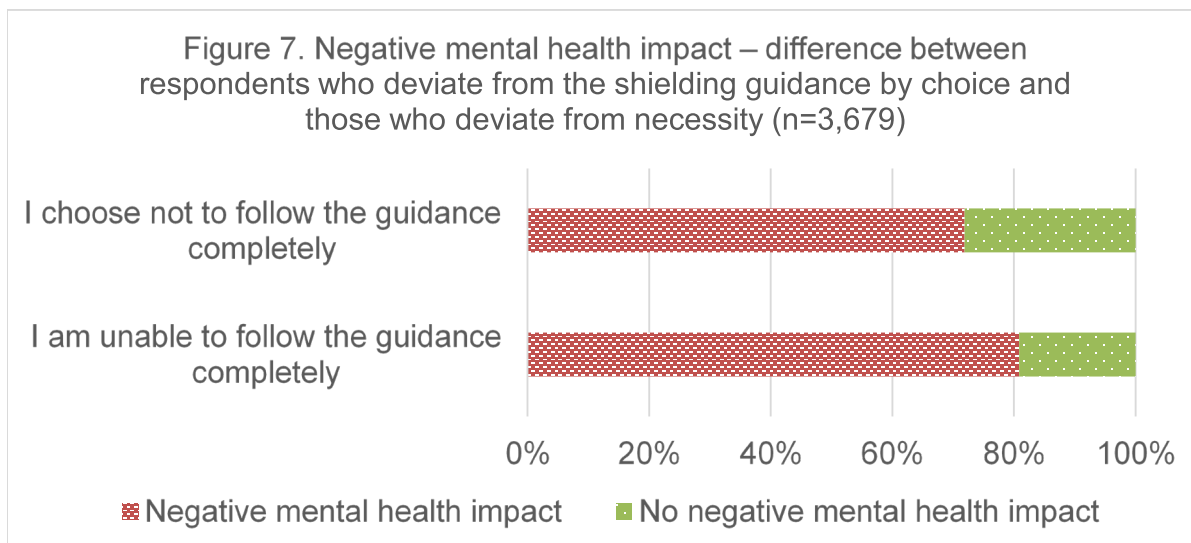
Does deviating from the shielding guidance offer any health benefits?

The design of the survey does not make it possible to provide a conclusive answer to this question.¹¹ However, it is possible to explore the relationship between deviating from the guidance and health outcomes.

Respondents who have deviated from the guidance are **more** likely to report negative impacts on their mental health than those who have not deviated. Three quarters (76%) of those who have deviated report a negative impact on their mental health, compared to two thirds (67%) of those who have not deviated. This does not mean that deviating from the guidance would have led to more negative mental health outcomes. Negative mental health impacts may have triggered deviation from the guidance.

There is a (small) difference depending on whether respondents have deviated from the guidance by choice or from necessity. Just more than eight in ten (81%) respondents who have deviated from the guidance and who report that they are **unable** to follow the guidance completely report negative mental health impacts. By comparison, just more than seven in ten (72%) respondents who have deviated and who report that they **choose** not to follow the guidance completely report negative mental health impacts (see Figure 7).

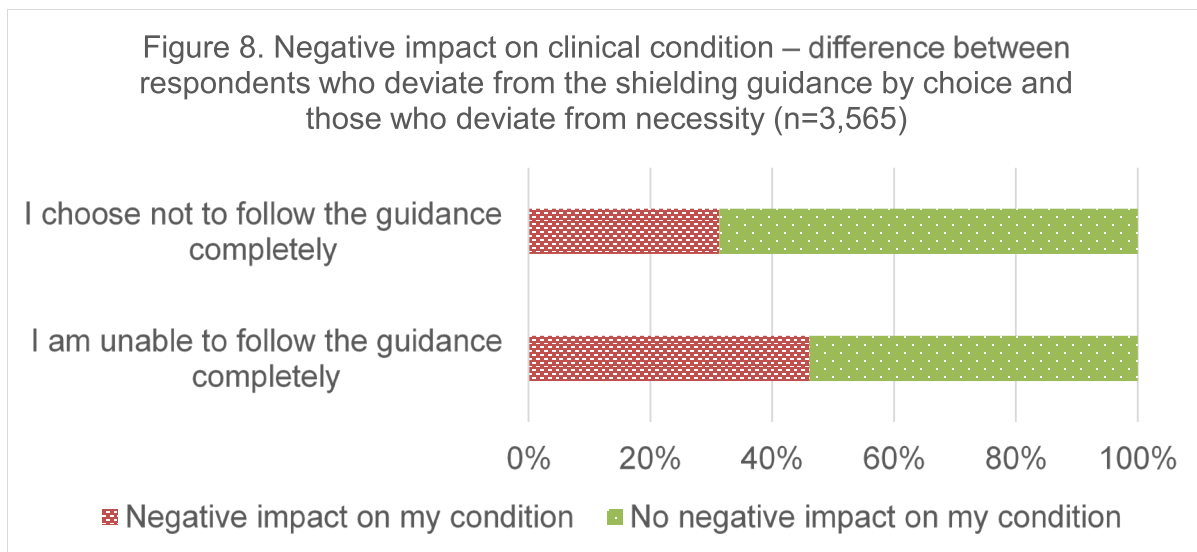
¹¹ The evaluation of the shielding programme is ongoing. It is anticipated that the final evaluation report will also report on COVID-19 infections (positive test data) and deaths among individuals who are shielded.



N = 1,572 (I choose not to follow the guidance completely); 2,108 (I am unable to follow the guidance completely). These figures do not add up to 3,679 because of rounding.

When looking at negative impacts on the condition(s) for which respondents are shielding, there is no difference between respondents who have deviated from the guidance and those who have not. Four in ten (40%) of those who have deviated from the shielding guidance report a negative impact on the condition(s) for which they are shielding, as do four in ten (39%) of those who have not deviated.

Again, there is a difference depending on whether respondents have deviated from the guidance by choice or from necessity. Almost half (46%) of respondents who have deviated from the guidance and who report that they are **unable** to follow the shielding guidance completely report a negative impact on the condition(s) for which they are shielding. By comparison, fewer than one third (31%) of those who have deviated and who report that they **choose** not to follow the shielding guidance completely report a negative impact on their condition (see Figure 8).



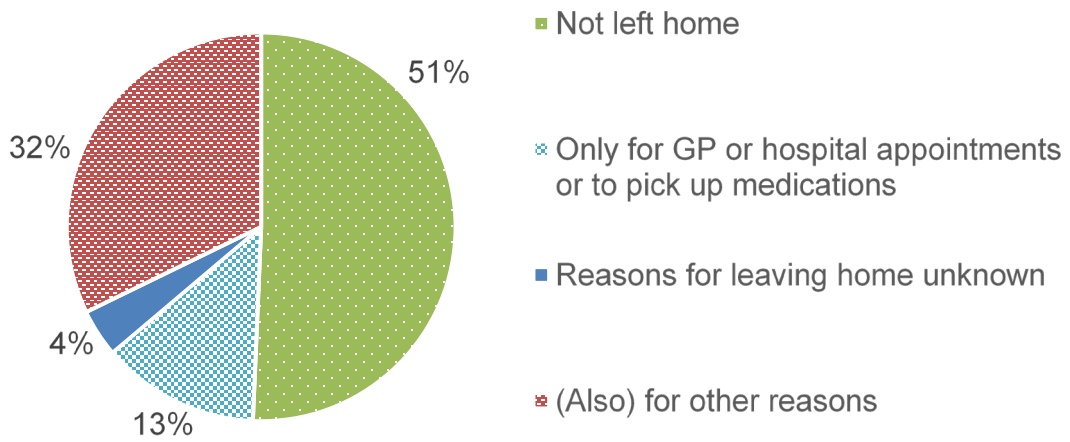
N = 1,504 (I choose not to follow the guidance completely); 2,060 (I am unable to follow the guidance completely). These figures do not add up to 3,565 because of rounding.

Leaving home

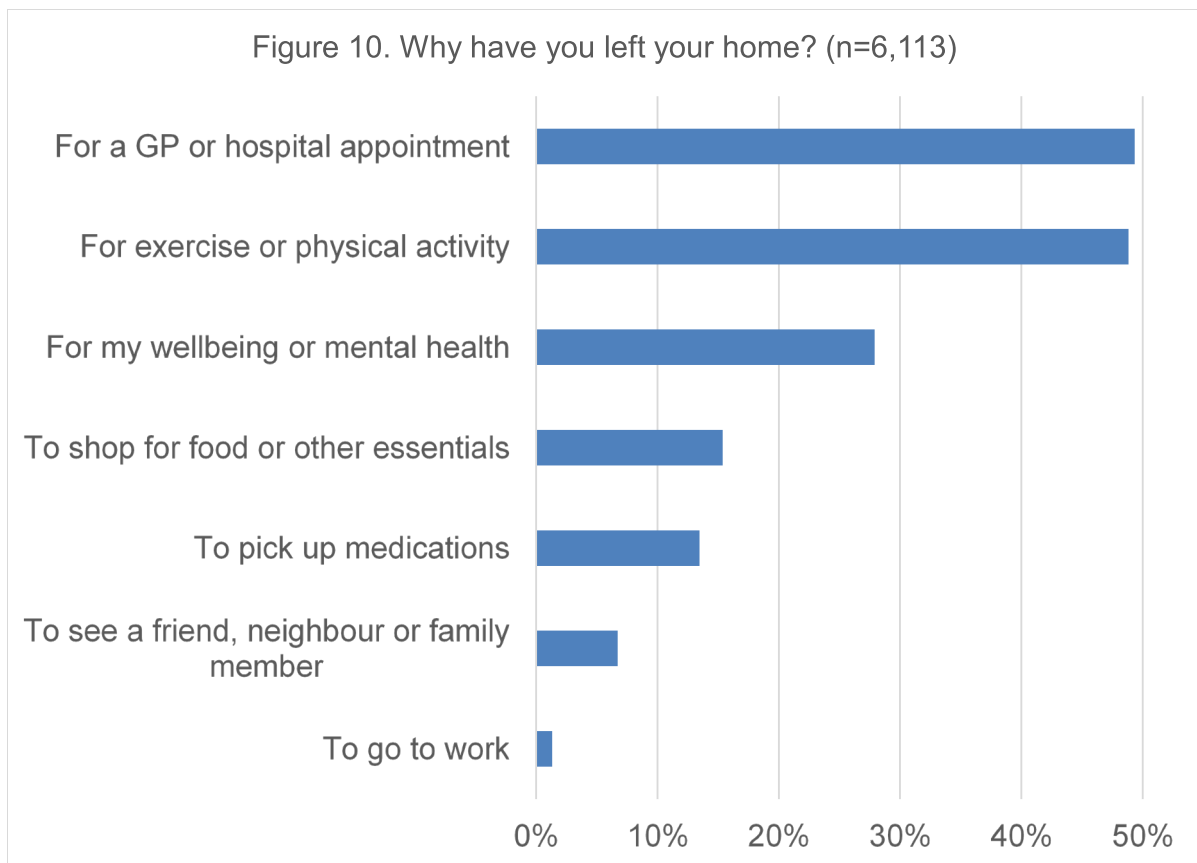
Half (49%) of all respondents have left their home since beginning to shield (see Figure 9). When excluding GP or hospital appointments and picking up medicines (both acceptable under shielding guidance), only 32%¹² of respondents have left their home since beginning to shield.

¹² This percentage (32.2%) is slightly lower than the 33% (32.6%) reported in Figure 6. This difference is the result of the exclusion of some individuals from the analysis in Figure 6. Only individuals who responded to all four question groups relating to deviating from the guidance were included in the analysis in Figure 6 (see footnote 10).

Figure 9. Reasons for leaving the home (n=12,396)



Overall, the most likely reasons for leaving the home are a GP or hospital appointment (49%), exercise or physical activity (49%) and wellbeing or mental health (28%) (see Figure 10). Only 7% have left their home to see a friend, neighbour or family member. [Please note: these percentages do not add up to 100% as respondents may have left their home for multiple reasons.]

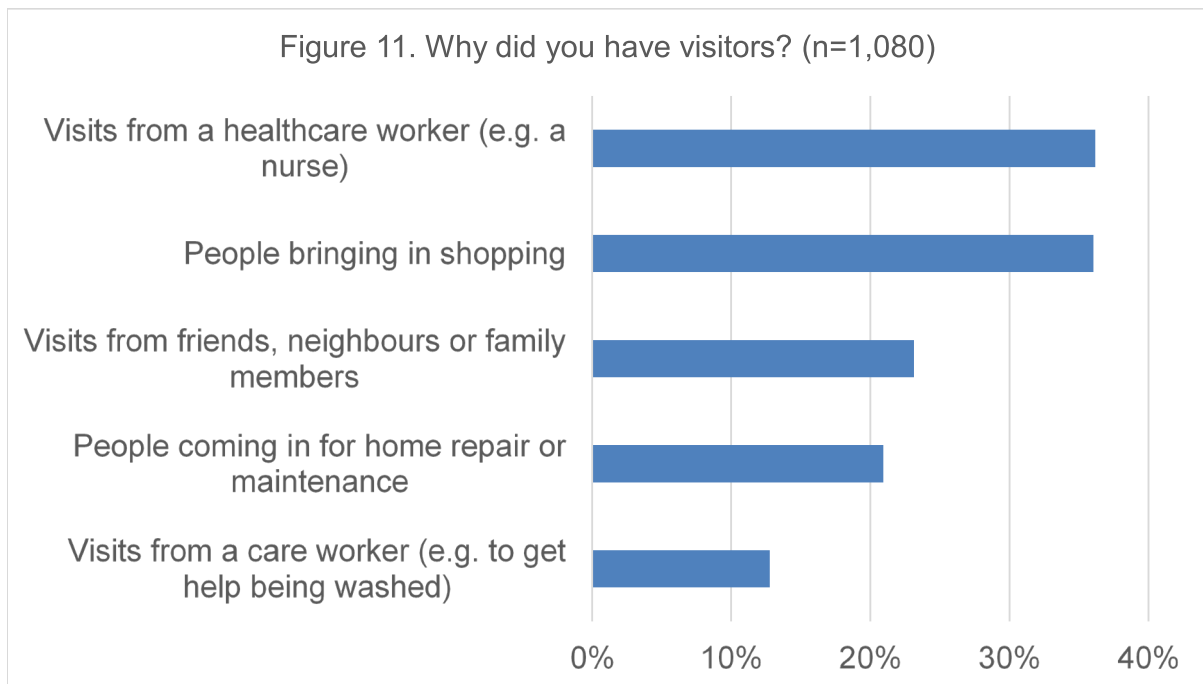


Those who have left their home for reasons of wellbeing or mental health are **more** likely to report negative mental health impacts than those who have not left their home for these reasons (91% compared to 67%). This again suggests that negative mental health impacts may drive deviation from the shielding guidance.

Half of those who have left their home (52%) have done so less than once per week, but a quarter (25%) have left their home three times or more per week.

Visitors to the home

Only 9% of respondents have had visitors in their home since beginning to shield. The most common reasons for having visitors are visits from a healthcare worker (36%) and people bringing in shopping (36%) (see Figure 11). Among respondents reporting visits, almost six in ten (58%) have had visitors less than once per week.

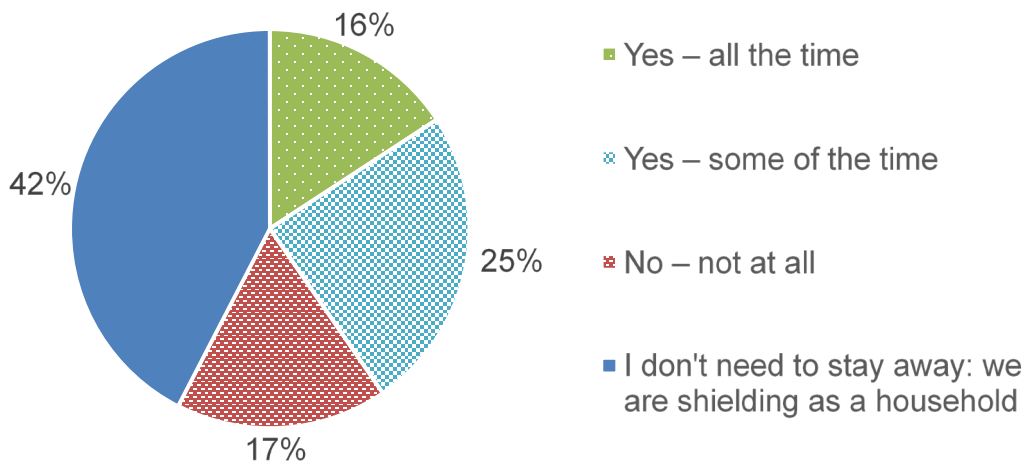


Staying two metres away from others in the household

Two fifths (42%) of respondents who live with others are shielding as a household; they do not need to stay two metres away from others in their household (see Figure 12). About one in six (16%) are staying two metres away from others in the household at all times. A quarter (25%) do so some of the time and 17% are not staying two metres away from others in their household at all.¹³

¹³ Respondents who answer 'I live alone' to this question have been excluded from the analysis in Figure 12. When these respondents are included in the analysis, the percentage of respondents who answer 'Yes – some of the time' drops from 25% to 20% and the percentage of respondents who answer 'No – not at all' drops from 17% to 14%. In other words, the percentage of respondents who answer either 'Yes – some of the time' or 'No – not at all' drops from 42% to 34%. This confirms what was reported earlier in the report about the percentage of respondents deviating from the two-metre rules (34%).

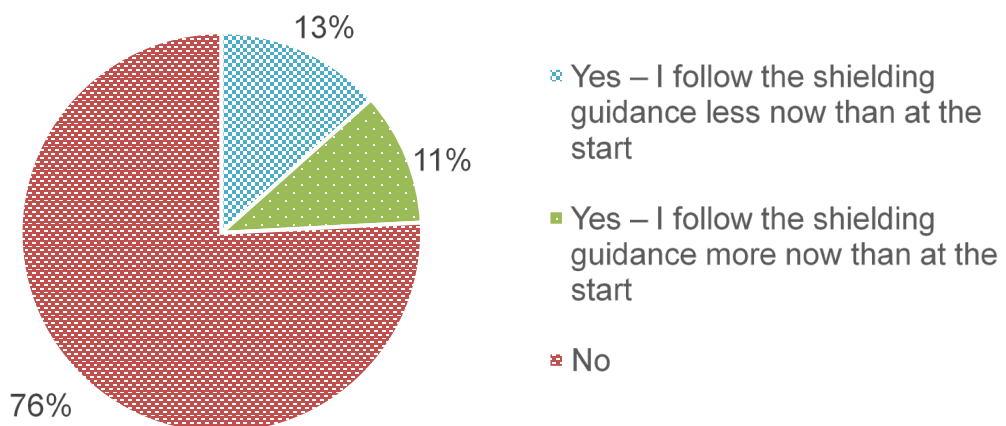
Figure 12. Are you keeping two metres away from others in your household? (n=9,668)



Change in approach to shielding

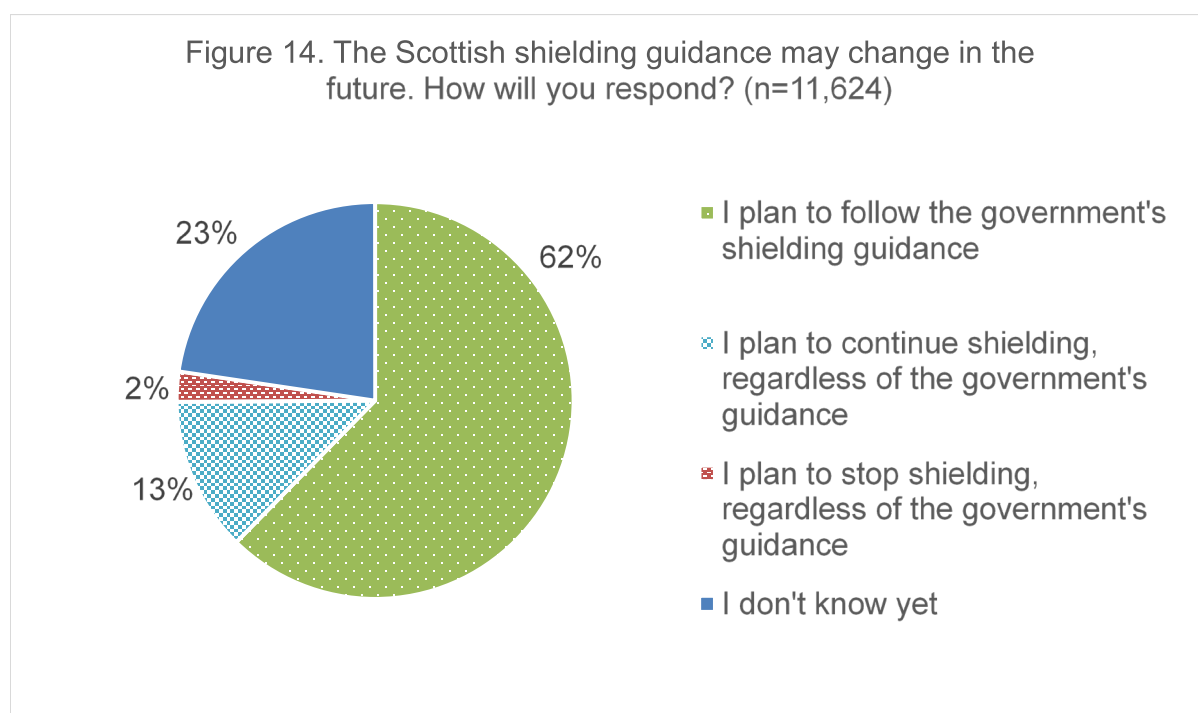
For three quarters (76%) of respondents, their approach to shielding has not changed over the last few weeks. 13% have become less strict in their approach. 11% have become stricter (see Figure 13).

Figure 13. Has your approach to shielding changed over the last few weeks? (n=11,583)



Intentions regarding future shielding behaviour

More than six in ten (62%) respondents plan to follow the Scottish Government's shielding guidance.¹⁴ A quarter (23%) do not yet know what they will do. Only 2% plan to stop shielding regardless of the government's advice. The remaining respondents (13%) plan to continue shielding regardless of the government's advice (see Figure 14).

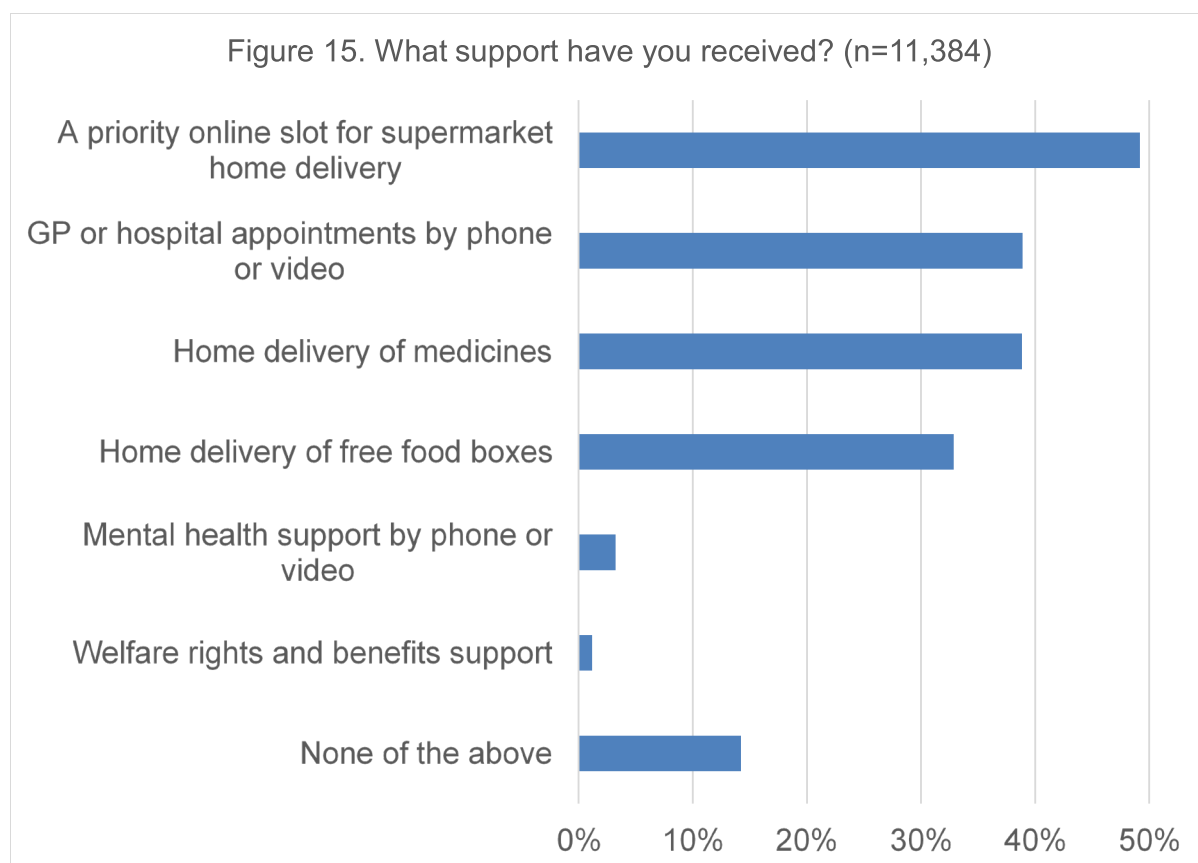


Respondents who are socio-economically more vulnerable, or who are unemployed or not working because of a long-term condition or disability, are more likely to plan to continue shielding, regardless of the government's guidance. Responses also vary by clinical condition (see Appendix 6, Figures 33–35).

¹⁴ On 8 June 2020, the First Minister made an announcement providing an outline of the Scottish Government's future shielding guidance. The online survey ran between 1 and 14 June 2020 and was live while this announcement was made. The majority of responses had already been received before the 8 June 2020 statement.

Shielding support received to date

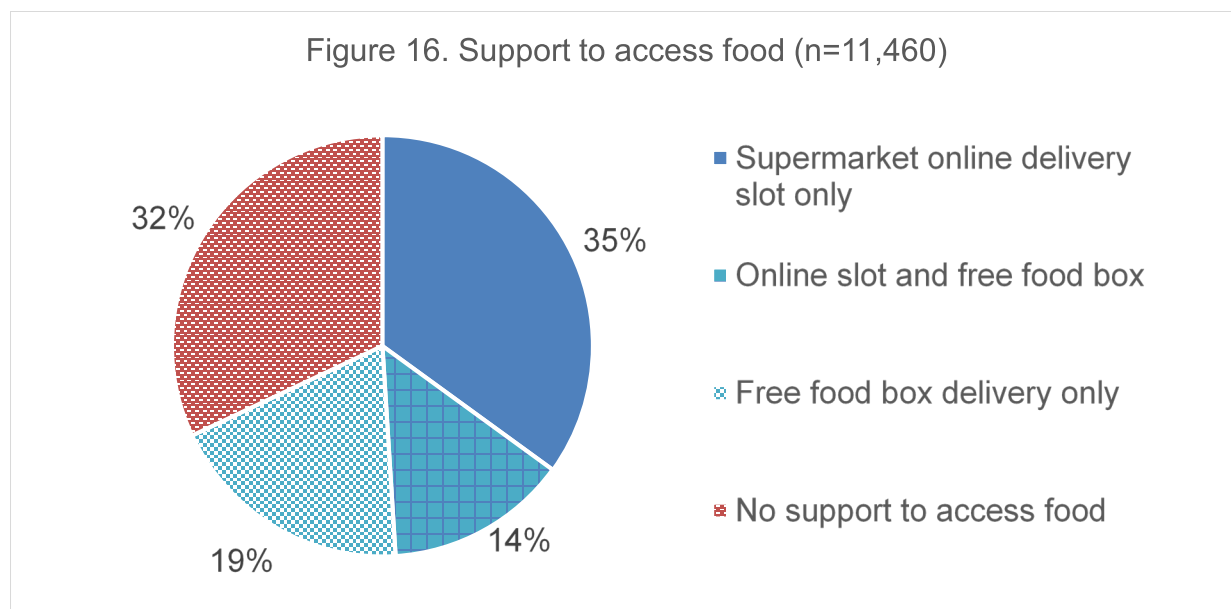
In terms of support, respondents are most likely to have received access to a priority online slot for supermarket home delivery (49%), GP or hospital appointments by phone or videoconference (39%) or home delivery of medicines (39%). A third (33%) of respondents have received home delivery of free food boxes. Just 3% have received mental health support by phone or videoconference and only 1% have received welfare rights and benefits support. One in seven (14%) have not received support (see Figure 15). [Please note: these percentages do not add up to 100% as respondents may have received different kinds of support.]



Support to access food

More than two thirds (68%) of respondents have received support to help them access food (see Figure 16). Just more than one third (35%) of respondents have

only received access to a priority online slot for supermarket delivery, just fewer than one in five (19%) have only received free food boxes, and 14% have received both.¹⁵



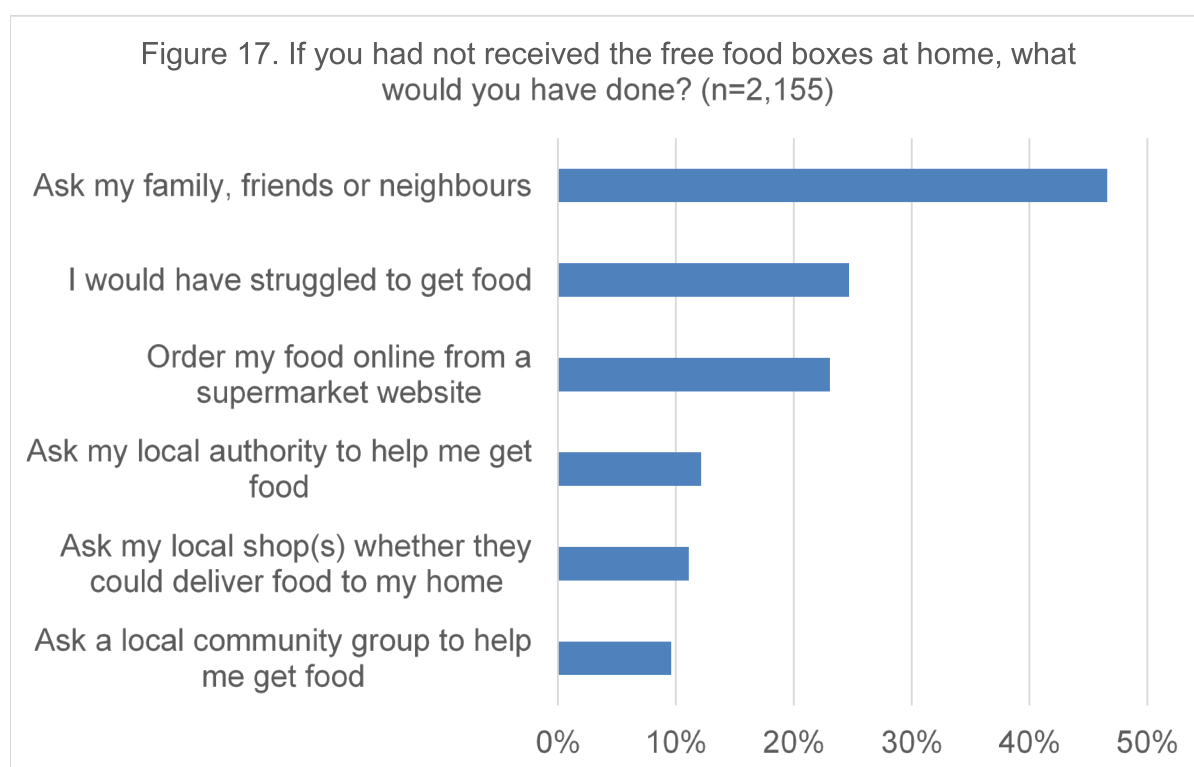
Home delivery of free food boxes

Overall, one third (33%) of respondents have received free food boxes (see Figure 15). Respondents who are aged younger than 65 or who live on their own are more likely to have received free food boxes. Similarly, respondents who are socio-economically more vulnerable, or who are unemployed or not working because of a long-term condition or disability, are more likely to have received free food boxes. Respondents who are caring for someone else who is shielded are also more likely to have received free food boxes (see Appendix 7, Figures 36–40).

¹⁵ Data on support to access food is available for **all** individuals on the shielded list. On 11 June 2020, 16% of those on the shielded list (28,204 individuals) were signed up for a priority online slot for supermarket home delivery only; 19% (33,376 individuals) were signed up for home delivery of free food boxes only and 10% (18,503 individuals) were signed up for both.

Alternatives to free food boxes

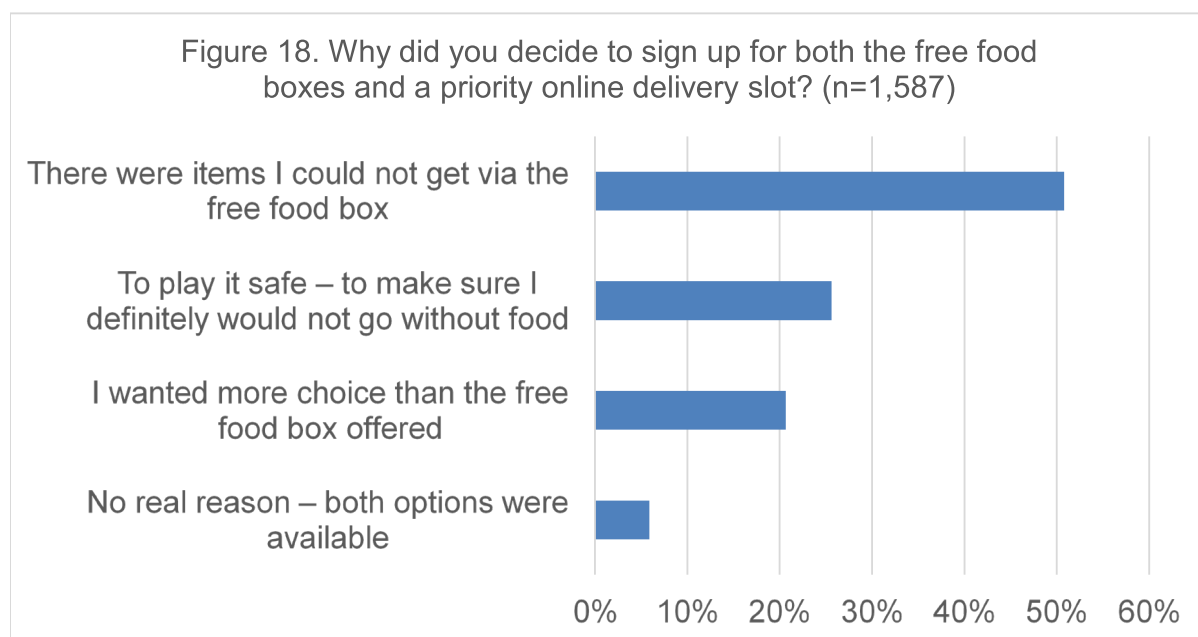
Among those who have only received free food boxes,¹⁶ a quarter (25%) would have struggled to access food without them (see Figure 17). Respondents who are aged younger than 65, who are socio-economically more vulnerable, or who are not working because of a long-term condition or disability, are more likely to have struggled to access food without the free food boxes (see Appendix 8, Figures 41–43). The most common alternative routes to accessing food (in the absence of the free food boxes) would have been asking family, friends or neighbours to get shopping (47%) and ordering food online from a supermarket website (23%).



¹⁶ This refers to the 19% of respondents who have received home delivery of free food boxes but no other food support (no priority online slot for supermarket home delivery) (see Figure 16).

Signing up for both the free food boxes and a priority online slot

Among those who signed up for both the free food boxes and a priority online delivery slot, half (51%) did so because there were items they could not get via the free food boxes (see Figure 18). A quarter (26%) wanted to ‘play it safe’ and make sure that they definitely would not go without food.



GP or hospital appointments by phone or videoconference

Two fifths (39%) of respondents have attended GP or hospital appointments by phone or videoconference (see Figure 15). There is variation by clinical category (see Appendix 8, Figure 44).

Home delivery of medicines

Almost four in ten (39%) respondents have received home delivery of medicines (see Figure 15). There is again variation by clinical category (see Appendix 8, Figure 45).

Mental health support by phone or videoconference

Only 3% of respondents have received mental health support by phone or videoconference (see Figure 15) – even though 72% report a negative impact on their mental health (see Figure 1). Respondents who report that shielding has had a very negative impact on their mental health¹⁷ are more likely to have received mental health support by phone or videoconference, but still fewer than one in ten (9%) of them have received this support.

Welfare rights and benefits support

Only 1% of respondents have received welfare rights and benefits support (see Figure 15). Among respondents for whom finding £100 to cover an unexpected expense would be impossible, this is higher but still only 4%.

Has the support enabled respondents to follow the guidance?

Respondents who have received free food boxes are **more** likely to have left their home to shop for food (or other essentials) than those who have not received free food boxes (20% compared to 14%, see Figure 19). This can possibly be explained by two findings. Firstly, respondents who have received free food boxes are more likely to live on their own. Secondly, they are less likely to have received a priority online slot for supermarket home delivery. This means that respondents who have received free food boxes are less likely to have access to other routes to get food.

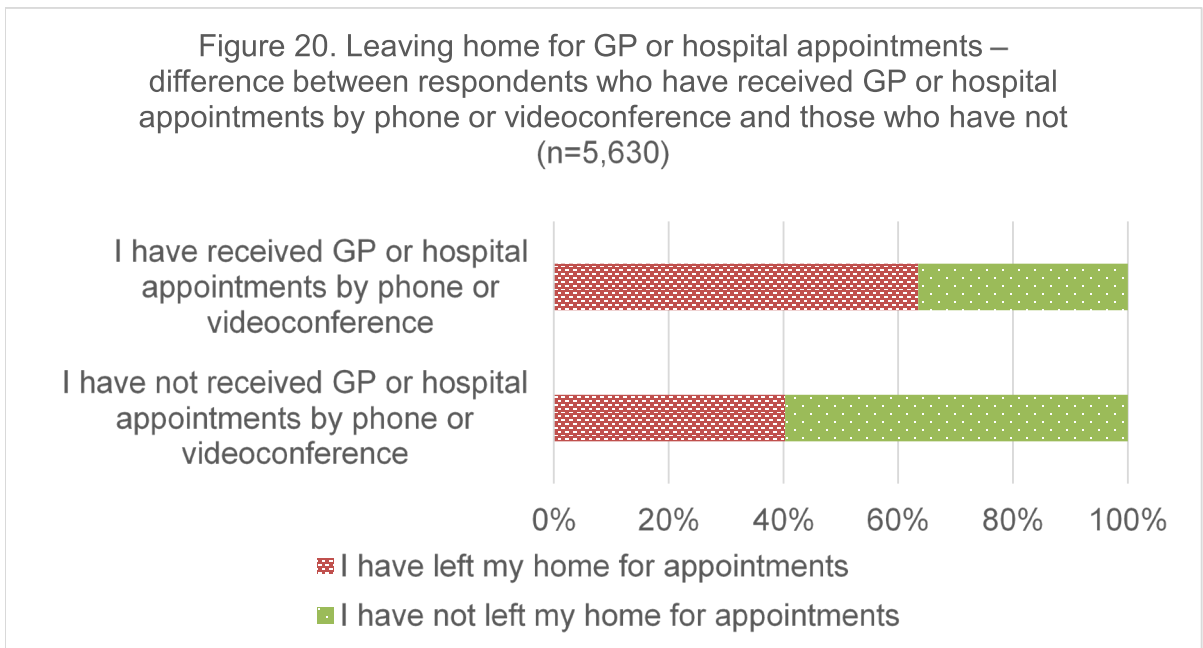
¹⁷ 15% of all respondents report a very negative impact on their mental health (see Figure 1).

Figure 19. Leaving home to shop for food or other essentials – difference between respondents who have received free food boxes and those who have not (n=5,630)



N = 1,557 (I have received home delivery of free food boxes); 4,072 (I have not received home delivery of free food boxes). These figures do not add up to 5,630 because of rounding.

Respondents who have received GP or hospital appointments by phone or videoconference are **more** likely to have left their home for GP or hospital appointments than those who have not received appointments by phone or videoconference (63% compared to 40%, see Figure 20). This suggests that appointments by phone or videoconference complement rather than replace face-to-face appointments for a substantial group of respondents.

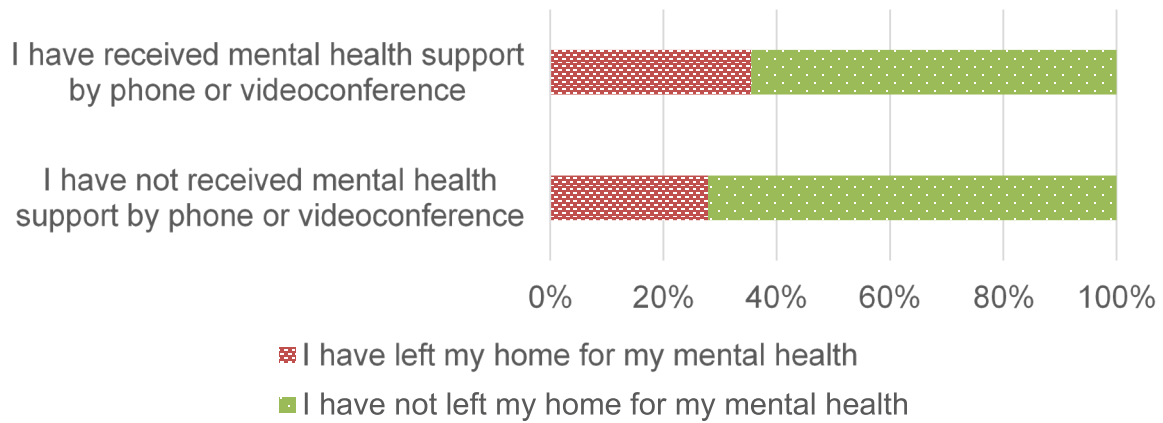


N = 2,218 (I have received GP or hospital appointments by phone or videoconference);
 3,412 (I have not received GP or hospital appointments by phone or videoconference).

Respondents who have received mental health support by phone or videoconference are **more** likely to have left their home for their wellbeing or mental health¹⁸ than those who have not received mental health support by phone or videoconference (35% compared to 28%, see Figure 21). As mentioned earlier, negative mental health impacts may have triggered deviation from the shielding guidance.

¹⁸ This is a small group (n=184). As mentioned earlier, only 3% of respondents have received mental health support by phone or videoconference.

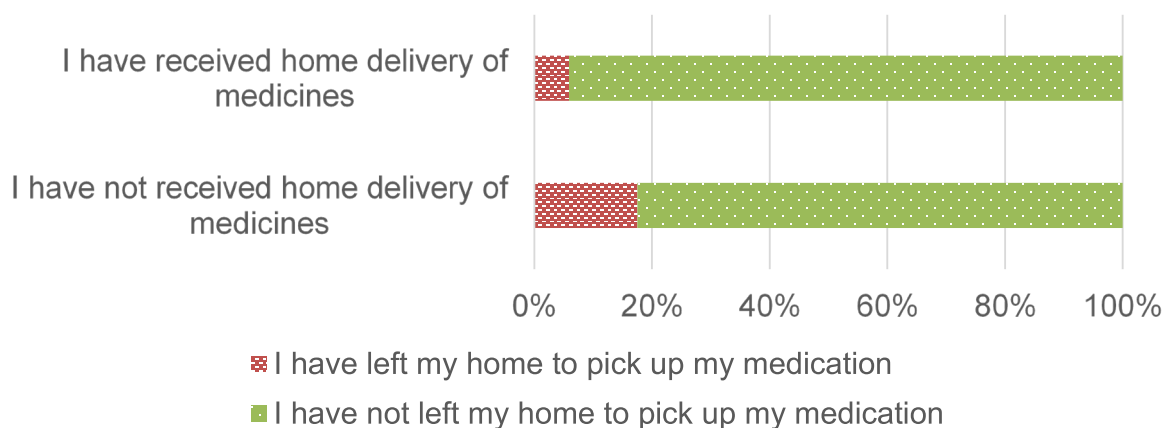
Figure 21. Leaving home for reasons of wellbeing or mental health – difference between respondents who have received mental health support by phone or video and those who have not (n=5,630)



N = 184 (I have received mental health support by phone or videoconference); 5,446 (I have not received mental health support by phone or videoconference).

Respondents who have received home delivery of medicines are less likely to have left their home to pick up their medication than those who have not received home delivery of medicines (6% compared to 18%, see Figure 22). This suggests that home delivery of medicines may have enabled respondents to avoid leaving their home to pick up medications.

Figure 22. Leaving home to pick up medication – difference between respondents who have received home delivery of medicines and those who have not (n=5,630)

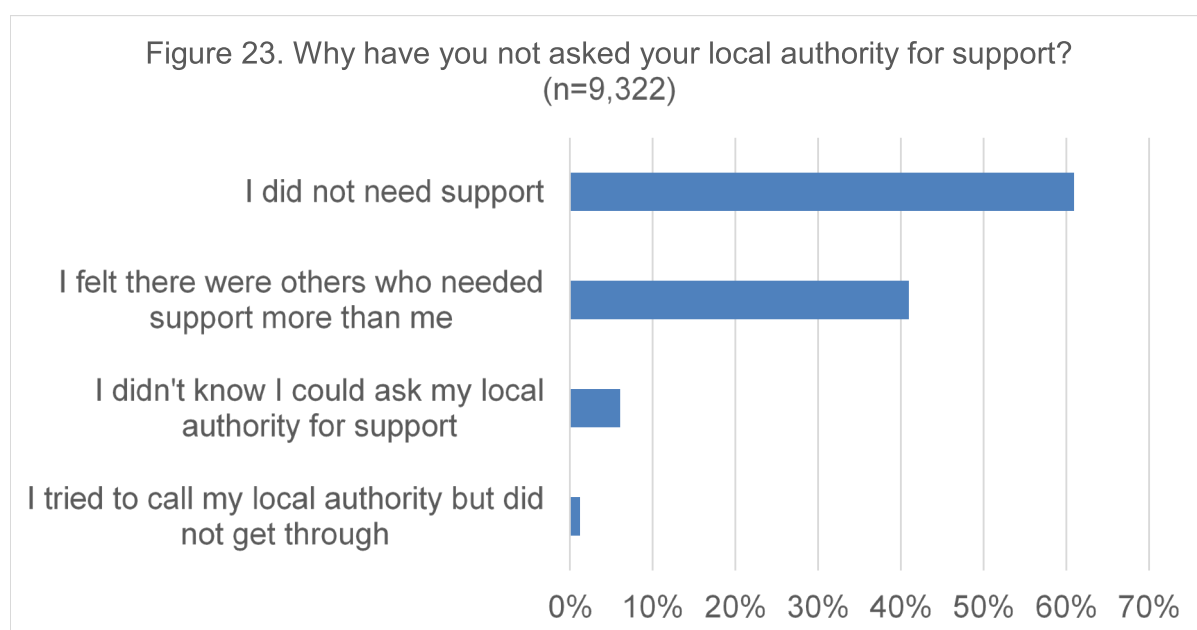


N = 1,957 (I have received home delivery of medicines); 3,673 (I have not received home delivery of medicines).

Support from local authorities

Fewer than one in five (17%) respondents have asked their local authority for support. This increases to a third (33%) among respondents for whom finding £100 for an unexpected expense would be impossible. Three quarters (76%) of respondents report that the support from their local authority has been very good (54%) or good (21%). [Please note: these percentages do not add up to 76% because of rounding.]

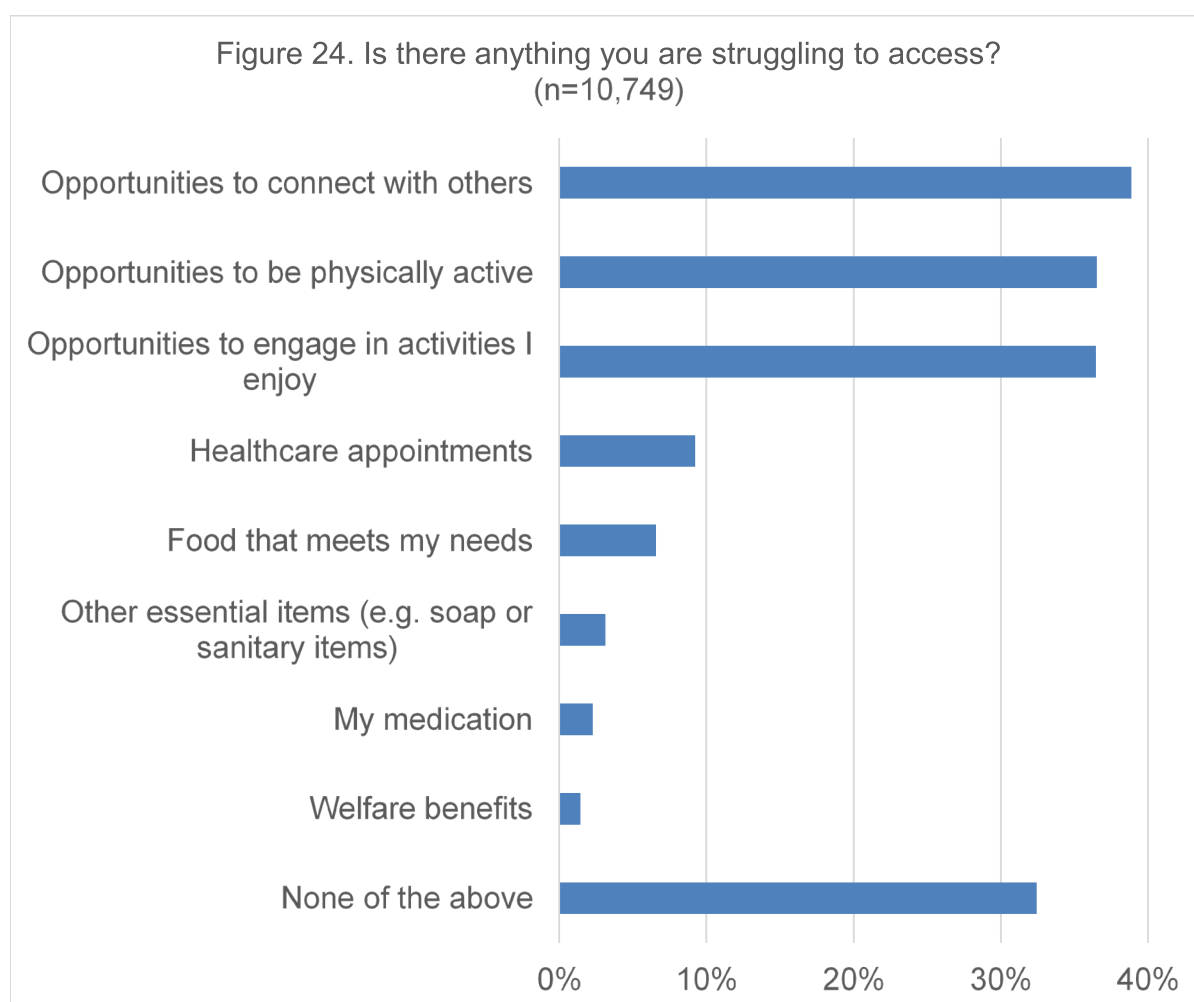
The main reasons for not asking the local authority for support (see Figure 23) are not needing support (61%) and feeling there were others who needed support more (41%). [Please note: these percentages do not add up to 100% as respondents may have had multiple reasons for not asking their local authority for support.]



Only 6% did not know they could ask their local authority for support – but this increases to more than one in four (27%) among respondents for whom finding £100 for an unexpected expense would be impossible.

Unmet needs

When asked whether they are struggling to access anything (see Figure 24), respondents are most likely to refer to opportunities to connect with others (39%), opportunities to be physically active (37%) or opportunities to engage in activities they enjoy (36%). More practical support needs are mentioned less frequently, but almost one in ten are still struggling to access healthcare appointments (9%) or food that meets their needs (7%). Almost a third (32%) are not struggling to access anything. [Please note: these percentages do not add up to 100% as respondents may be struggling to access support in multiple ways.]



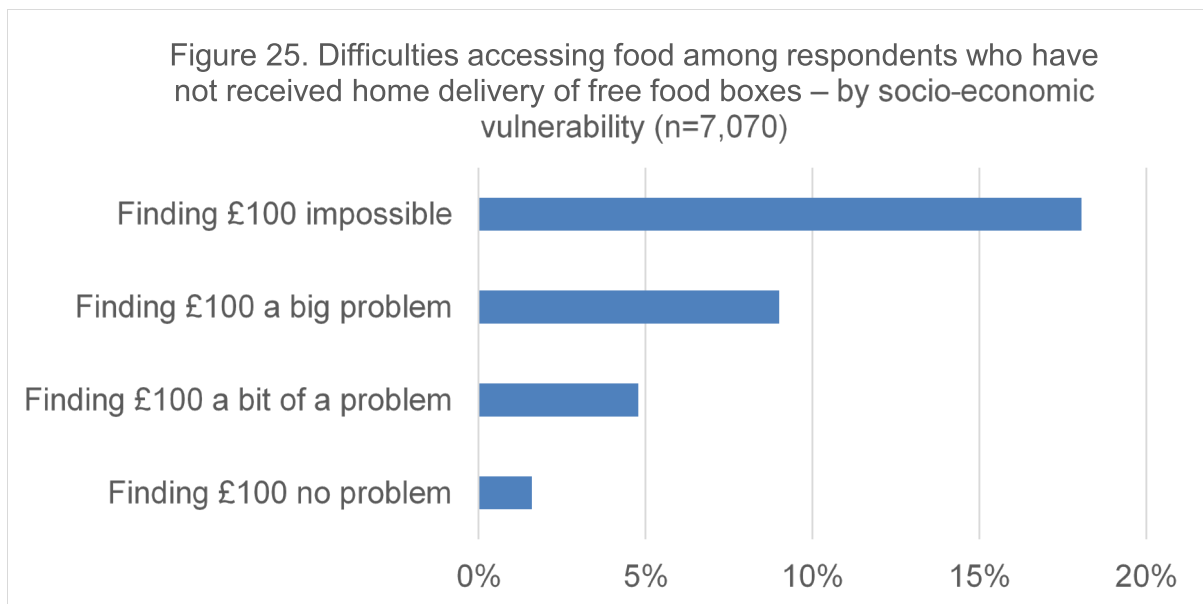
Struggling to access food support that meets my needs

Overall, 7% of respondents report that they are struggling to access food that meets their needs (see Figure 24). Respondents who are aged younger than 65, who live

on their own or in larger households (with two or more other people) or who have children in their household are more likely to struggle to access food that meets their needs. The same is true for respondents who are socio-economically more vulnerable, or who are unemployed or not working because of a long-term condition or disability. Similarly, respondents who are caring for a shielded adult or shielded child are more like to report that they struggle to access food that meets their needs (see Appendix 9, Figures 46–51).

Is the food support reaching the intended audiences?

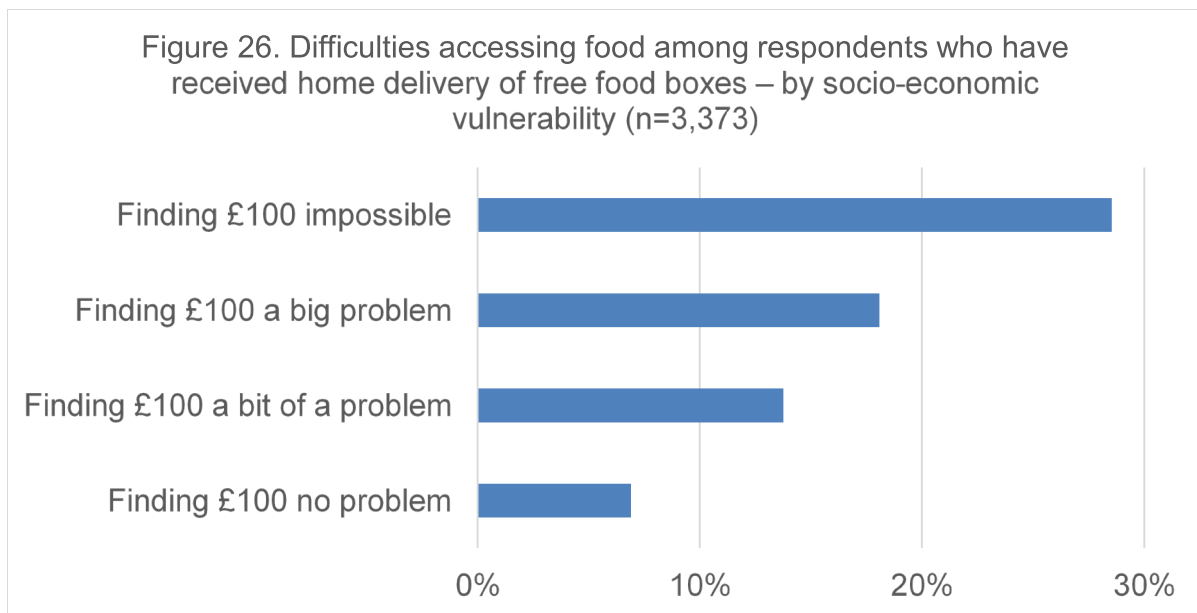
As reported previously (see Figure 15), one third (33%) of respondents have received home delivery of free food boxes. Among respondents who have not received home delivery of free food boxes, only 3% are struggling to access food that meets their needs. This suggests that, overall, levels of unmet need among those not reached by the food support scheme are low. However, this percentage increases among those for whom finding £100 for an unexpected expense would be impossible: in this (small) group (n=155), almost one in five (18%) are struggling to access food that meets their need, but still have not received home delivery of free food boxes (see Figure 25).



N = 155 (finding £100 no problem); 330 (finding £100 a big problem); 1,211 (finding £100 a bit of a problem); 5,374 (finding £100 impossible).

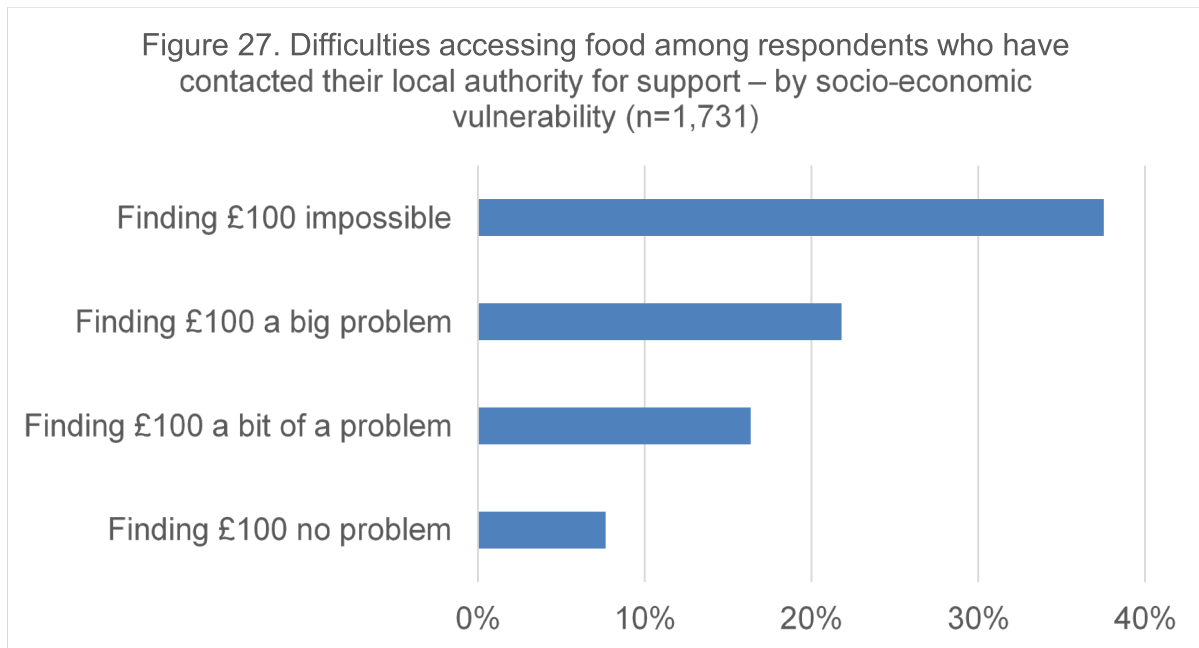
Is the food support fit for purpose?

Among respondents who **have** received home delivery of free food boxes, 13% are still struggling to access food that meets their needs. This suggests that the shielding food support is not meeting all food needs of all respondents. This percentage increases among those for whom finding £100 for an unexpected expense would be impossible: in this group, almost three in ten (29%) are struggling to access food that meets their needs, even though they are receiving home delivery of free food boxes (see Figure 26).



N = 445 (finding £100 impossible); 458 (finding £100 a big problem); 974 (finding £100 a bit of a problem); 1,497 (finding £100 no problem). These figures do not add up to 3,373 because of rounding.

Among respondents who have contacted their local authority for support, almost one in five (16%) are still struggling to access food that meets their needs. This percentage increases among respondents for whom finding £100 for an unexpected expense would be impossible: in this (small) group (n=199), almost four in ten (38%) are struggling to access food that meets their needs even though they have contacted their local authority for support (see Figure 27). **It is important to note that survey respondents were not asked specifically whether they had contacted their local authority for food support.**



N = 199 (finding £100 impossible); 200 (finding £100 a big problem); 459 (finding £100 a bit of a problem); 872 (finding £100 no problem). These figures do not add up to 1,731 because of rounding.

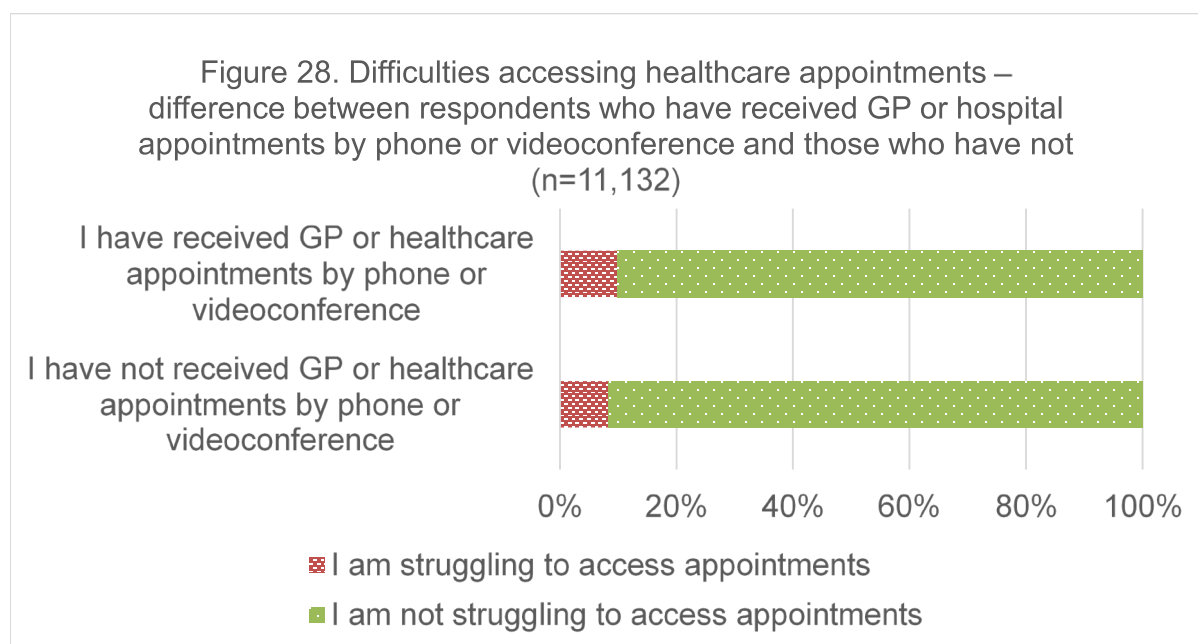
Struggling to access healthcare appointments

Overall, just fewer than one in ten (9%) respondents are struggling to access healthcare appointments (see Figure 24). Respondents who are aged 80 or older, who are socio-economically more vulnerable, or not working because of a long-term condition or disability, are more likely to struggle to access healthcare appointments. There is also variation by clinical condition (see Appendix 9, Figures 52–54).

One in ten (10%) of those who have accessed GP or hospital appointments by phone or videoconference still report that they are struggling to access healthcare appointments (see Figure 28). This suggests that ‘telehealth’¹⁹ approaches may not address all healthcare access constraints for all respondents. As mentioned earlier,

¹⁹ Telehealth involves using technology to enable healthcare professionals to remotely monitor data on certain aspects of a patient's health. The telehealth examples asked about in the survey are: ‘GP or hospital appointments by phone or videoconference’ and ‘mental health support by phone or videoconference’.

appointments by phone or videoconference appear to complement rather than replace face-to-face appointments for a substantial group of respondents.



N = 4,298 (I have received GP or healthcare appointments by phone or videoconference); 6,834 (I have not received GP or healthcare appointments by phone or videoconference).

Struggling to access medication

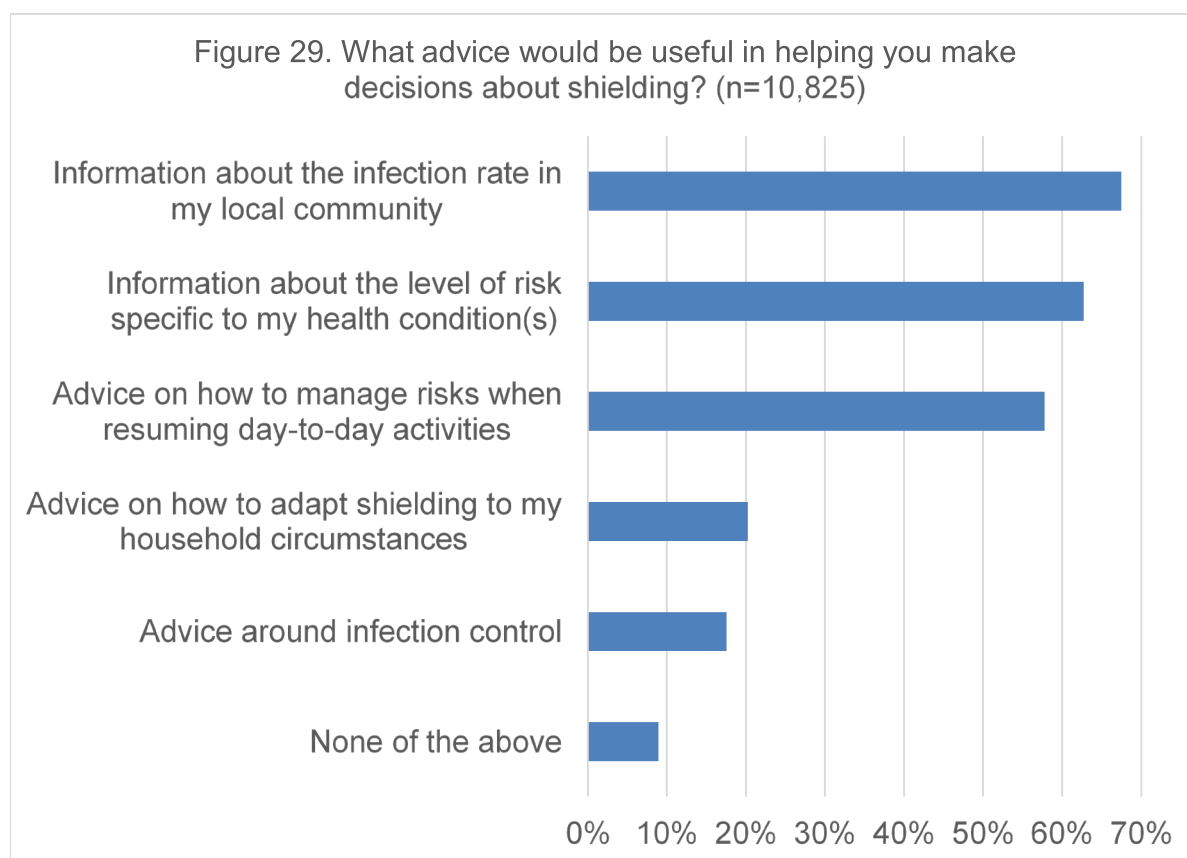
Only 2% of respondents struggle to access their medication (see Figure 24). This increases to 7% among those for whom finding £100 for an unexpected expense would be impossible.

Struggling to access welfare benefits

Only 2% of respondents struggle to access welfare benefits (see Figure 24). This increases to more than one in ten (11%) among those for whom finding £100 for an unexpected expense would be impossible. Similarly, among respondents who are unemployed, one in ten (11%) struggle to access welfare benefits.

Information and advice needs

There is substantial appetite for further advice to support people in making informed decisions about shielding (see Figure 29). When presented with a series of possible advice options, more than nine in ten (91%) respondents tick at least one of the options as useful in helping them make decisions about shielding. The advice most likely to be considered useful is information about the infection rate in the local community (67%), information about the level of risk specific to their health condition (63%) and advice on how to manage risks when resuming day-to-day activities (58%). [Please note: these percentages do not add up to 100% as respondents may find multiple advice options useful.]



Conclusions and next steps

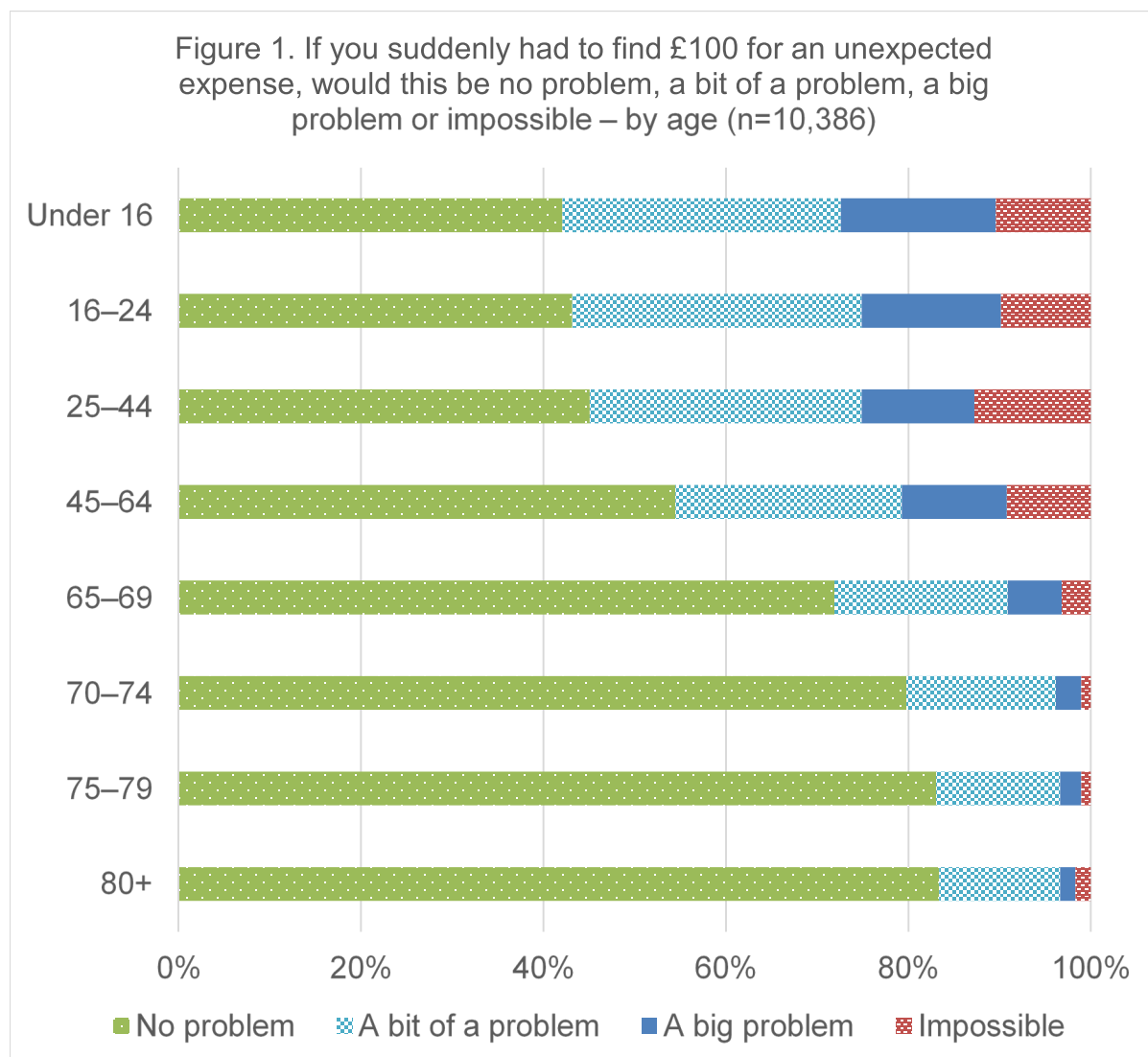
This report has presented the key findings and high-level analysis of the online survey of the shielded group that ran between 1 and 14 June 2020. The survey was organised to support the Scottish Government preparations for the second phase of shielding. It was designed to provide initial answers to some of the key evaluation questions set out for the shielding programme.

- **Have individuals followed the shielding guidance?** A large proportion of respondents are following the shielding guidance, but there is clear evidence of deviation from the guidance.
- **Has shielding reduced harm?** The survey has started to highlight the extent and nature of the negative impacts of shielding. As part of the wider evaluation, work is ongoing to capture further qualitative evidence about the impact of shielding on people's lives. It is anticipated that the final evaluation report will also report on COVID-19 infections (positive test data) and deaths among individuals who have been shielded.
- **Has the shielding support reached the intended audiences?** There appears to have been some scope to target the shielding support offer more towards those who need it most. As part of the wider evaluation, work is ongoing to capture and analyse data relating to the shielding support offer.
- **Has the shielding support been fit for purpose?** Challenges remain around how to build a support offer that fully enables shielding. As part of the wider evaluation, work is ongoing to capture further evidence about the shielding support offer.

The shielding evaluation is ongoing. A full evaluation report, synthesising the findings from the online survey and the other evaluation work streams, will be published in early 2021.

Appendix 1. Socio-economic vulnerability

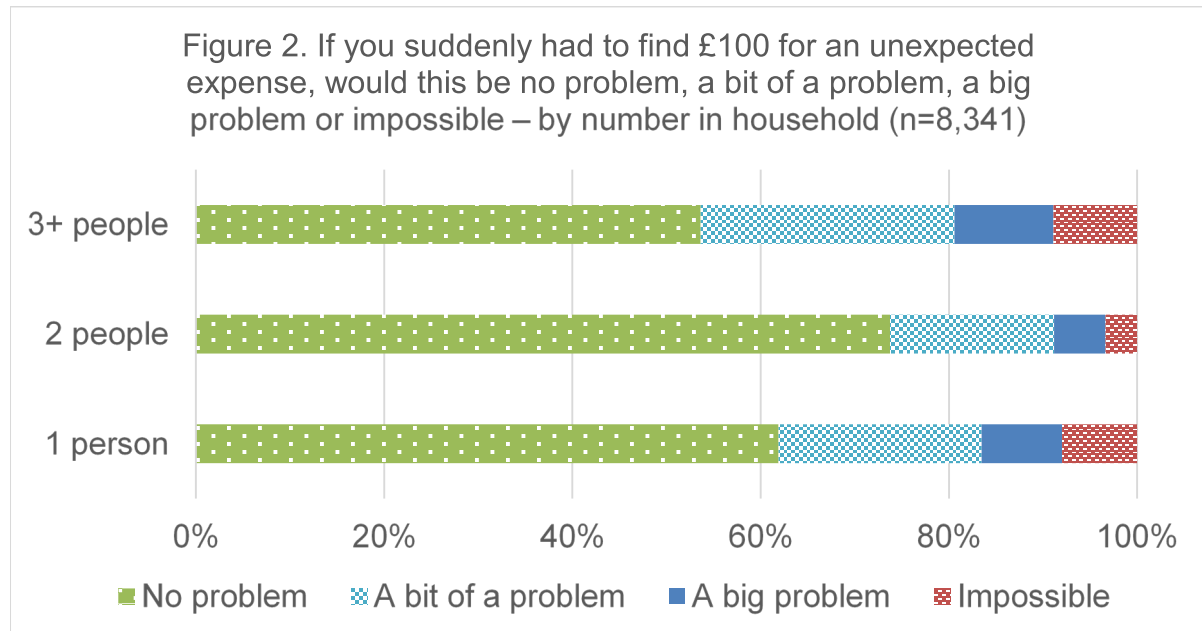
Among respondents aged 65 or older, more than three quarters (78%) would have no problem finding £100 for an unexpected expense. Among respondents aged younger than 65, just over half (52%) would have no problem finding £100 (see Figure 1 for a more detailed breakdown by age).



N = 259 (under 16); 183 (16–24); 1,637 (25–44); 4,901 (45–64); 1,338 (65–69); 1,147 (70–74); 566 (75–79); 355 (80+).

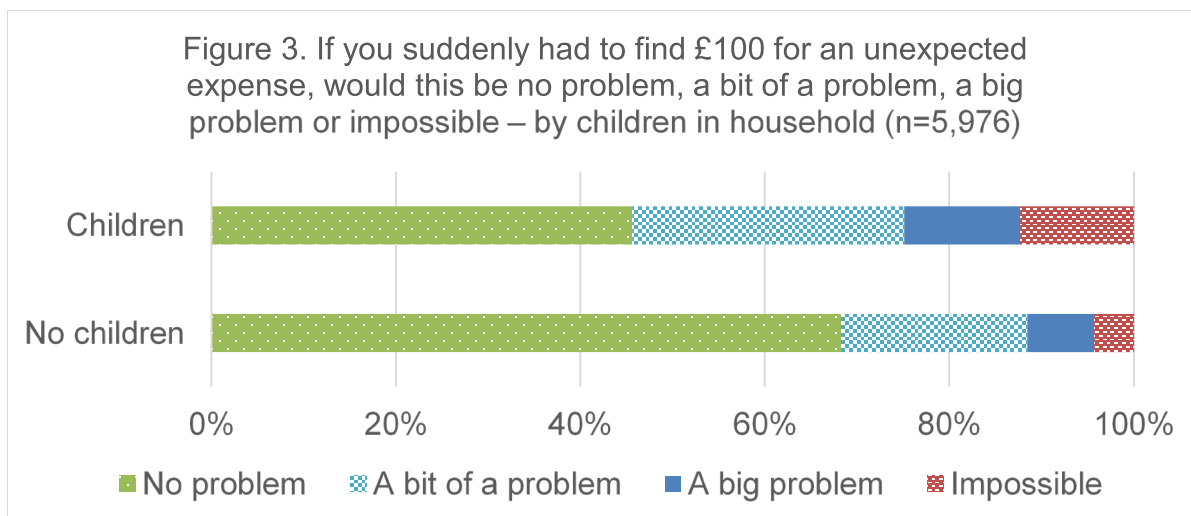
Three quarters (74%) of respondents living with one other person in their household would have no problem finding £100 for an unexpected expense. This drops to just more than six in ten (62%) among respondents living on their own and to fewer than

six in ten (54%) among respondents living in larger households (with two or more other people) (see Figure 2).



N = 2,561 (3+ people); 5,132 (2 people); 649 (1 person). These figures do not add up to 8,341 because of rounding.

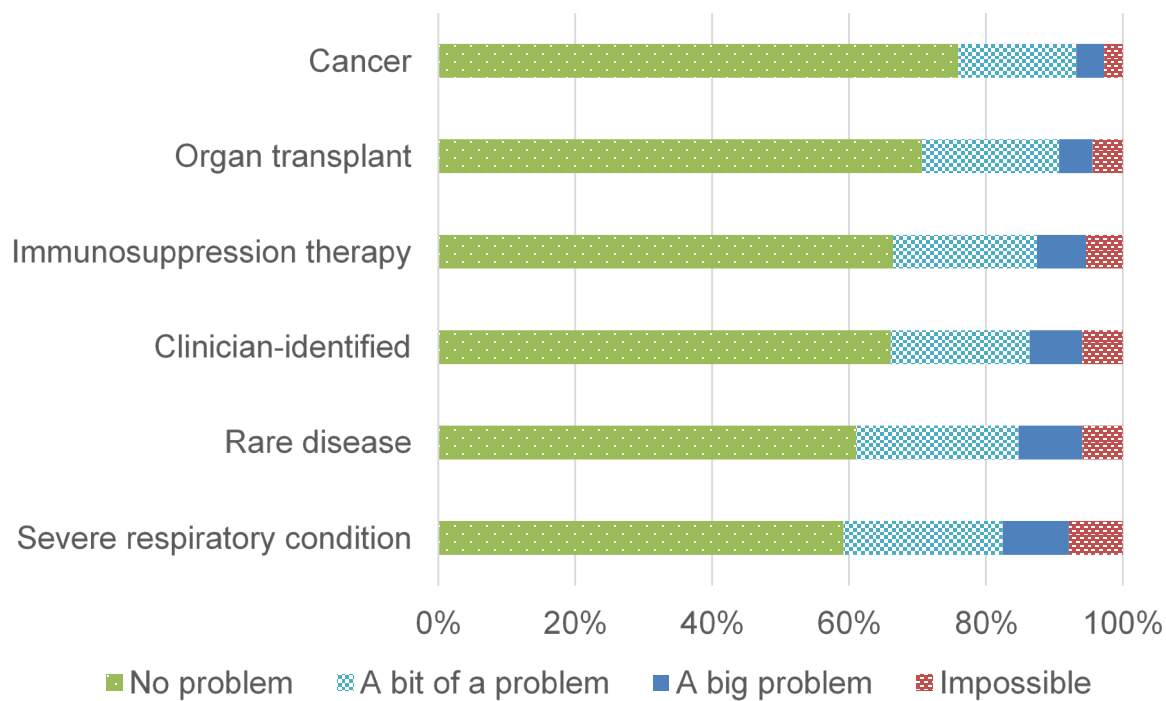
More than two thirds (68%) of respondents without children in their household would have no problem finding £100 for an unexpected expense. By comparison, fewer than half (46%) of respondents with children in their household would have no problem finding £100 (see Figure 3).



N = 1,319 (children); 4,658 (no children). These figures do not add up to 5,976 because of rounding.

Three quarters (76%) of respondents who are shielded because of cancer would have no problem finding £100 for an unexpected expense. This drops to fewer than six in ten (59%) among respondents who are shielded because of a severe respiratory condition (see Figure 4).

Figure 4. If you suddenly had to find £100 for an unexpected expense, would this be no problem, a bit of a problem, a big problem or impossible – by clinical category

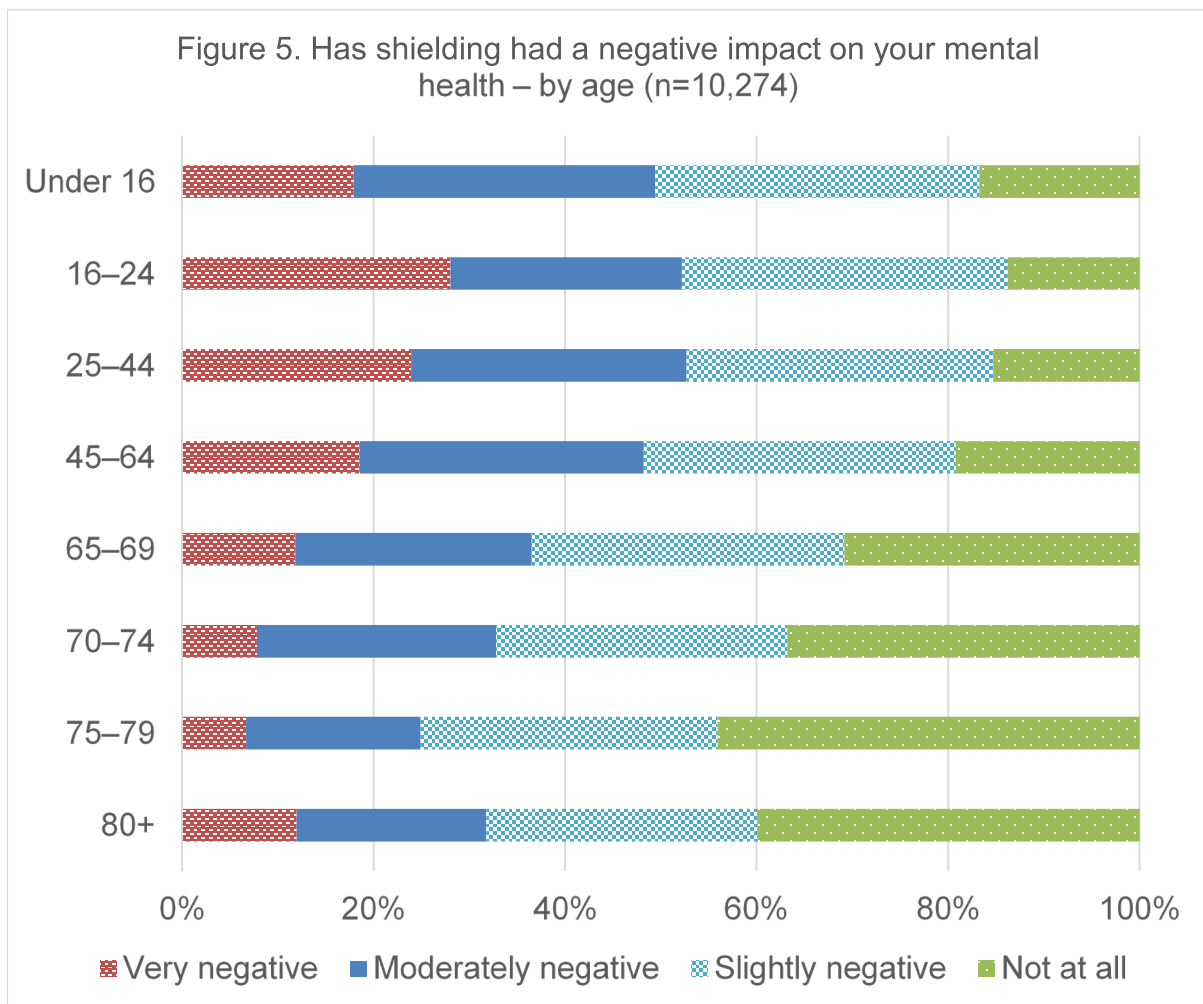


N = 1,252 (cancer); 500 (organ transplant); 3,048 (immunosuppression therapy); 2,461 (clinician-identified); 748 (rare disease); 4,575 (severe respiratory condition). Respondents who are shielded because of severe heart disease in combination with pregnancy are excluded from the analysis because of the small sample size.

Appendix 2. Negative impacts

Negative impact on mental health

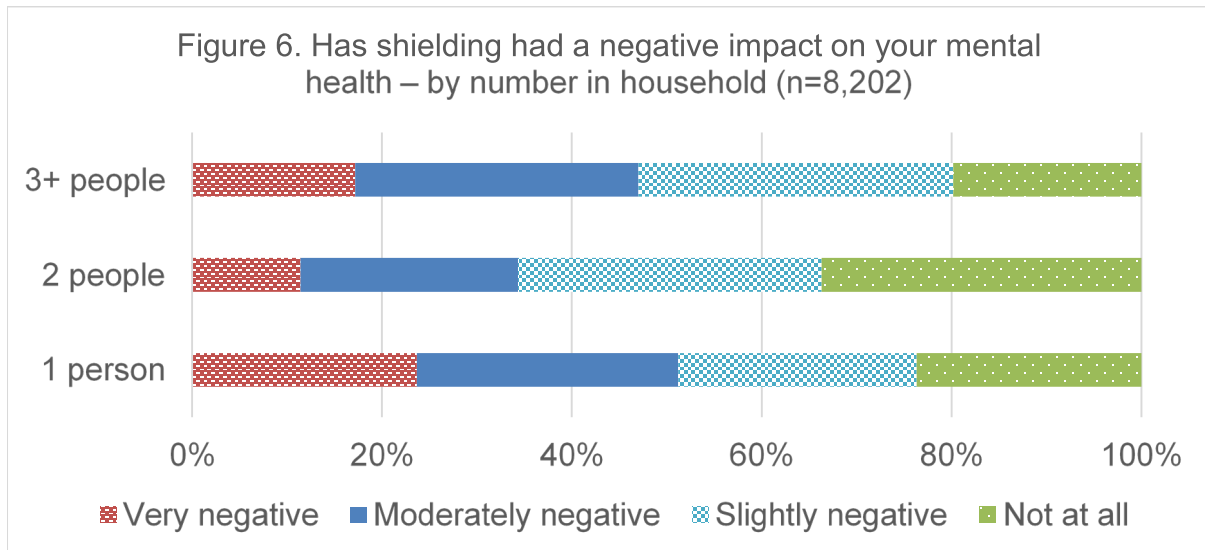
More than eight in ten (82%) respondents aged younger than 65 report a negative impact on their mental health, compared to fewer than two thirds (64%) of those aged 65 or older (see Figure 5 for a more detailed breakdown by age).



N = 251 (under 16); 182 (16–24); 1,638 (25–44); 4,874 (45–64); 1,320 (65–69); 1,128 (70–74); 538 (75–79); 343 (80+).

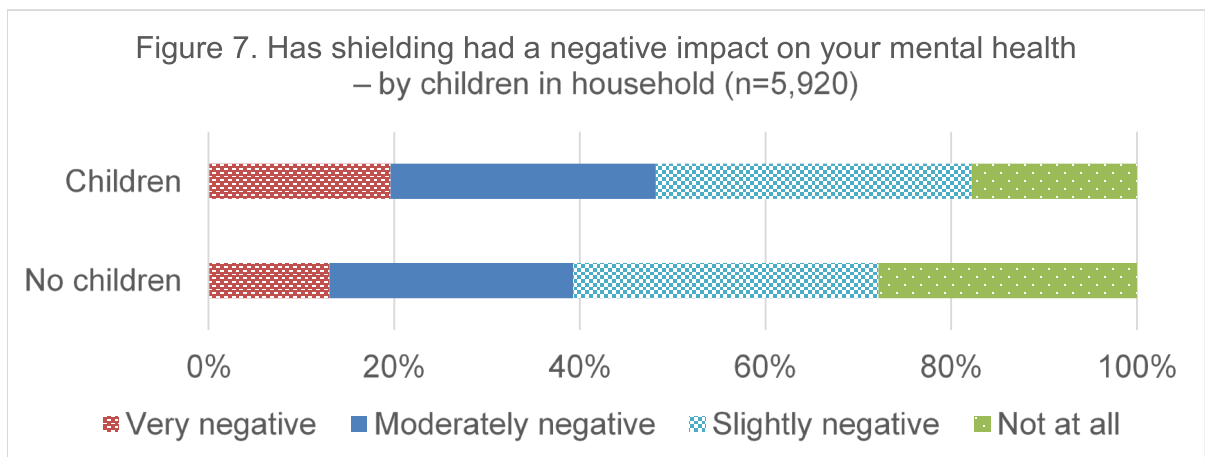
Respondents who live in households with one other person are less likely to report a negative impact on their mental health: two thirds (66%) of them report a negative impact, compared to three quarters (76%) of those living on their own and eight in

ten (80%) of those living in larger households (with two or more other people) (see Figure 6).



N = 2,524 (3+ people); 5,039 (2 people); 638 (1 person). These figures do not add up to 8,202 because of rounding.

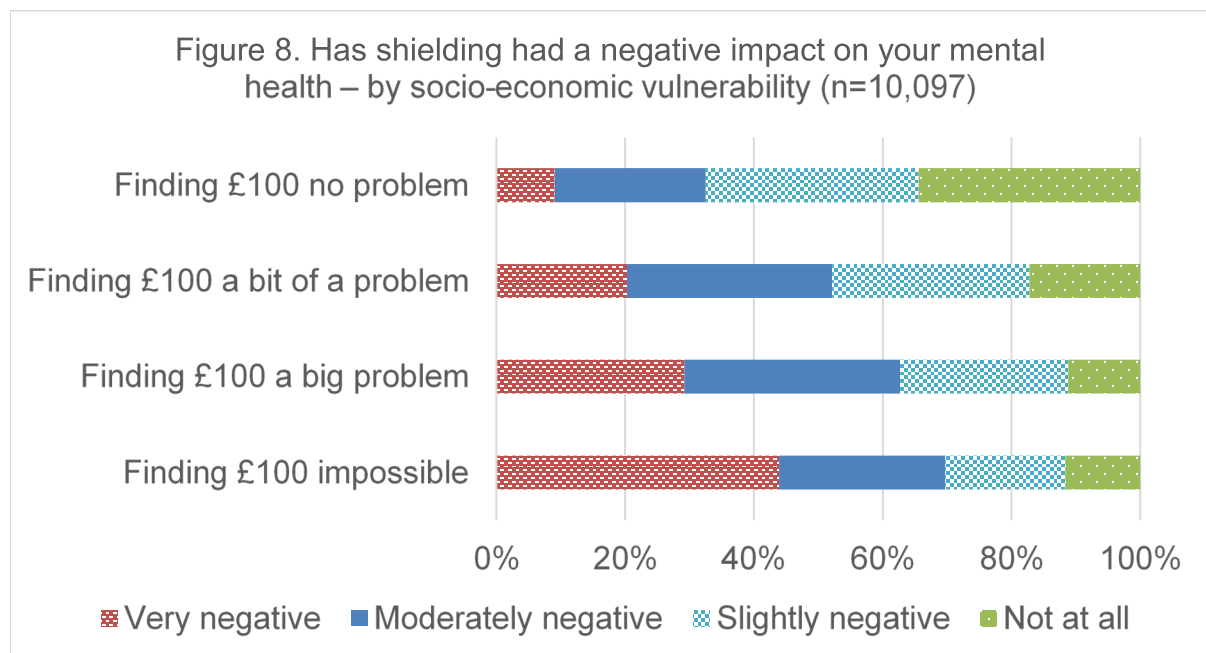
More than eight in ten (82%) respondents with children in their household report a negative impact on their mental health, compared to more than seven in ten (72%) among those without children in their household (see Figure 7).



N = 1,310 (children); 4,610 (no children).

Almost nine in ten (88%) respondents for whom finding £100 for an unexpected expense would be impossible report a negative impact on their mental health,

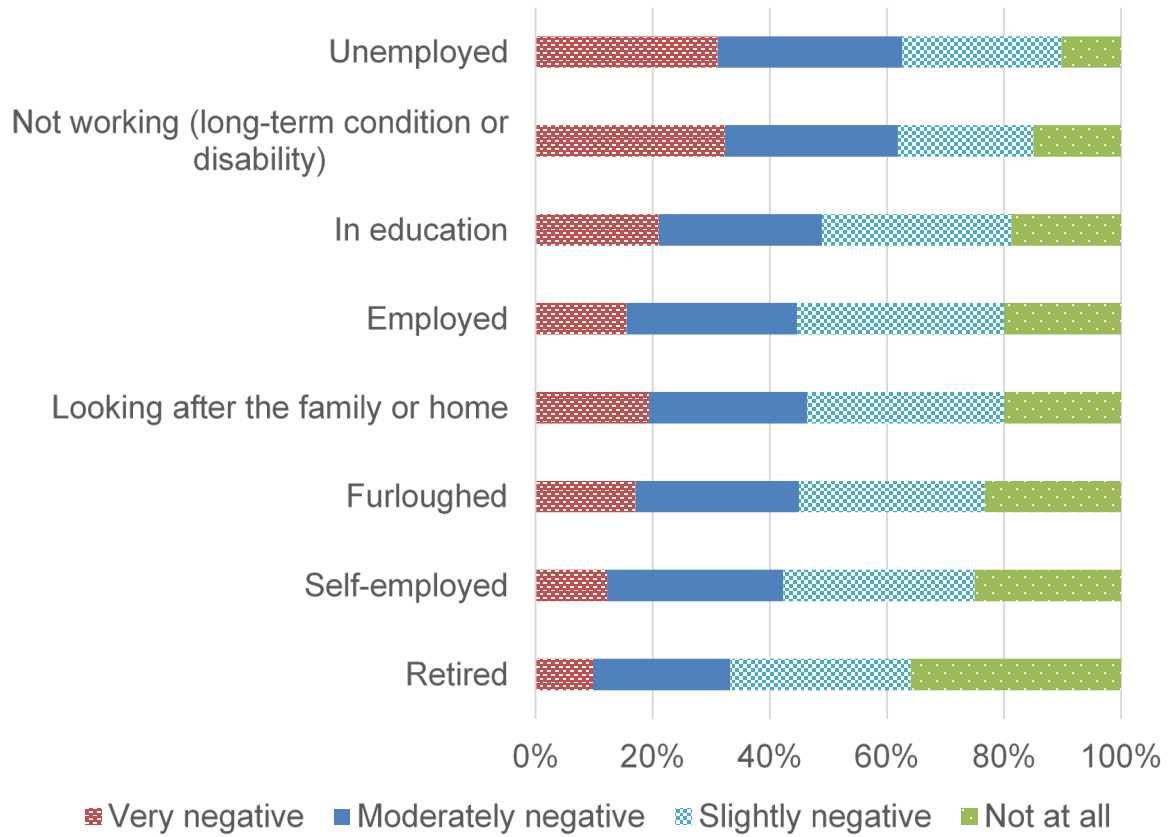
compared to two thirds (66%) of those for whom finding £100 for an unexpected expense would be no problem (see Figure 8).



N = 6,645 (finding £100 no problem); 2,108 (finding £100 a bit of a problem); 770 (finding £100 a big problem); 574 (finding £100 impossible).

Fewer than two thirds (64%) of respondents who are retired report a negative impact on their mental health, compared to nine in ten (90%) of those who are unemployed and more than eight in ten (85%) of those who are not working because of a long-term condition or disability (see Figure 9).

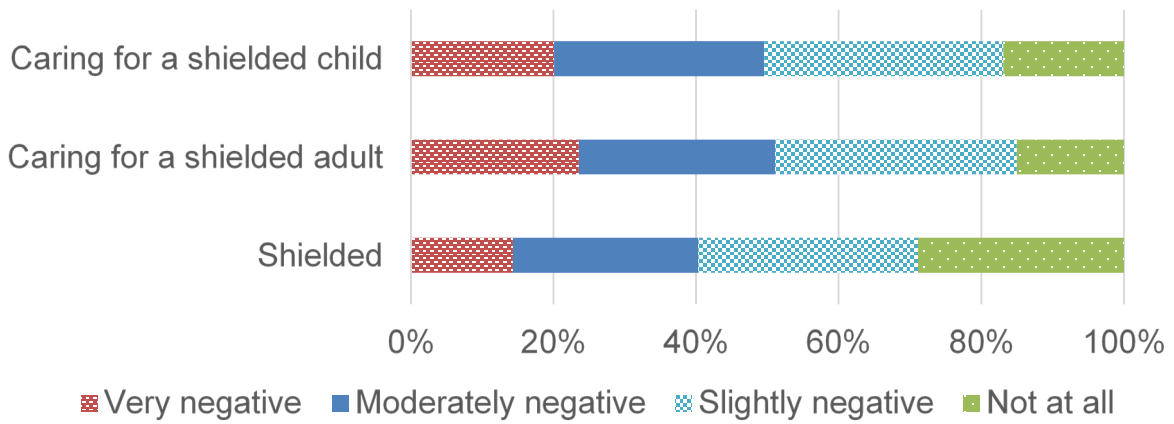
Figure 9. Has shielding had a negative impact on your mental health – by employment status



N = 164 (unemployed); 1,205 (not working because of a long-term condition or disability); 249 (in education); 2,386 (employed); 167 (looking after the family or home); 750 (furloughed); 331 (self-employed); 5,280 (retired).

More than eight in ten respondents who are caring for a shielded adult (85%) or a shielded child (83%) report a negative impact on their mental health, compared to more than seven in ten (71%) among those who are shielded themselves (see Figure 10).

Figure 10. Has shielding had a negative impact on your mental health – by shielding status

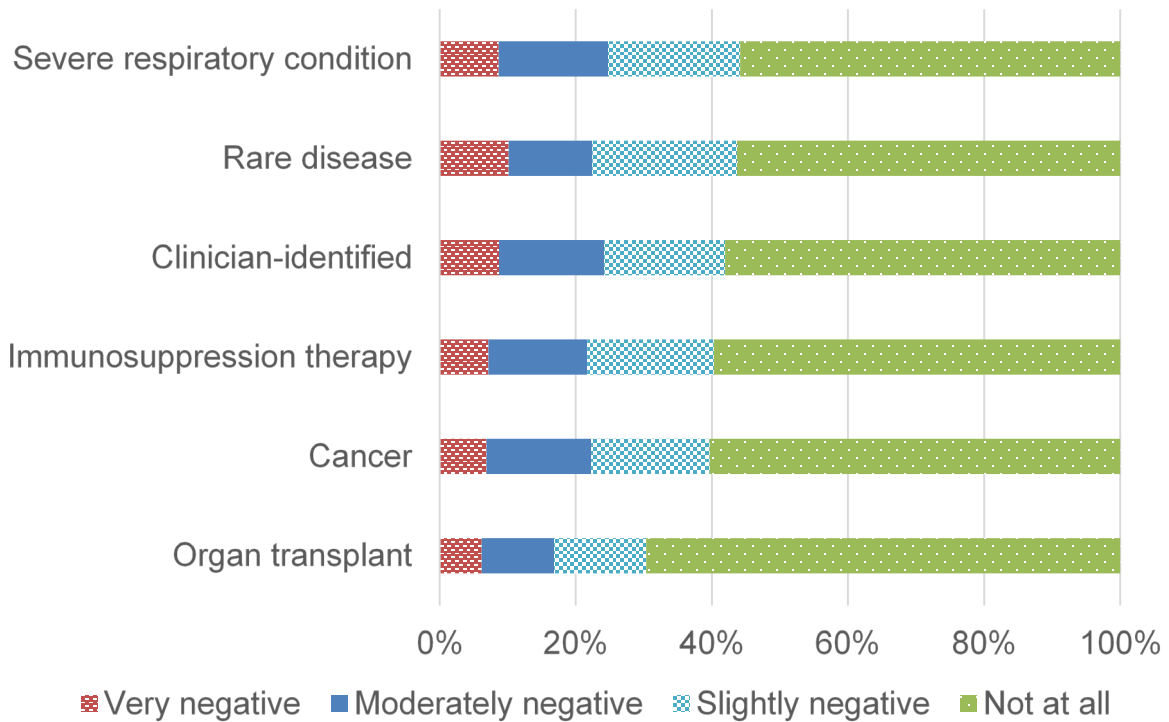


N = 254 (caring for a shielded child); 935 (caring for a shielded adult); 9,336 (shielded).

Negative impact on condition(s) for which people are shielding

More than four in ten (44%) respondents who are shielded because of a severe respiratory condition or rare disease report a negative impact on the condition(s) for which they are shielding. Three in ten (30%) respondents who are shielded because of an organ transplant report a negative impact on their condition (see Figure 11).

Figure 11. Has shielding had a negative impact on the condition(s) for which you are shielding – by clinical category

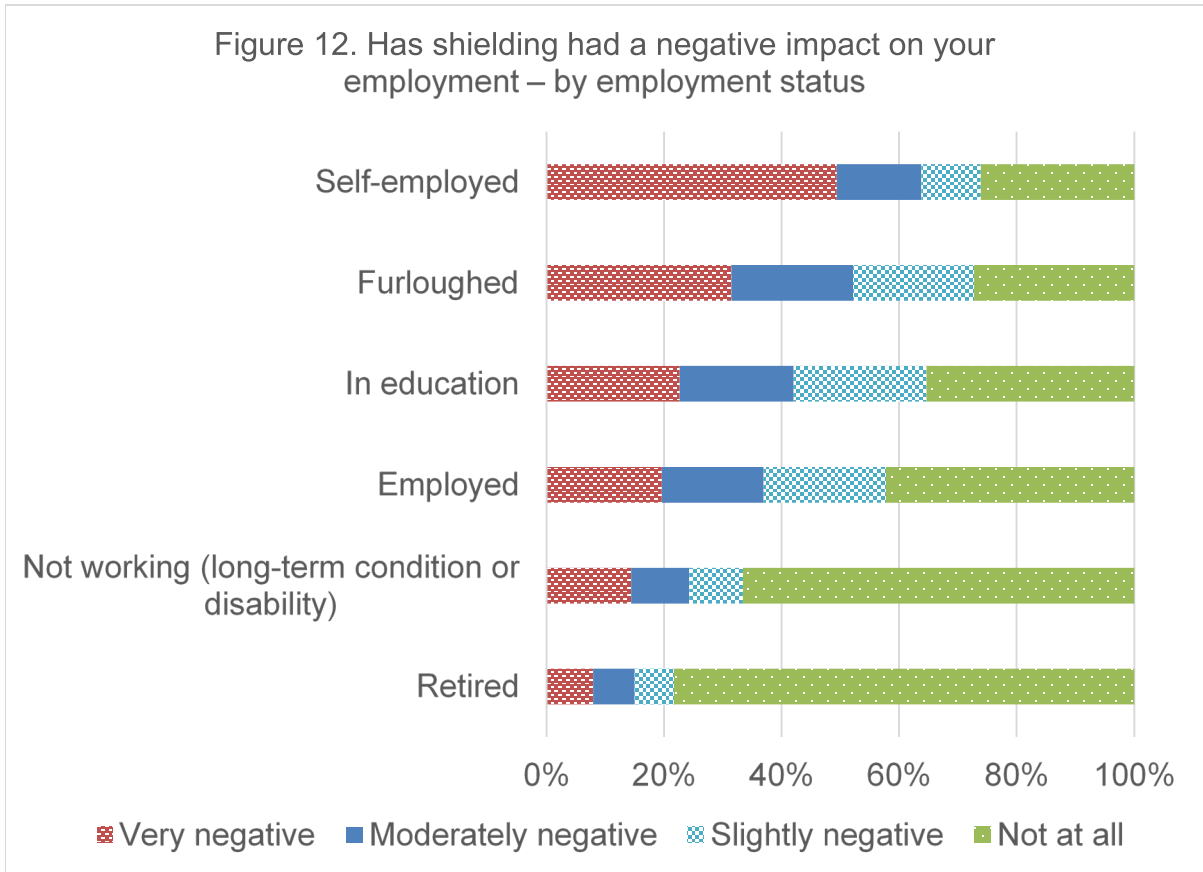


N = 4,497 (severe respiratory condition); 730 (rare disease); 2,368 (clinician-identified); 3,015 (immunosuppression therapy); 1,197 (cancer); 495 (organ transplant).

Negative impact on employment

Negative impacts on employment are most likely to be reported by respondents who are self-employed (74%) or furloughed (73%) (see Figure 12).

Figure 12. Has shielding had a negative impact on your employment – by employment status

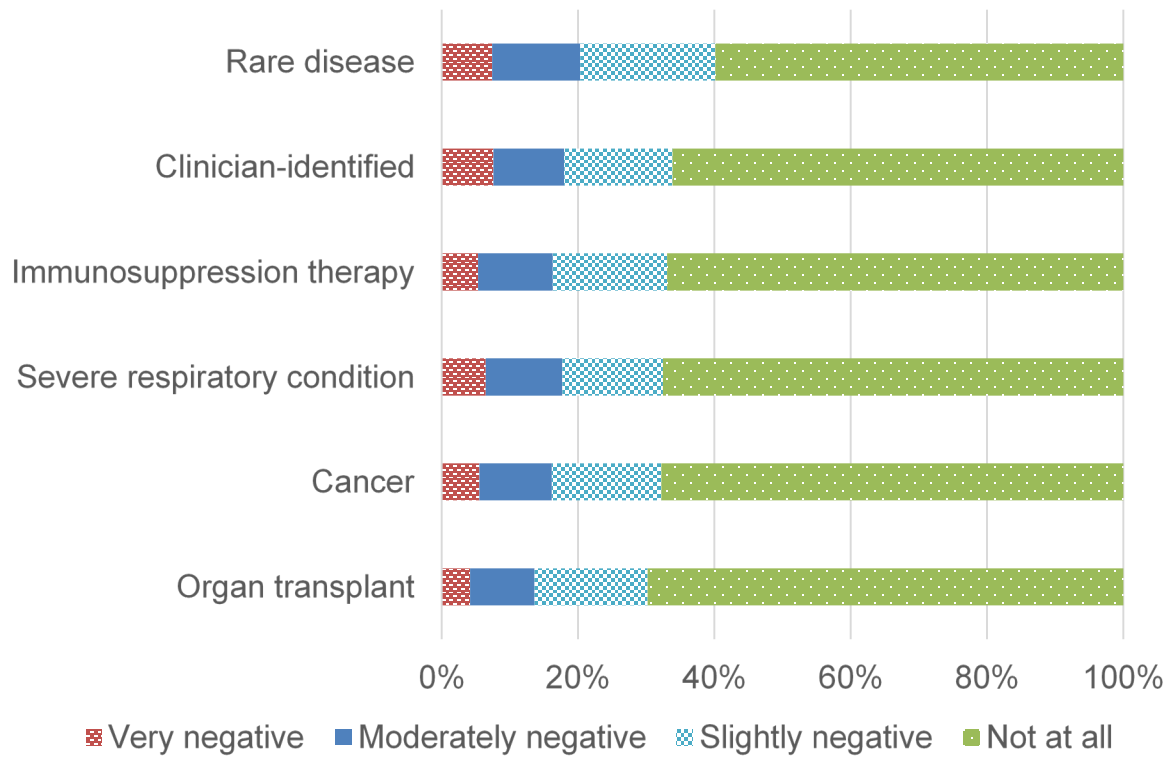


N = 293 (self-employed); 721 (furloughed); 128 (in education); 2,345 (employed); 252 (not working because of a long-term condition or disability); 758 (retired). Respondents who report that they are unemployed or looking after the home or family are not included in the analysis because of the small sample size.

Negative impact on quality of care

A negative impact on quality of care is most likely to be reported by respondents who are shielded because of a rare disease (40%). Three in ten (30%) respondents who are shielded because of an organ transplant report a negative impact on their quality of care (see Figure 13).

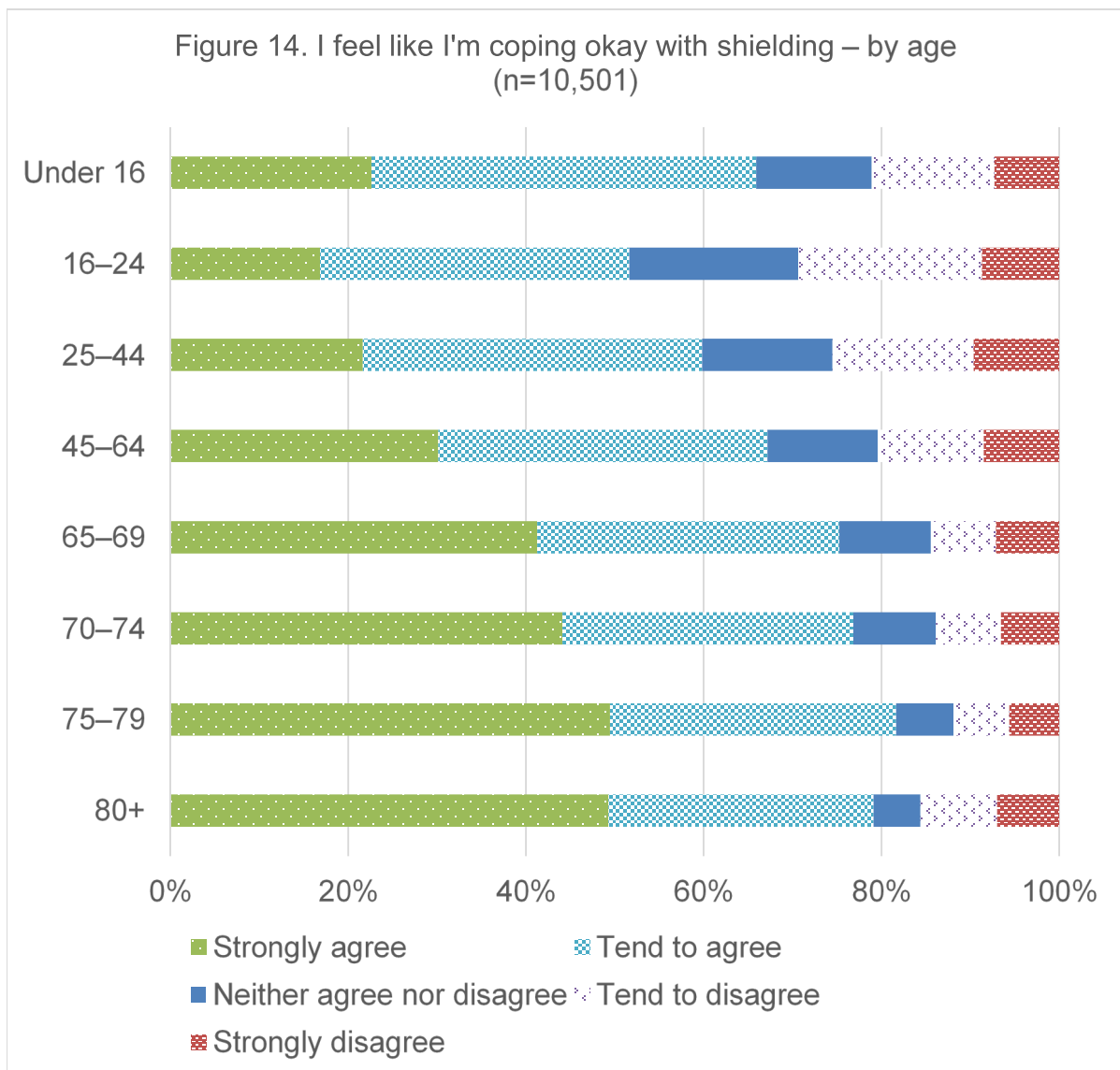
Figure 13. Has there been a negative impact on the quality of care you receive – by clinical category



N = 626 (rare disease); 1,905 (clinician-identified); 2,473 (immunosuppression therapy); 3,465 (severe respiratory condition); 1,023 (cancer); 426 (organ transplant). Respondents who are shielded because of significant heart disease in combination with pregnancy are not included in the analysis because of the small sample size.

Appendix 3. Coping with shielding

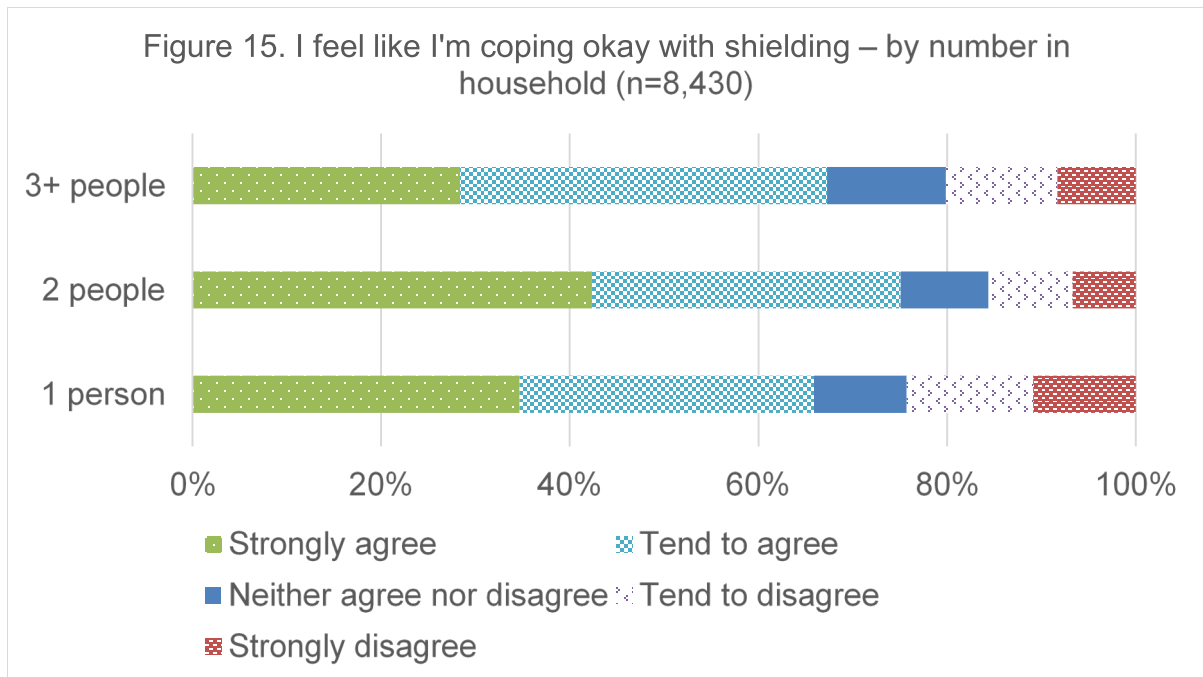
More than three quarters (77%) of respondents aged 65 or older feel that they are coping okay with shielding,²⁰ compared to fewer than two thirds (65%) of those aged younger than 65 (see Figure 14 for a more detailed breakdown by age).



N = 261 (under 16); 184 (16–24); 1,655 (25–44); 4,959 (45–64); 1,350 (65–69); 1,161 (70–74); 572 (75–79); 359 (80+).

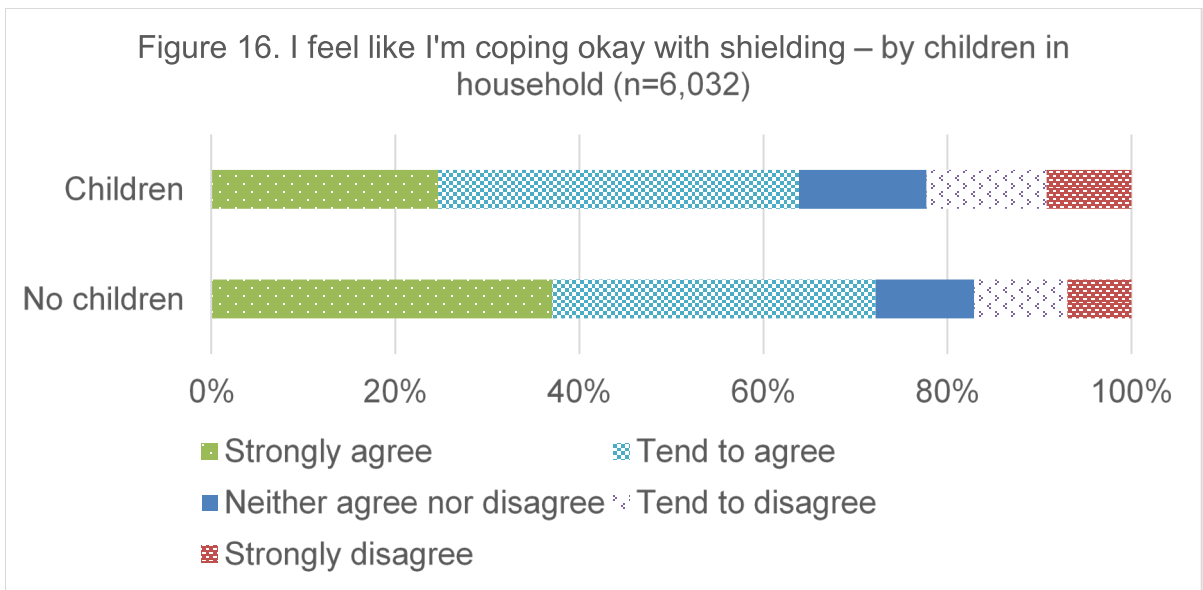
²⁰ Respondents are reported to be coping with shielding if they tend to agree or strongly agree with the statement 'I feel like I'm coping okay with shielding'.

Respondents who live in households with one other person are more likely to feel that they are coping okay with shielding: three quarters (75%) feel that they are coping okay with shielding, compared to two thirds of those living on their own (66%) or those living within larger households (with two or more other people) (67%) (see Figure 15).



N = 2,581 (3+ people); 5,190 (2 people); 660 (1 person). These figures do not add up to 8,430 because of rounding.

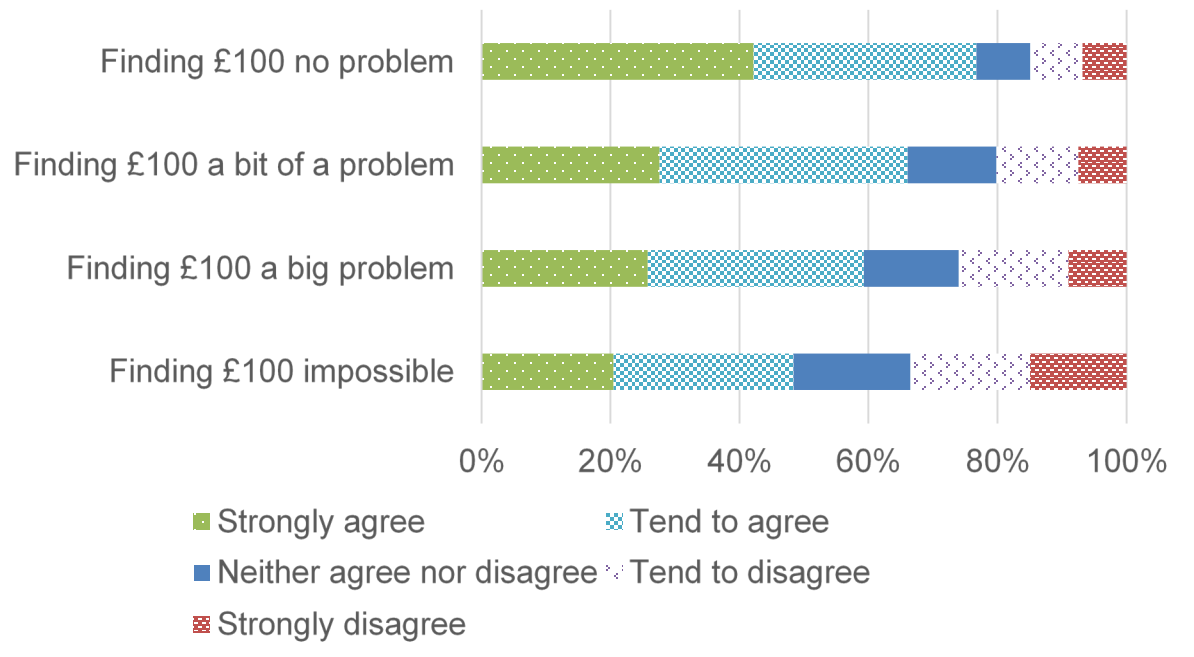
Almost three quarters (72%) of respondents without children in their household feel that they are coping okay with shielding, compared to fewer than two thirds (64%) of those with children in their household (see Figure 16).



N = 1,329 (children); 4,703 (no children).

More than three quarters (77%) of respondents for whom finding £100 for an unexpected expense would be no problem feel that they are coping okay with shielding, compared to fewer than half (48%) of those for whom finding £100 for an unexpected expense would be impossible (Figure 17).

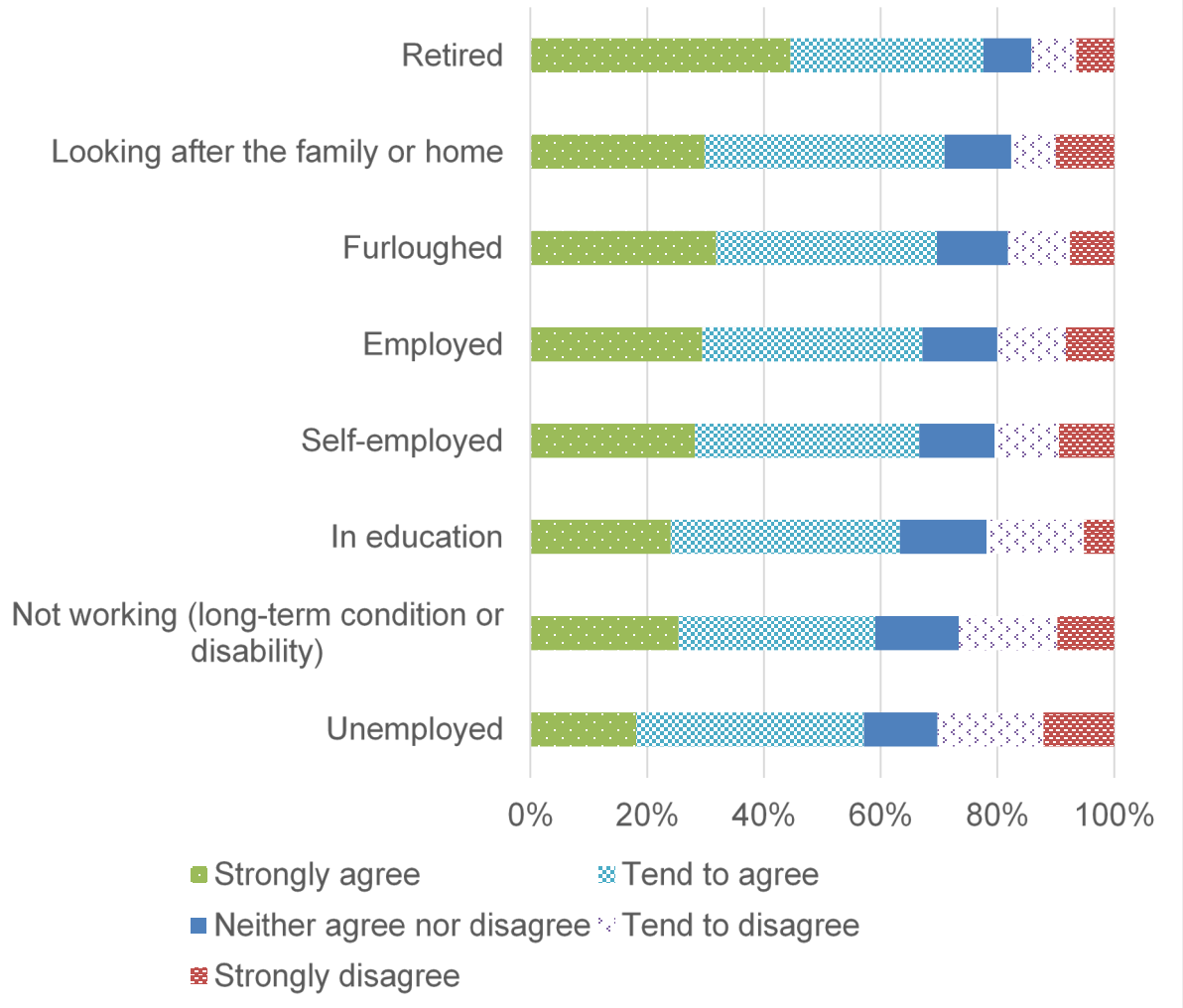
Figure 17. I feel like I'm coping okay with shielding – by socio-economic vulnerability (n=10,368)



N = 6,816 (finding £100 no problem); 2,174 (finding £100 a bit of a problem); 785 (finding £100 a big problem); 593 (finding £100 impossible).

More than three quarters (78%) of respondents who are retired feel that they are coping okay with shielding, compared to fewer than six in ten (57%) of those who are unemployed and fewer than six in ten (59%) of those who are not working because of a long-term condition or disability (see Figure 18).

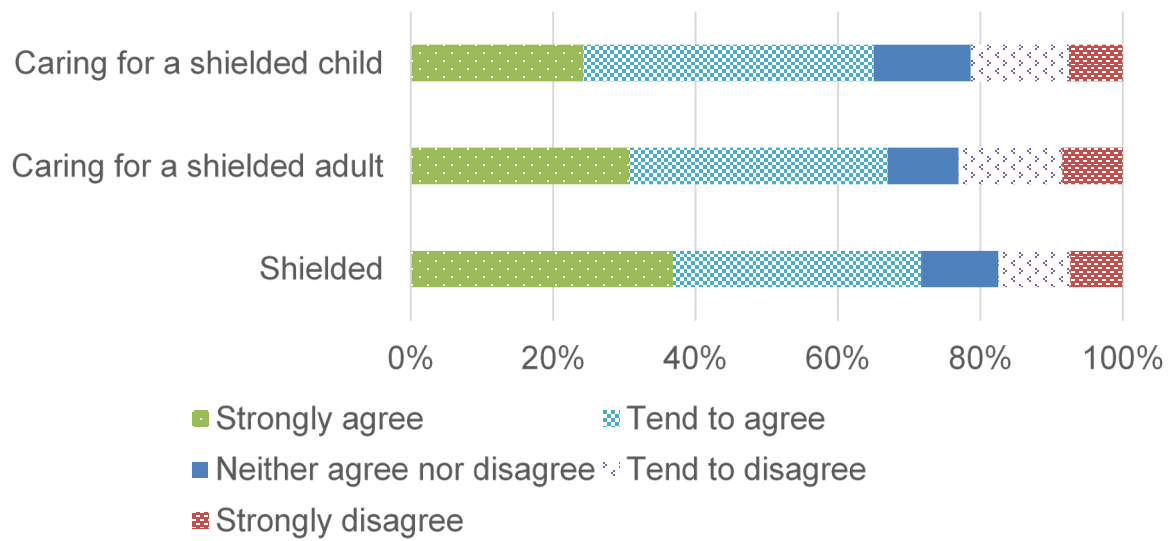
Figure 18. I feel like I'm coping okay with shielding – by employment status



N = 5,476 (retired); 175 (looking after the family or home); 767 (furloughed); 2,420 (employed); 332 (self-employed); 256 (in education); 1,224 (not working because of a long-term condition or disability); 176 (unemployed).

More than seven in ten (72%) respondents who are shielded themselves feel that they are coping okay with shielding, compared to two thirds of those who are caring for a shielded adult (67%) or shielded child (65%) (see Figure 19).

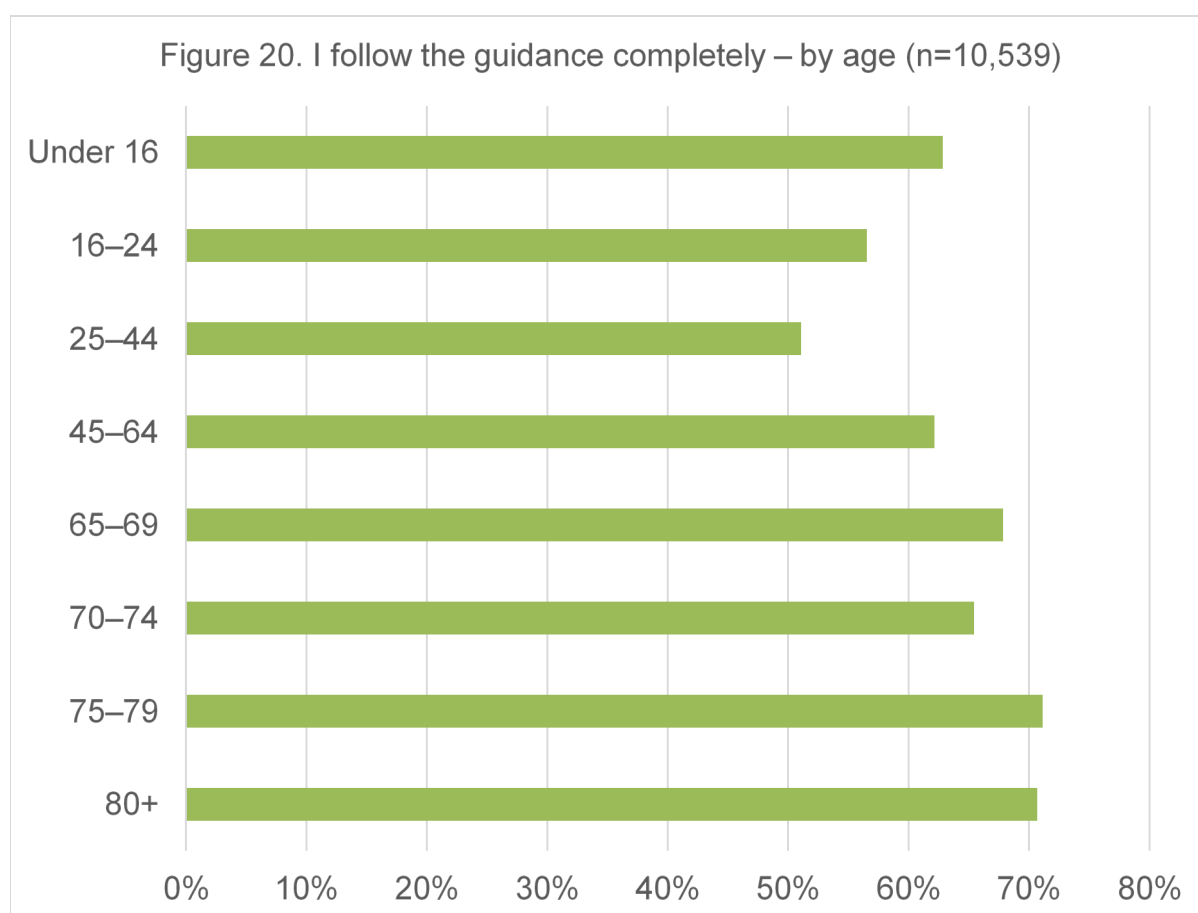
Figure 19. I feel like I'm coping okay with shielding – by shielding status



N = 319 (caring for a shielded child); 1,084 (caring for a shielded adult); 11,939 (shielded).

Appendix 4. Self-reported adherence

Almost seven in ten (68%) respondents aged 65 or older report that they follow the guidance completely, compared to almost six in ten (59%) of those aged younger than 65 (see Figure 20 for a more detailed breakdown by age).

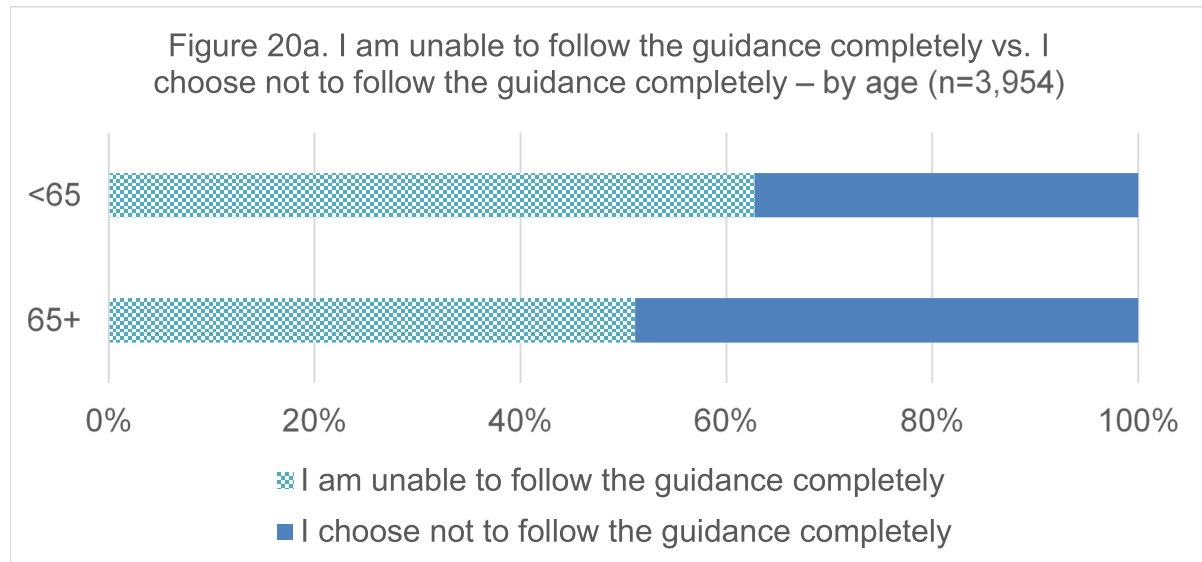


N = 261 (under 16); 184 (16–24); 1,658 (25–44); 4,974 (45–64); 1,356 (65–69); 1,166 (70–74); 575 (75–79); 365 (80+).

Among respondents aged 65 or older, half (49%) of those who are following the guidance partially are doing so by choice; the remaining half (51%) are doing so from necessity.²¹ Among respondents aged younger than 65, a third (37%) of those who

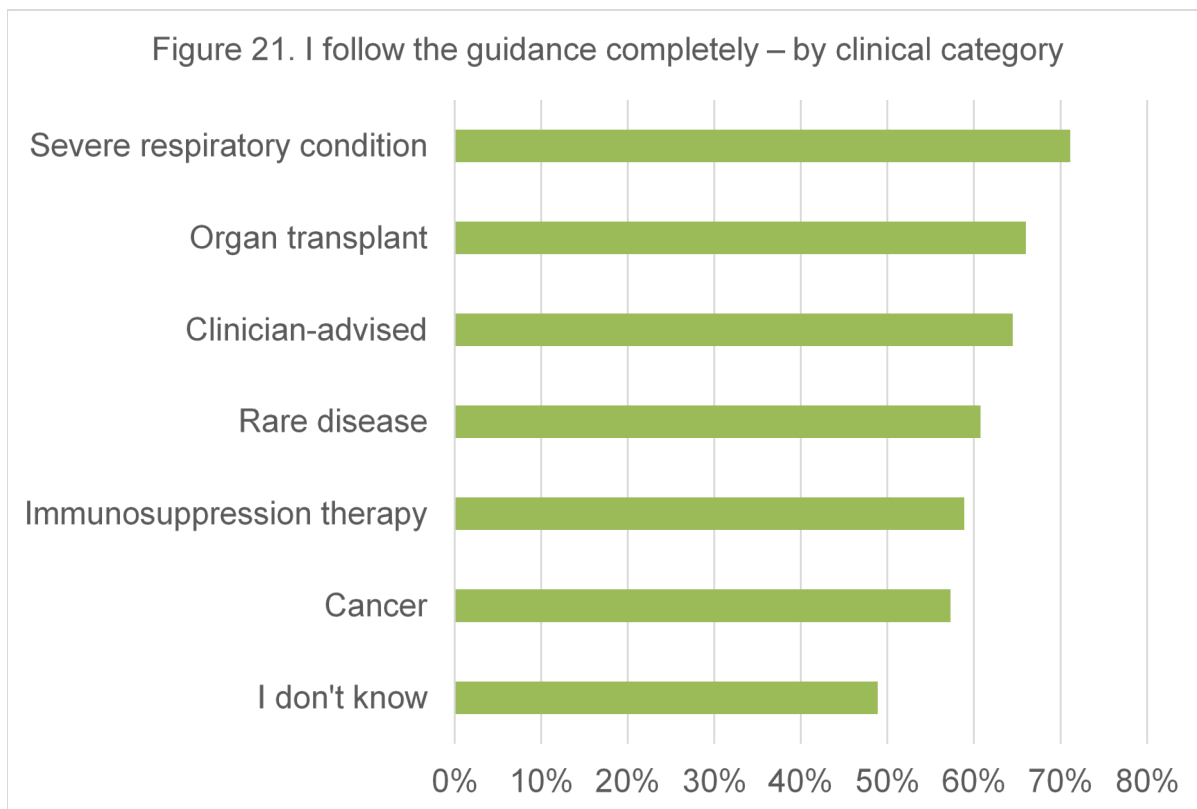
²¹ Respondents are considered to be deviating from necessity if they report that they are unable to follow the guidance completely. Respondents are considered to be deviating by choice if they report that they choose not to follow the guidance completely.

are following the guidance partially are doing so by choice; the remaining two thirds (63%) are following the guidance partially from necessity (see Figure 20a).



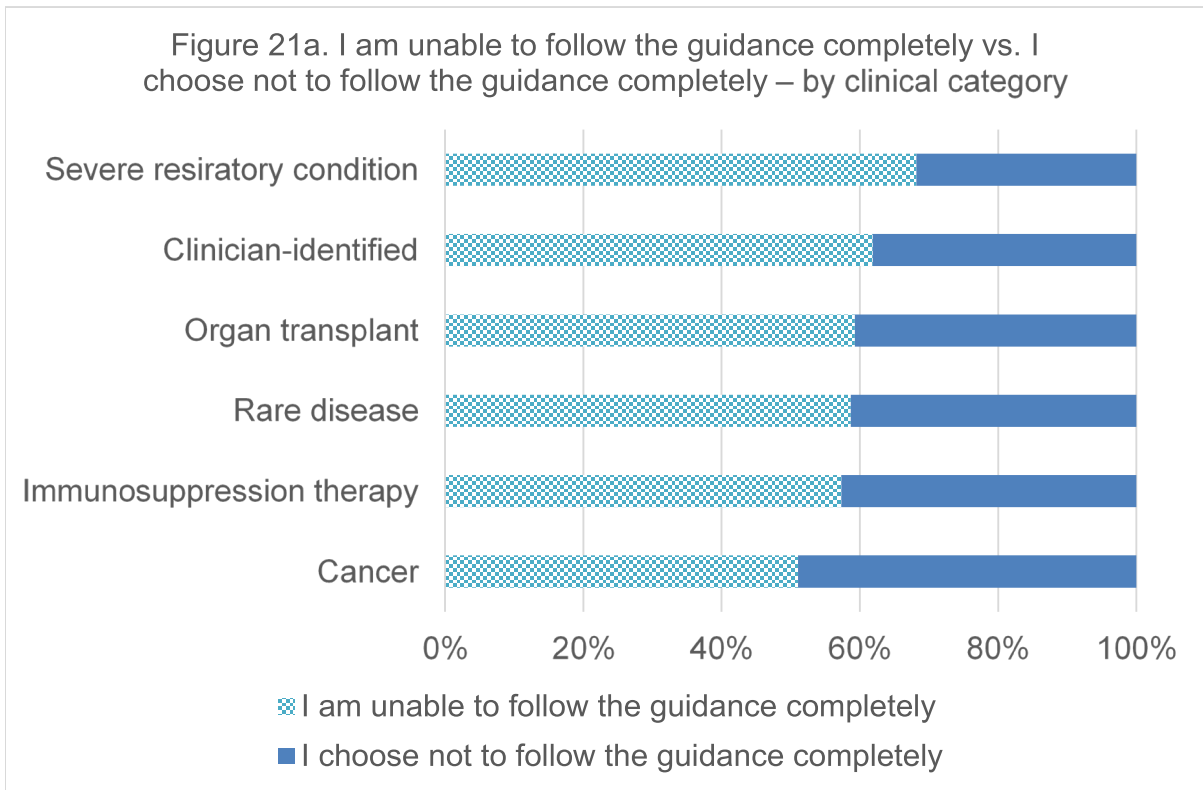
N = 2,853 (<65); 1,101 (65+).

More than seven in ten (71%) respondents who are shielded because of severe respiratory disease report that they follow the guidance completely, compared to fewer than half (49%) of those who don't know why they are shielded (see Figure 21).



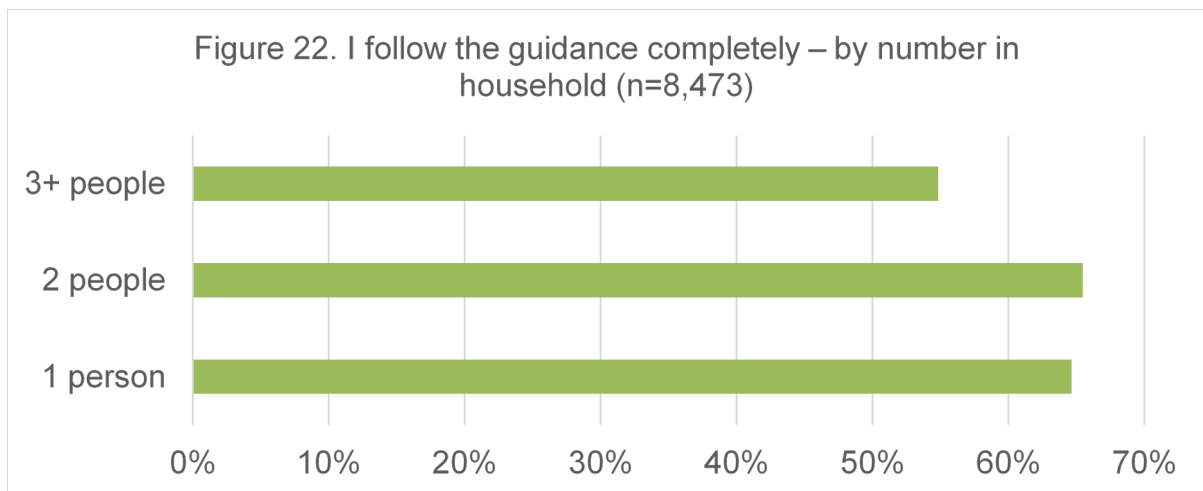
N = 5,608 (severe respiratory condition); 617 (organ transplant); 2,982 (clinician-advised); 936 (rare disease); 3,757 (immunosuppression therapy); 1,527 (cancer); 427 (I don't know). Respondents who are shielded because of severe heart disease in combination with pregnancy are excluded from the analysis because of the small sample size.

Among respondents who are shielded because of a respiratory condition, fewer than a third (32%) of those who are following the guidance partially, are doing so by choice. The remaining two thirds (68%) are doing so from necessity. By comparison, among respondents who are shielded because of cancer, almost half (49%) of those who are following the guidance partially, are doing so by choice. The other half (51%) are doing so from necessity (see Figure 21a).



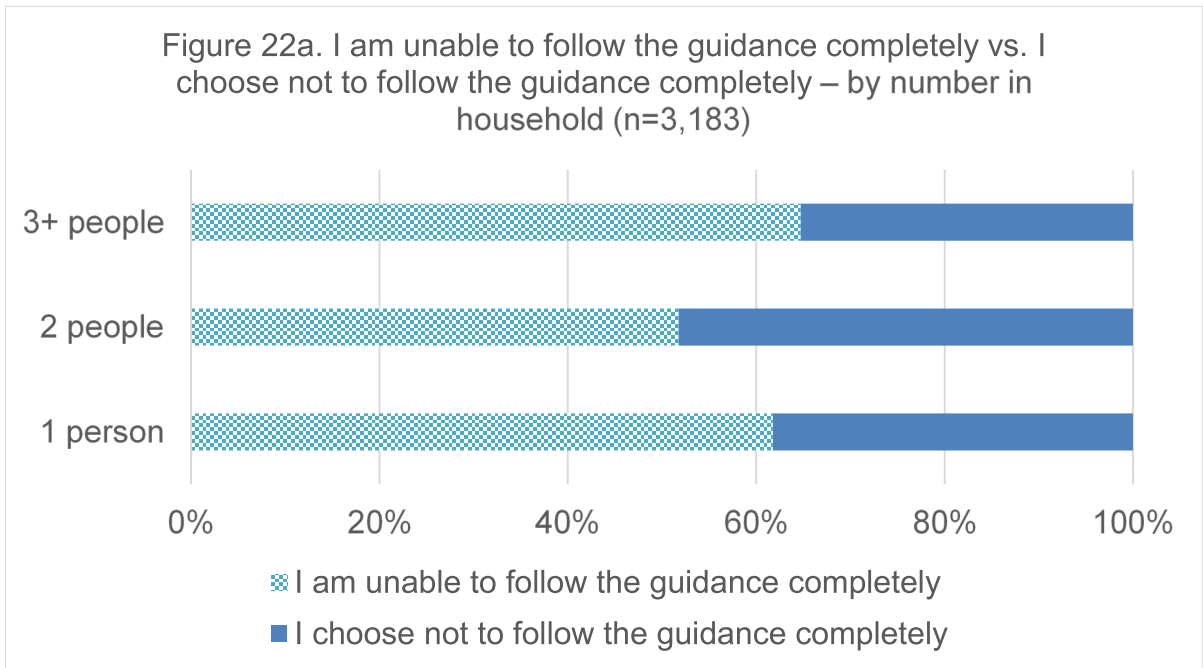
N = 1,612 (severe respiratory condition); 1,055 (clinician-identified); 210 (organ transplant); 366 (rare disease); 1,540 (immunosuppression therapy); 652 (cancer). Respondents who are shielded because of severe heart disease in combination with pregnancy are excluded from the analysis because of the small sample size.

Two thirds (65%) of respondents who live on their own or with only one other person report that they follow the guidance completely. Fewer than six in ten (55%) respondents in larger households (living with two or more other people) report complete adherence (see Figure 22).



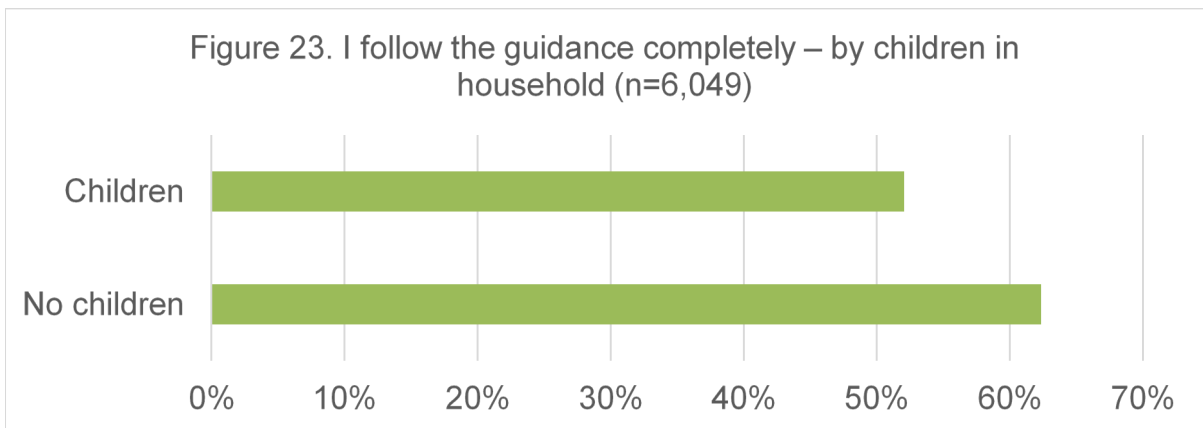
N = 2,591 (3+ people); 5,219 (2 people); 662 (1 person). These figures do not add up to 8,473 because of rounding.

Among respondents who live with one other person in their household, almost half (48%) of those who are following the guidance partially, are doing so by choice. The remaining half (52%) are doing so from necessity. Among respondents who live in larger households (with two or more other people in their household), a third (35%) of those who are following the guidance partially, are doing so by choice. Two thirds (65%) of this group are following the guidance partially from necessity. Among respondents who live on their own, almost four in ten (38%) of those who are following the guidance partially, are doing so by choice. Just over six in ten (62%) are doing so from necessity (see Figure 22a).



N = 1,163 (3+ people); 1,787 (2 people); 234 (1 person). These figures do not add up to 3,183 because of rounding.

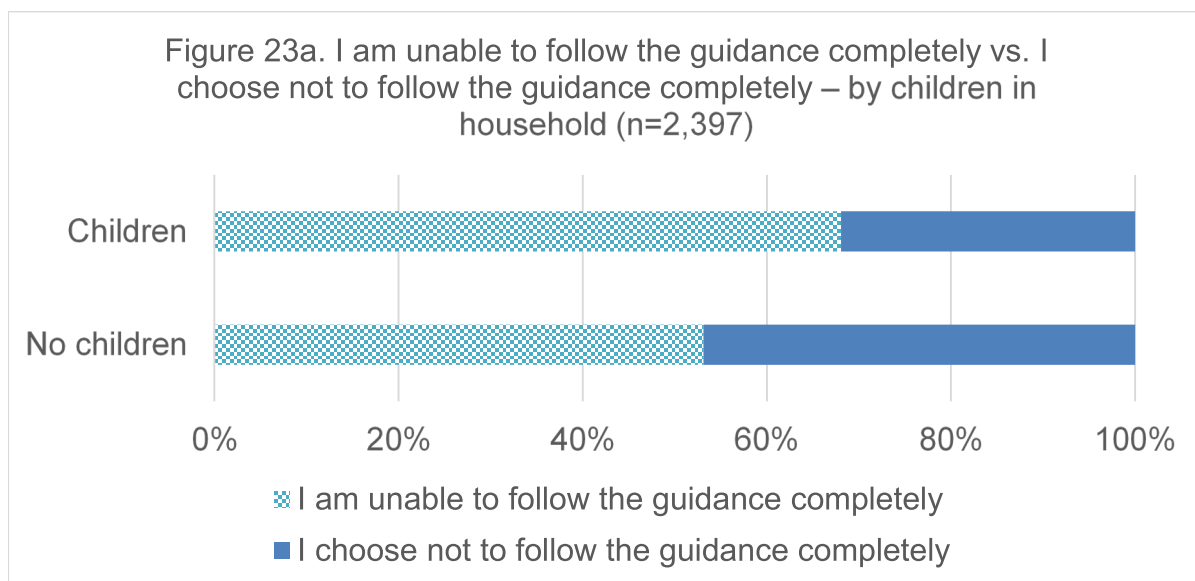
Just more than six in ten (62%) respondents without children in their household report that they follow the guidance completely, compared to just more than half (52%) of those with children in their household (see Figure 23).



N = 1,335 (children); 4,714 (no children).

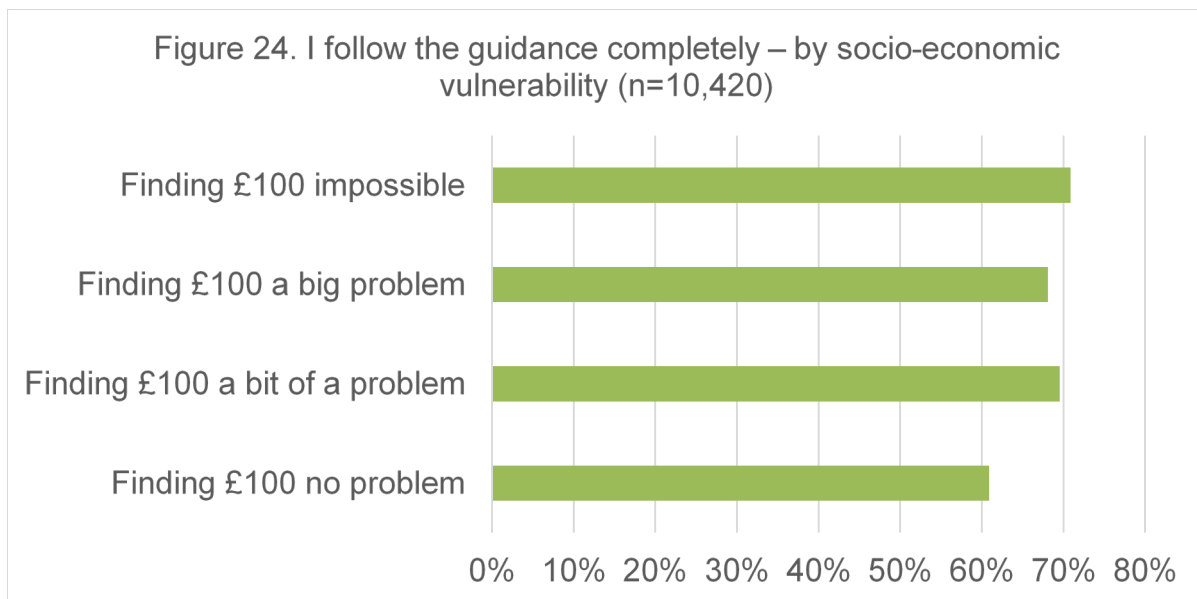
Among respondents with children, fewer than a third (32%) of those who follow the guidance partially, do so by choice. The remaining two thirds (68%) do so from necessity. By comparison, among respondents without children, almost half (47%) of

those who follow the guidance partially do so by choice. Just over half (53%) do so from necessity (see Figure 23a).



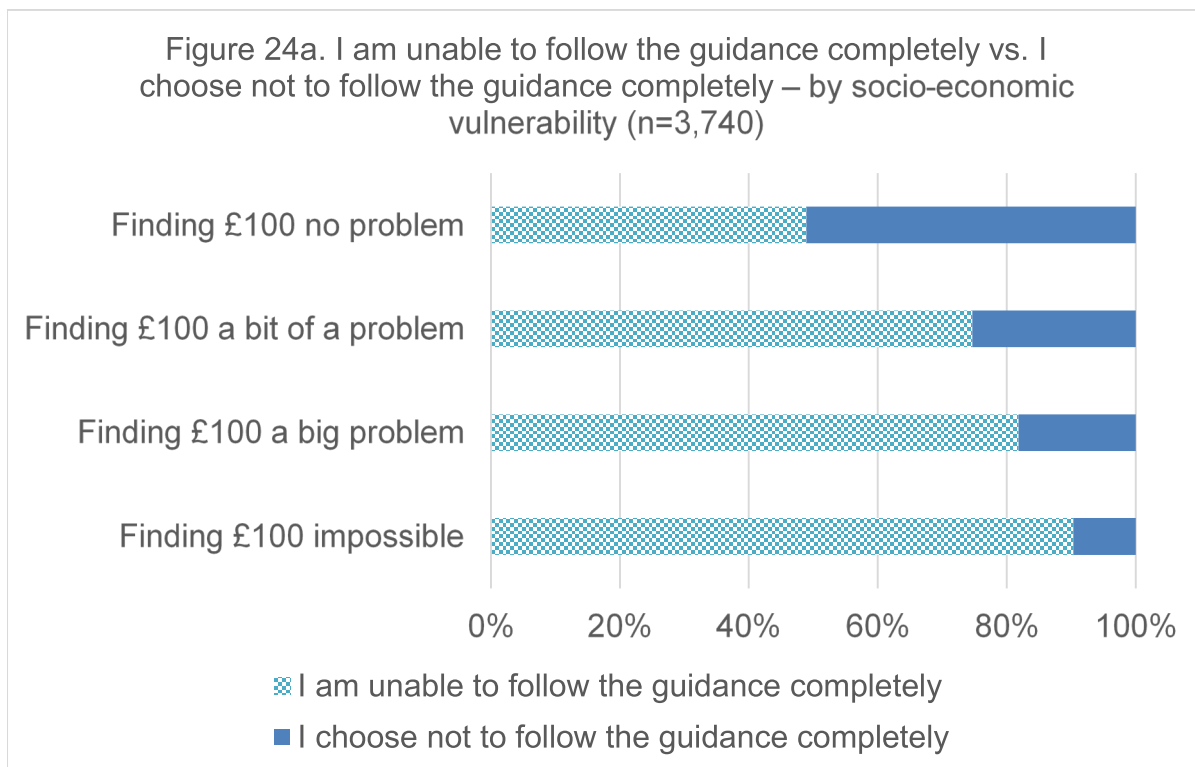
N = 638 (children); 1,760 (no children). These figures do not add up to 2,397 because of rounding.

Just over seven in ten (71%) respondents for whom finding £100 for an unexpected expense would be impossible report that they follow the guidance completely, compared to just over six in ten (61%) of those for whom this would be no problem (see Figure 24).



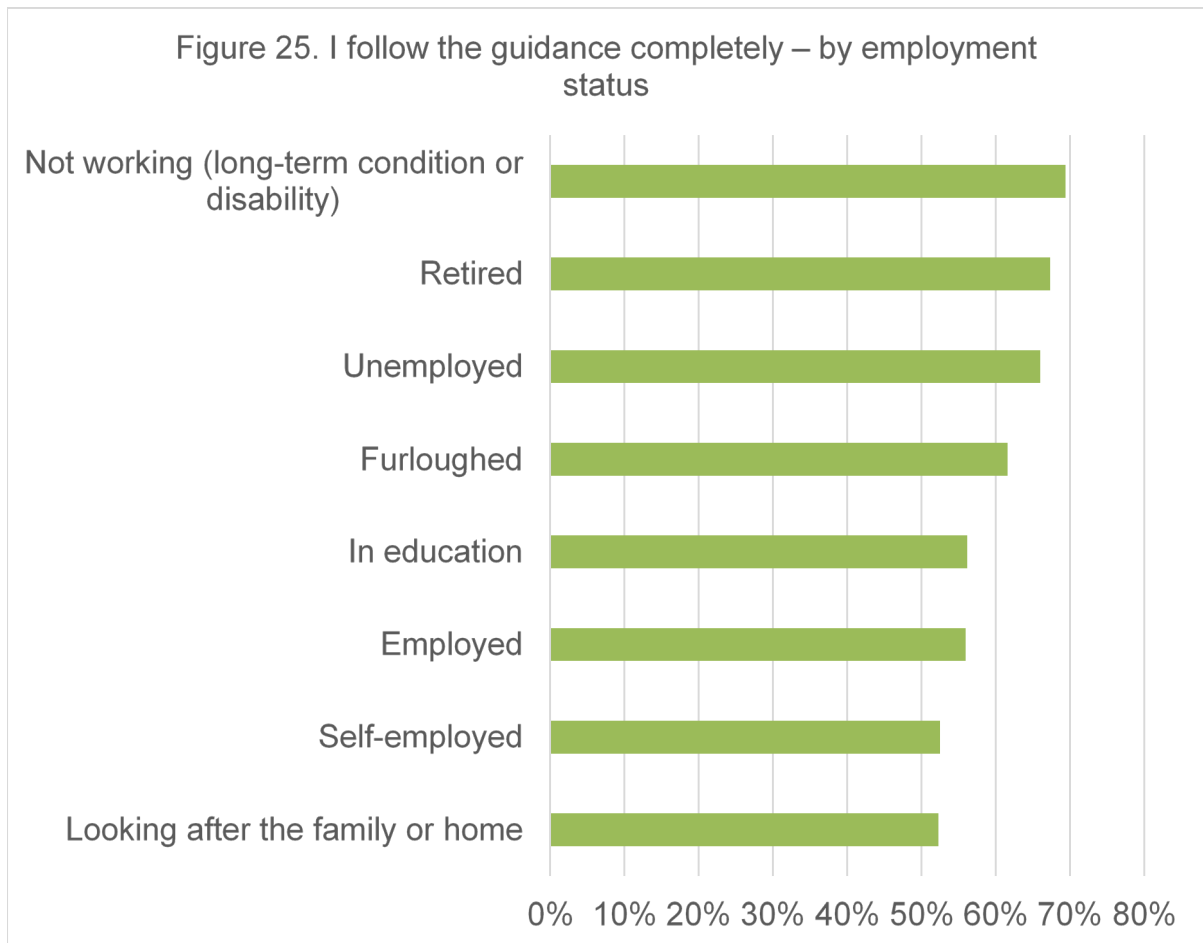
N = 597 (finding £100 impossible); 785 (finding £100 a big problem); 2,180 (finding £100 a bit of a problem); 6,858 (finding £100 no problem).

Among respondents for whom finding £100 would be no problem, half (51%) of those who are following the guidance partially are doing so by choice; the remaining half (49%) are doing so from necessity. Among respondents for whom finding £100 would be impossible, one in ten (10%) of those who are following the guidance partially are doing so by choice; the remaining 90% are following the guidance partially from necessity (see Figure 24a).



N = 173 (finding £100 impossible); 249 (finding £100 a big problem); 662 (finding £100 a bit of a problem); 2,656 (finding £100 no problem).

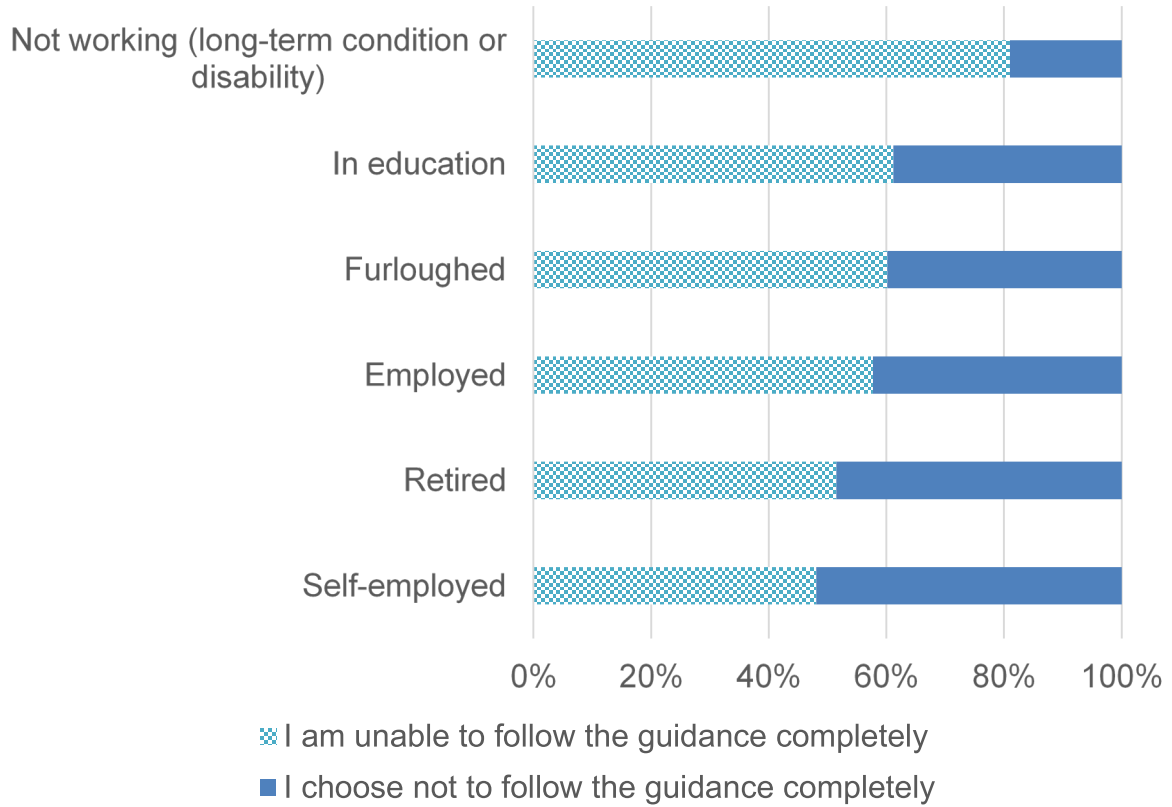
Two thirds (67%) of respondents who are retired report that they follow the guidance completely. This is also true for respondents who are not working because of a long-term condition or disability (69%) or who are unemployed (66%). By comparison, just over half (52%) of those looking after the home or family or those who are self-employed report complete adherence (see Figure 25).



N = 1,231 (not working because of a long-term condition or disability); 5,506 (retired); 174 (unemployed); 770 (furloughed); 257 (in education); 2,426 (employed); 334 (self-employed); 175 (looking after the family or home).

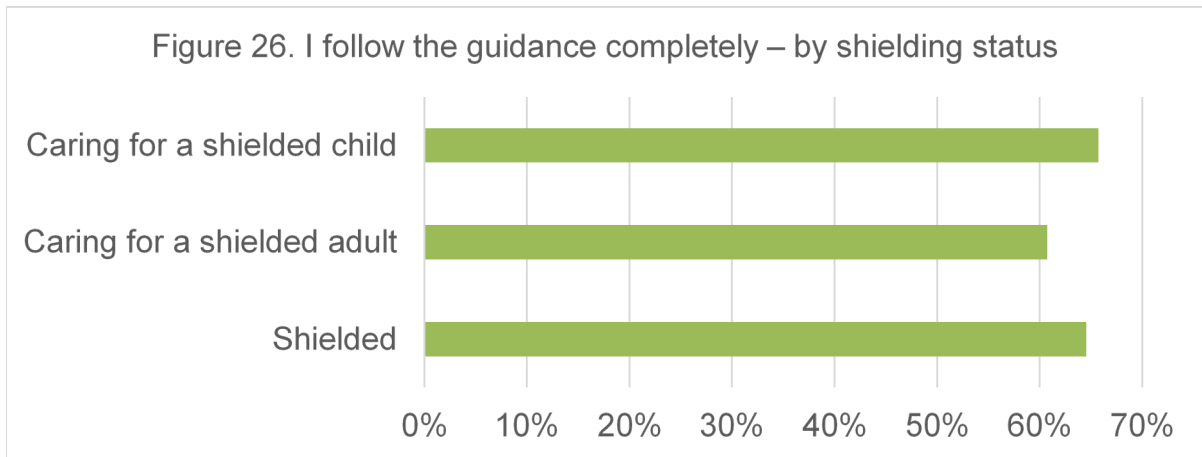
Among respondents who are not working because of a long-term condition or disability, fewer than one in five (19%) of those who follow the guidance partially, do so by choice. More than eight in ten (81%) do so from necessity. Among respondents who are self-employed, more than half (52%) of those who follow the guidance partially, do so by choice. Just fewer than half (48%) do so from necessity (see Figure 25a).

Figure 25a. I am unable to follow the guidance completely vs. I choose not to follow the guidance completely – by employment status



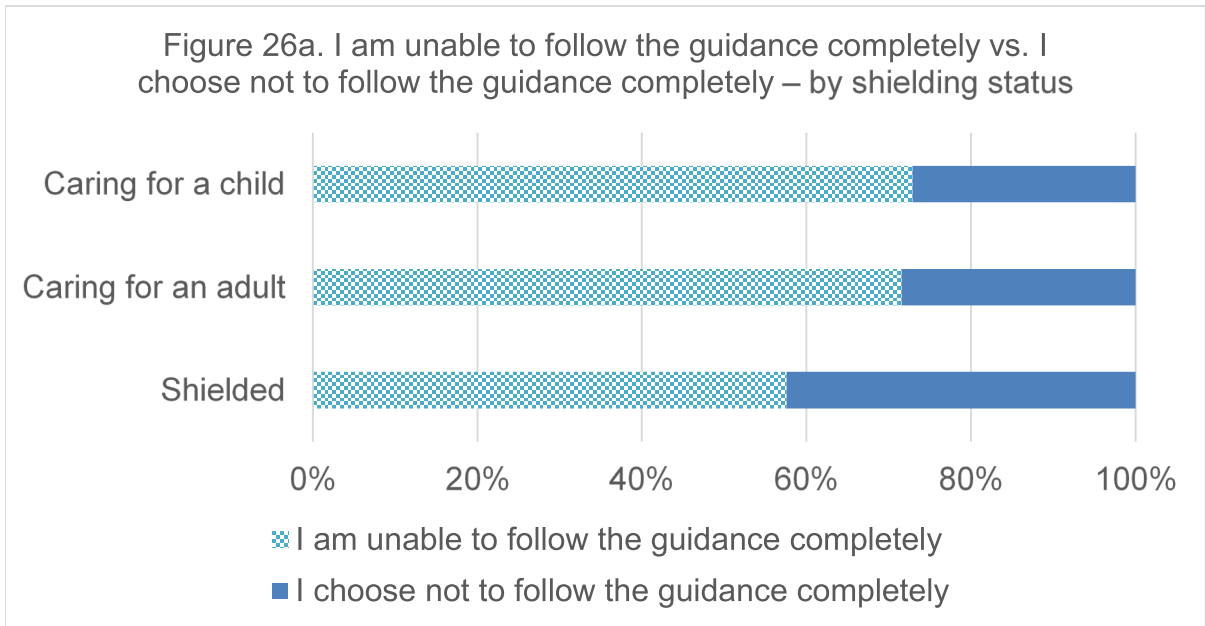
N = 376 (not working because of a long-term condition or disability); 113 (in education); 295 (furloughed); 1,061 (employed); 1,784 (retired); 155 (self-employed). Respondents who are unemployed or looking after the family or home have been excluded from the analysis because of the small sample size.

Just over six in ten (61%) respondents who are caring for a shielded adult report that they follow the guidance completely, compared to 66% of those who are caring for a shielded child and 65% of those who are shielded themselves (see Figure 26).



N = 311 (caring for a shielded child); 1,068 (caring for a shielded adult); 11,567 (shielded).

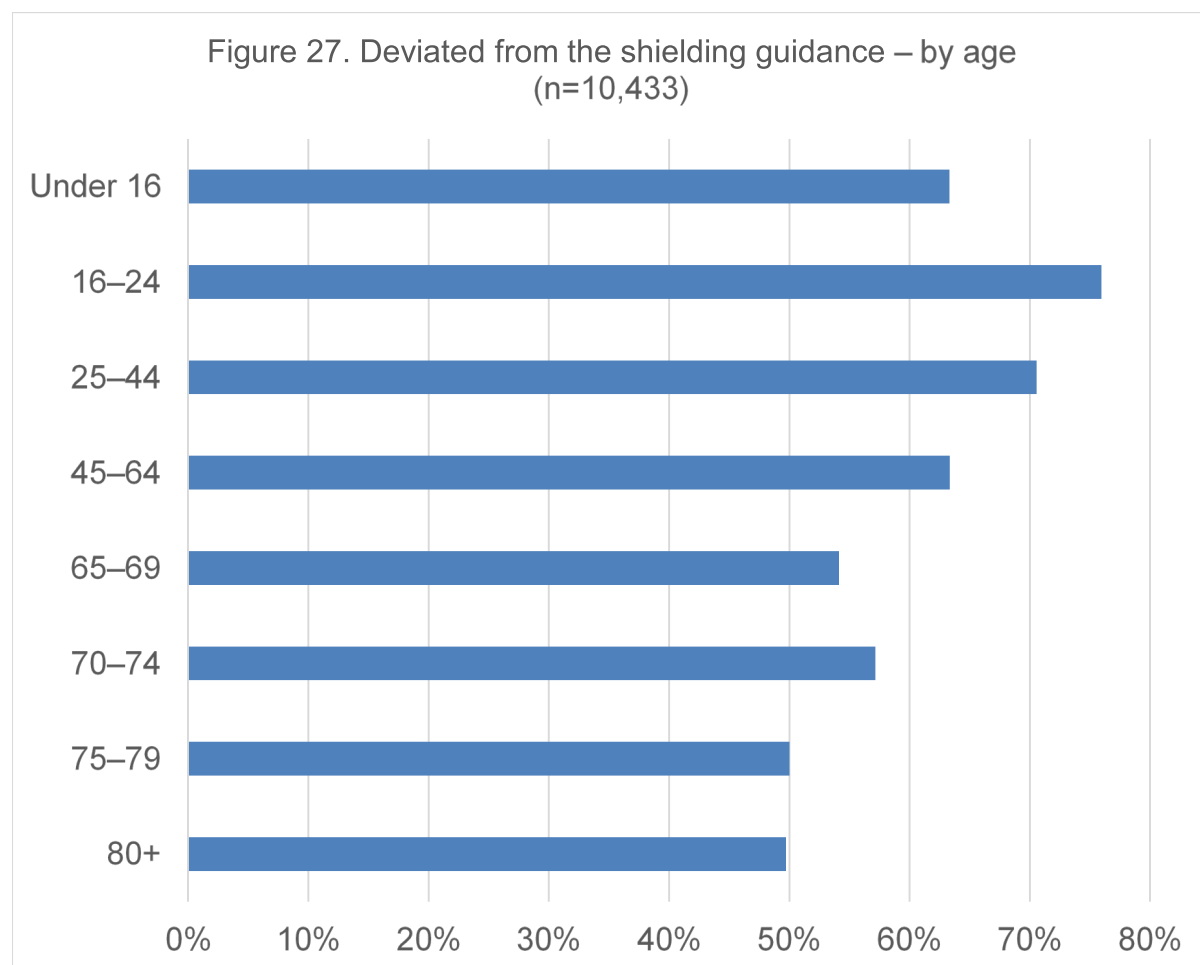
Among respondents who are caring for a shielded child, more than a quarter (27%) of those who are following the guidance partially, are doing so by choice. Almost three quarters (73%) are doing so from necessity. Similarly, among respondents who are caring for a shielded adult, more than a quarter (28%) of those who are following the guidance partially, are doing so by choice. Almost three quarters (72%) are doing so from necessity. By comparison, among those shielded, more than four in ten (42%) of those who are following the guidance partially, are doing so by choice. Fewer than six in ten (58%) are doing so from necessity (see Figure 26a).



N = 107 (caring for a shielded child); 419 (caring for a shielded adult); 4,076 (on shielded list).

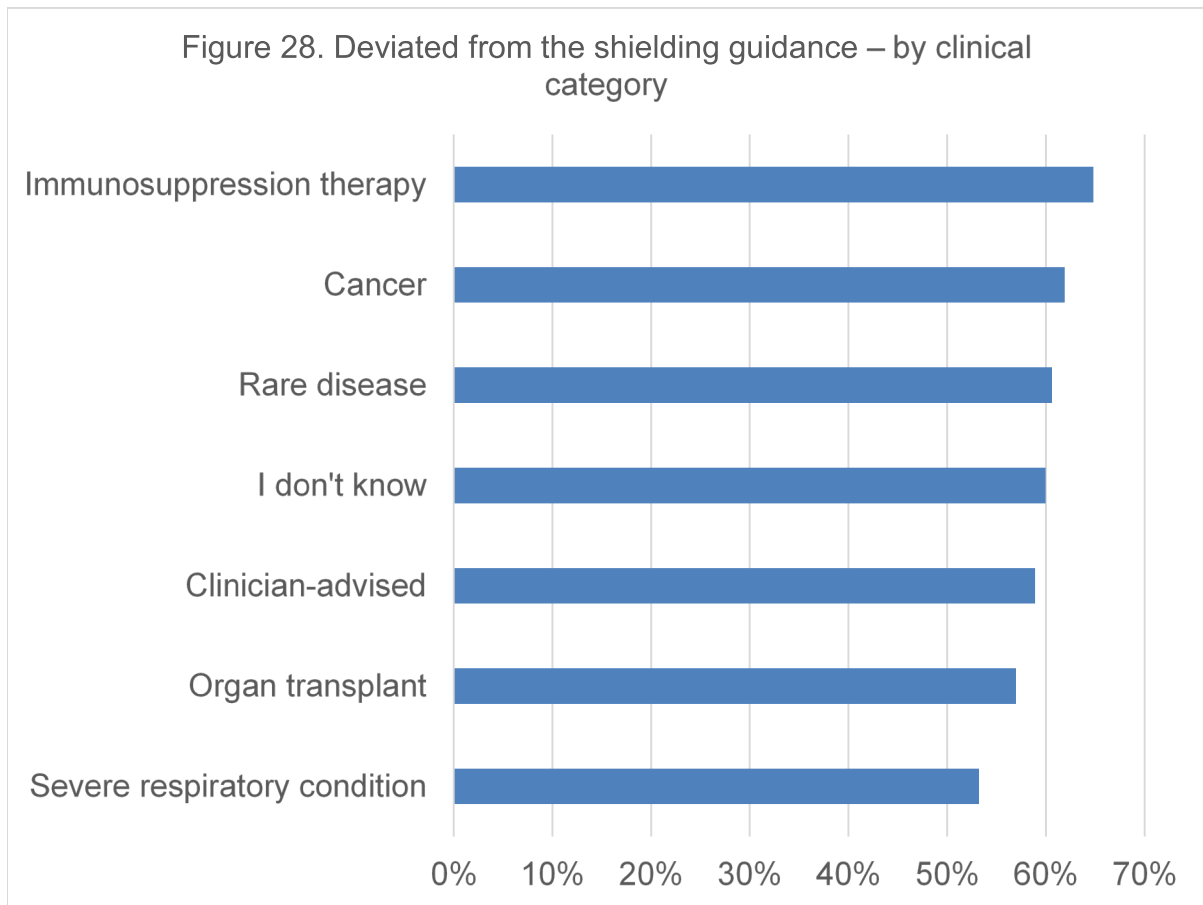
Appendix 5. Deviations from the guidance

Two thirds (65%) of respondents aged younger than 65 have deviated from the shielding guidance, compared to just over half (54%) of those aged 65 or older (see Figure 27 for a more detailed breakdown by age). Those aged 16 to 24 are most likely to have deviated from the shielding guidance (76%).



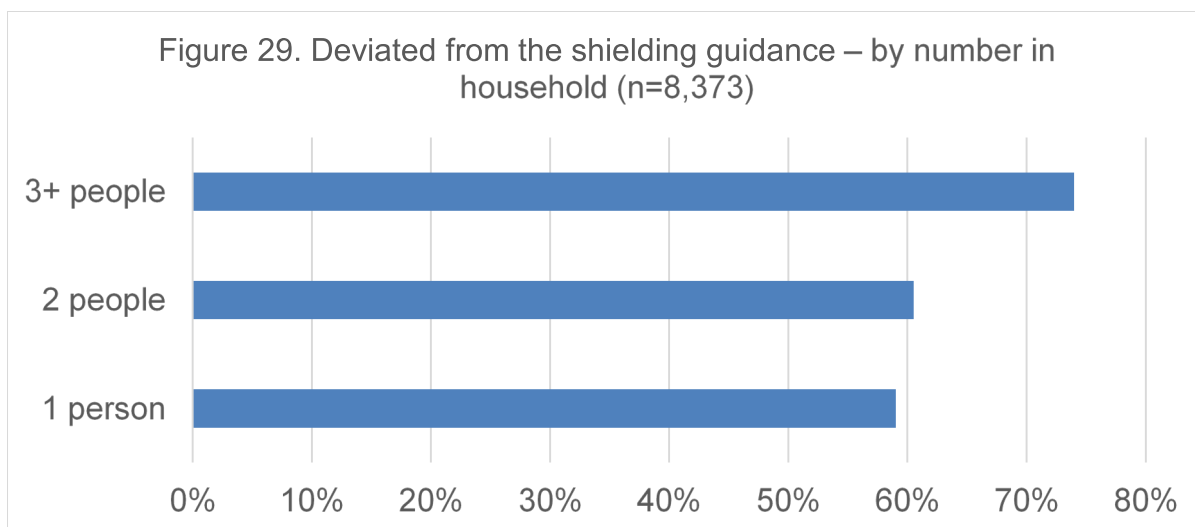
N = 259 (under 16); 183 (16-24); 1,654 (25-44); 4,931 (45-64); 1,336 (65-69); 1,148 (70-74); 566 (75-79); 356 (80+).

Two thirds (65%) of respondents who are shielded because of immunosuppression therapy have deviated from the guidance. Just over half (53%) of those who are shielded because of a severe respiratory condition have deviated (see Figure 28).



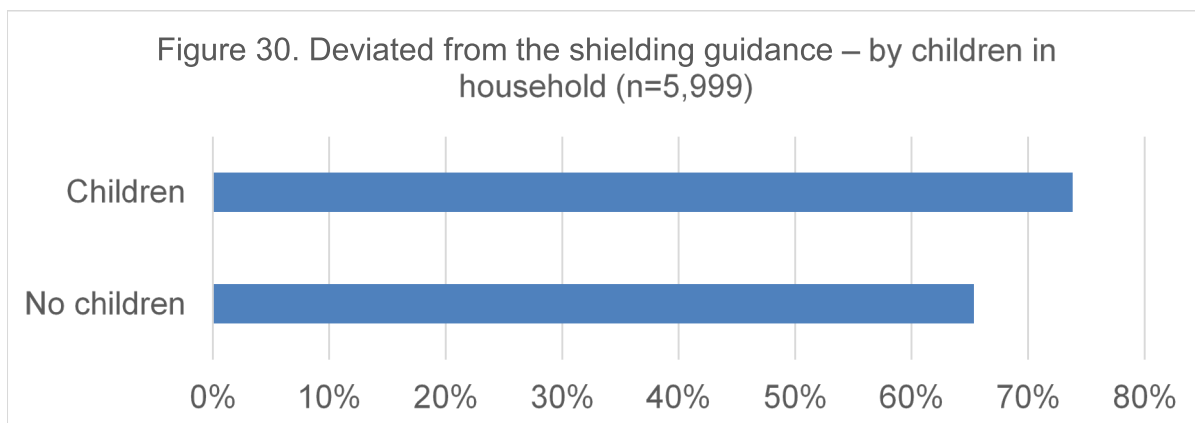
N = 3,417 (immunosuppression therapy); 1,398 (cancer); 849 (rare disease); 463 (I don't know); 2,731 (clinician-advised); 568 (organ transplant); 5,098 (severe respiratory condition).

Three quarters (74%) of respondents who live in larger households (with two or more other people) have deviated from the guidance. Fewer than six in ten (59%) respondents who live on their own have deviated (see Figure 29).



N = 2,580 (3+ people); 5,149 (2 people); 644 (1 person).

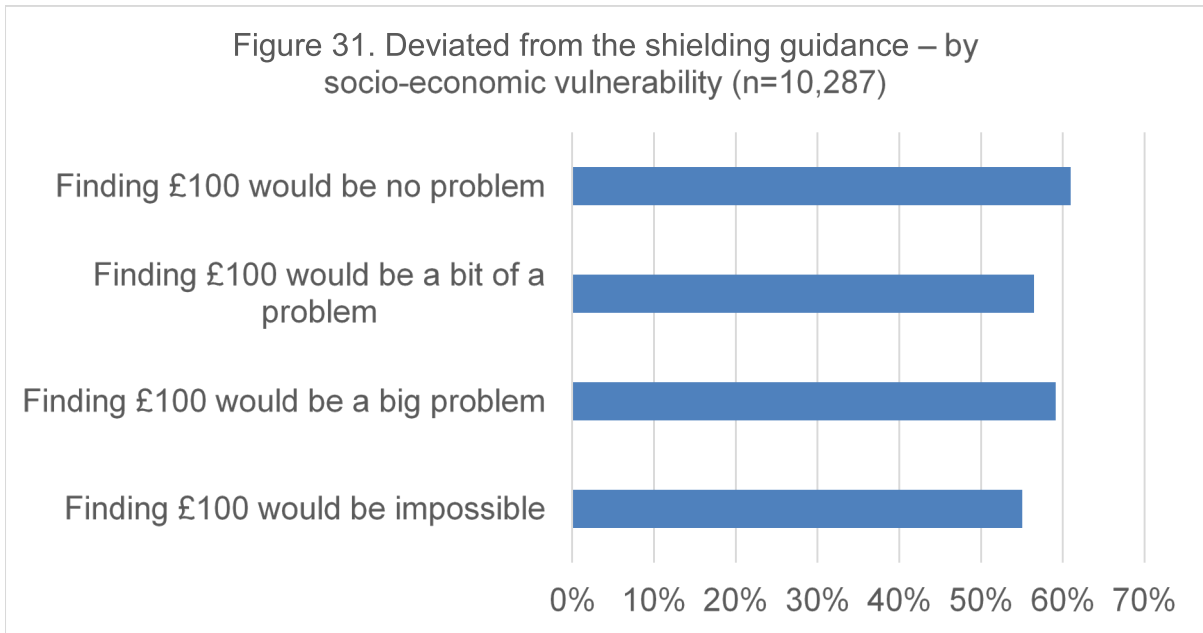
Three quarters (74%) of respondents with children in their household have deviated from the shielding guidance, compared to two thirds (65%) of those without children in their household (see Figure 30).



N = 1,327 (children); 4,672 (no children).

More than six in ten (61%) respondents for whom finding £100 for an unexpected expense would be no problem have deviated from the shielding guidance, compared to 55% of those for whom finding £100 would be impossible (see Figure 31).

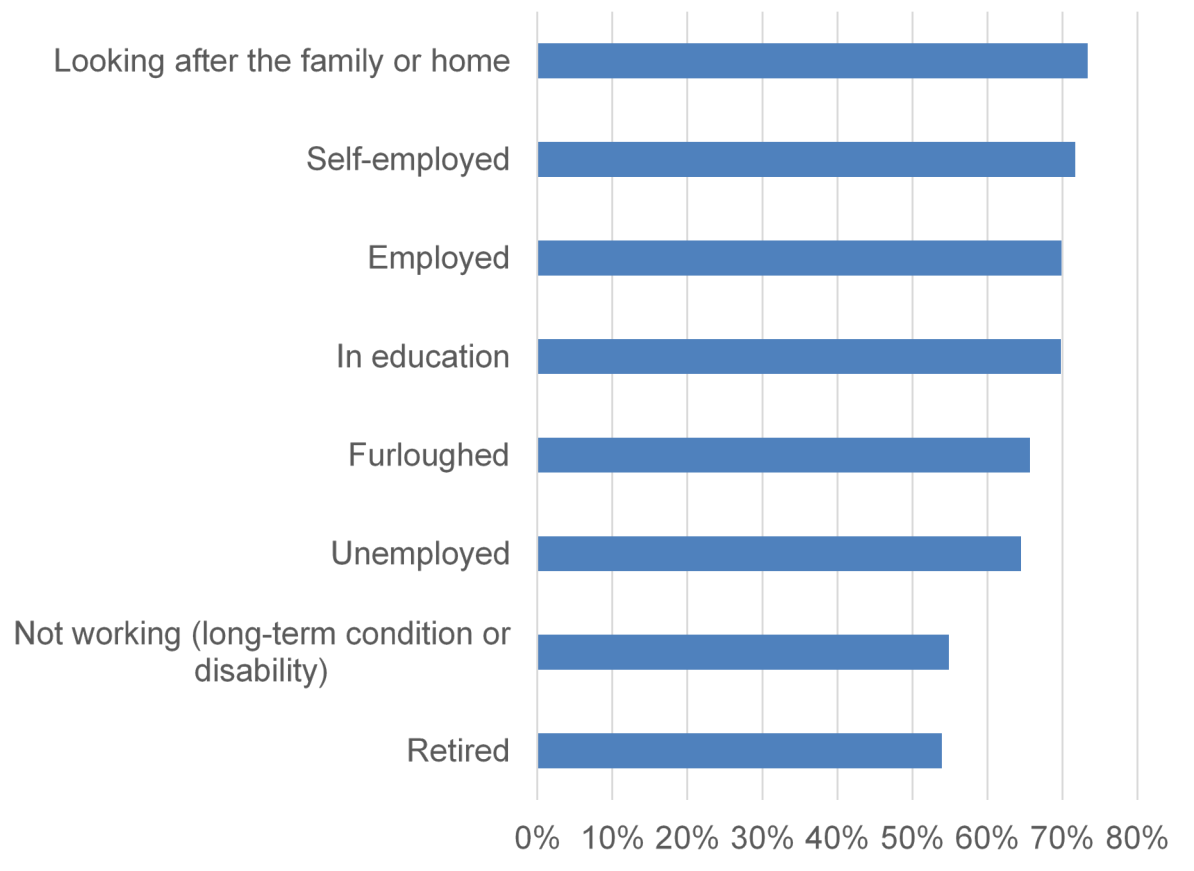
Figure 31. Deviated from the shielding guidance – by socio-economic vulnerability (n=10,287)



N = 6,768 (finding £100 no problem); 2,156 (finding £100 a bit of a problem); 774 (finding £100 a big problem); 589 (finding £100 impossible).

Almost three quarters (73%) of respondents who are looking after the family or home have deviated from the shielding guidance. Just over half (53%) of respondents who are retired have deviated, as have just over half (55%) of respondents who are not working because of a long-term condition or disability (see Figure 32).

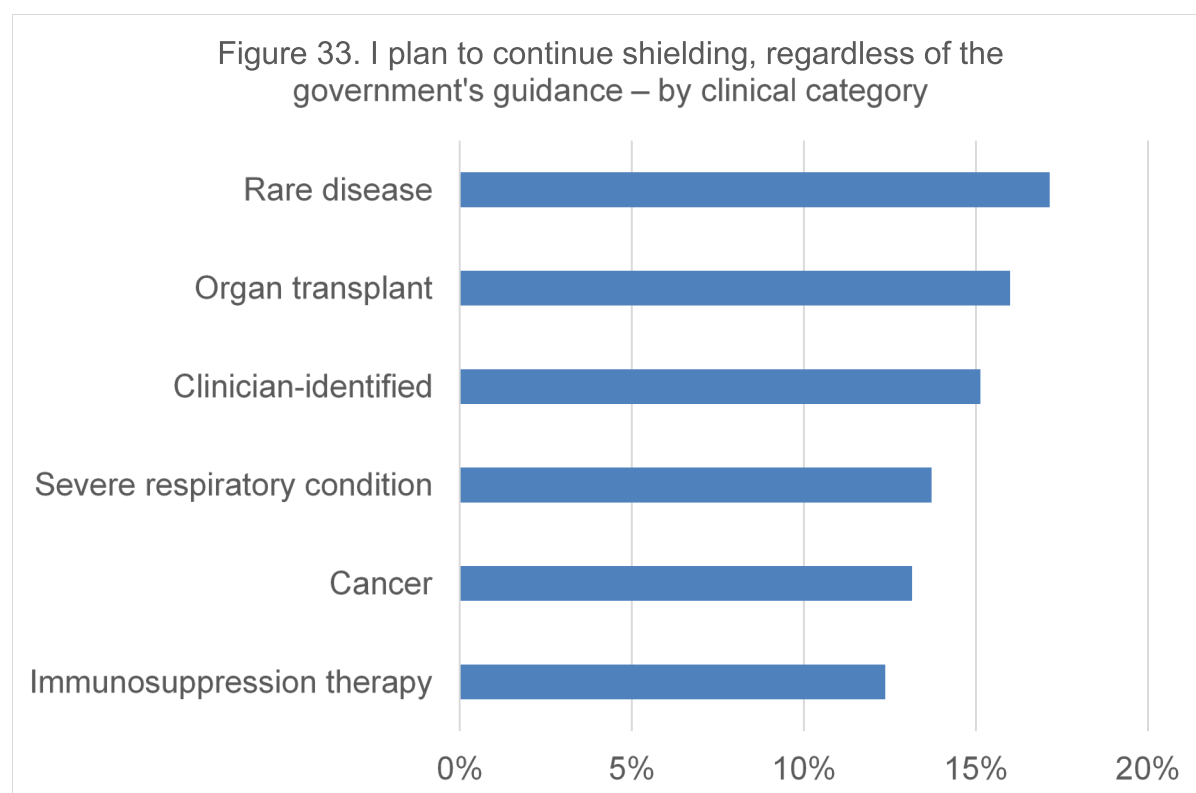
Figure 32. Deviated from the shielding guidance – by employment status



N = 175 (looking after the family or home); 331 (self-employed); 2,406 (employed); 256 (in education); 766 (furloughed); 173 (unemployed); 1,223 (not working because of a long-term condition or disability); 5,415 (retired).

Appendix 6. Future shielding intentions

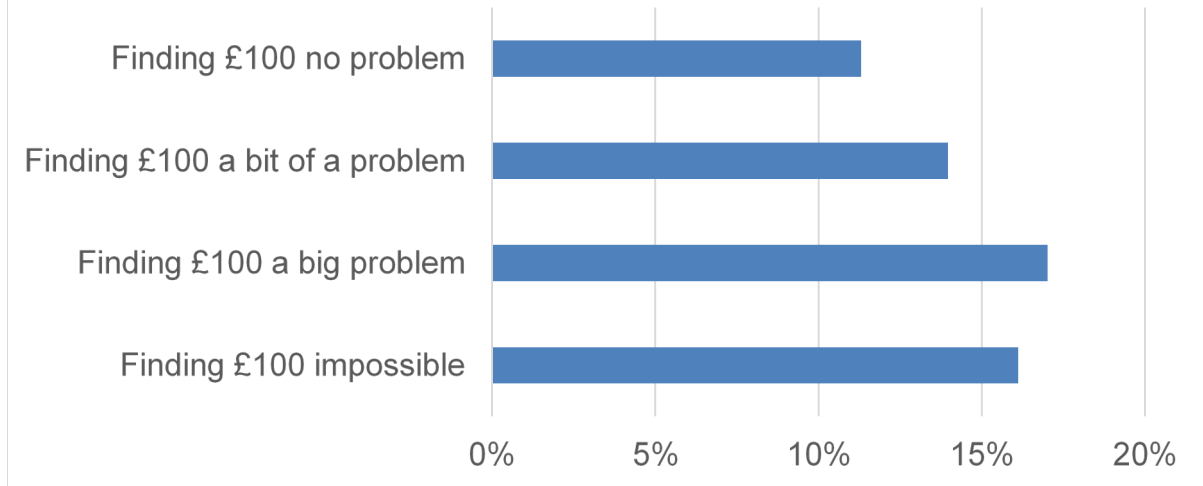
Among respondents who are shielded because of a rare disease, 17% are planning to continue shielding, regardless of the government's guidance, compared to 12% of those who are shielded because of immunosuppression therapy (see Figure 33).



N = 842 (rare disease); 566 (organ transplant); 2,708 (clinician-identified); 5,073 (severe respiratory condition); 1,400 (cancer); 3,383 (immunosuppression therapy). Respondents who are shielded because of severe heart disease in combination with pregnancy are excluded from the analysis because of the small sample size.

Almost one in five (16%) respondents for whom finding £100 for an unexpected expense would be impossible are planning to continue shielding, regardless of the government's guidance. Just over one in ten (11%) of those for whom finding £100 for an unexpected expense would be no problem are planning to continue shielding (see Figure 34).

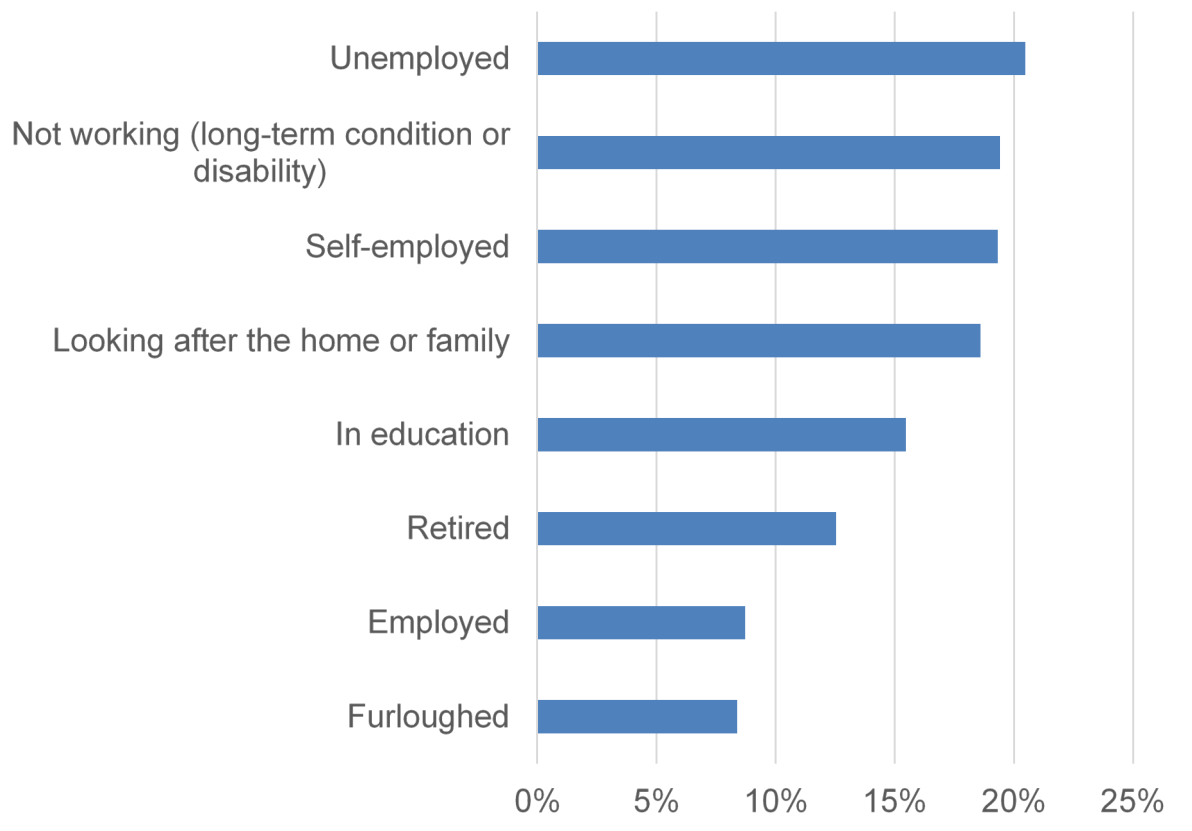
Figure 34. I plan to continue shielding, regardless of the government's guidance – by socio-economic vulnerability (n=10,426)



N = 6,862 (finding £100 no problem); 2,178 (finding £100 a bit of a problem); 787 (finding £100 a big problem); 599 (finding £100 impossible).

Fewer than one in ten (8%) respondents who are furloughed and fewer than one in ten (9%) of those who are employed plan to continue shielding. One in five (20%) respondents who are unemployed and just fewer than one in five (19%) respondents who are not working because of a long-term condition or disability are planning to continue shielding regardless of the government's guidance (see Figure 35).

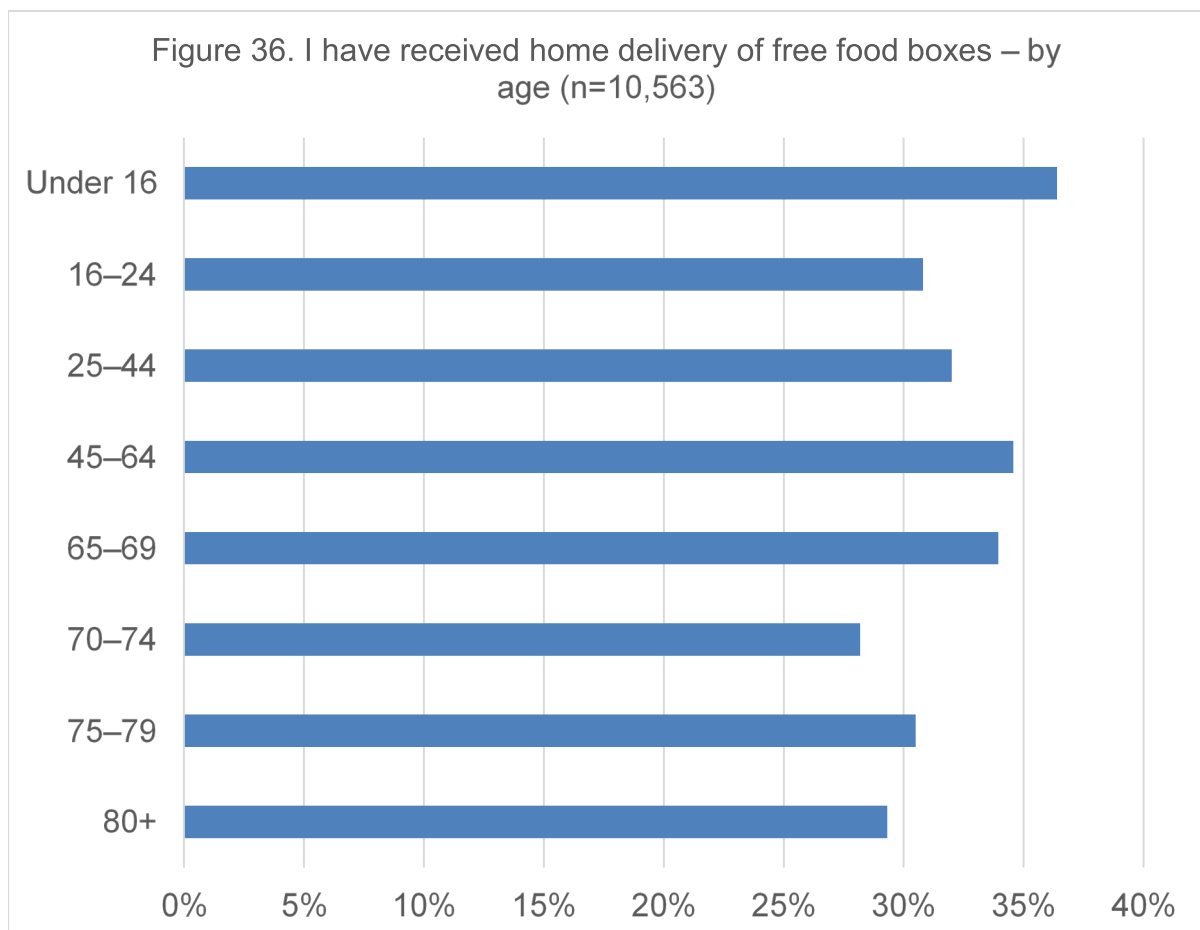
Figure 35. I plan to continue shielding, regardless of the government's guidance – by employment status



N = 175 (unemployed); 1,233 (not working because of a long-term condition or disability); 336 (self-employed); 175 (looking after the family or home); 257 (in education); 5,505 (retired); 2,431 (employed); 772 (furloughed).

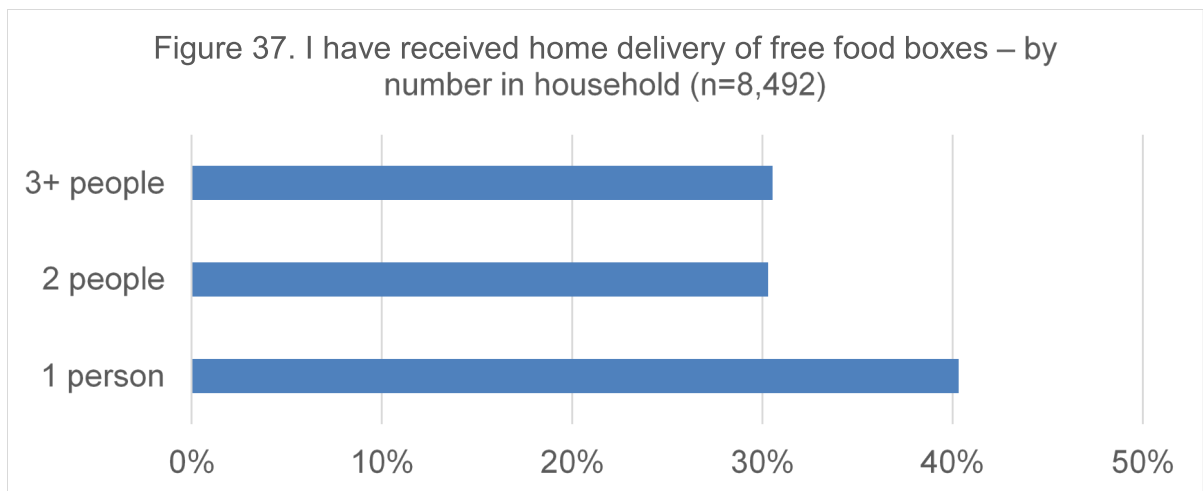
Appendix 7. Access to food support

Among respondents aged younger than 65, 34% have received free food boxes, compared to 31% of those aged 65 or older (see Figure 36 for a more detailed breakdown by age).



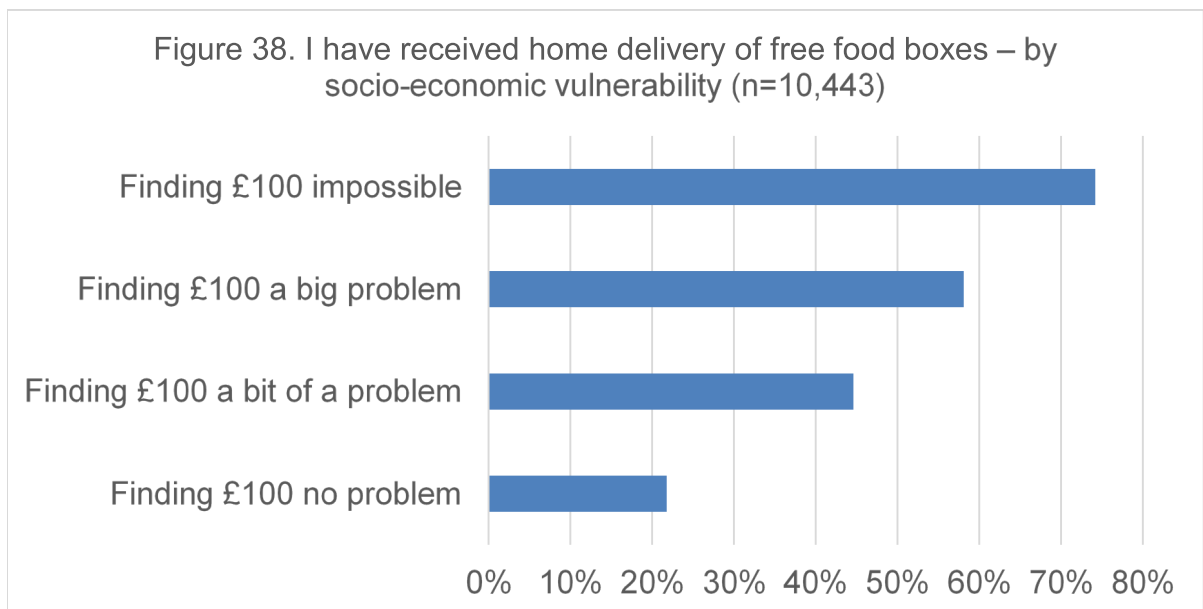
N = 261 (under 16); 185 (16–24); 1,659 (25–44); 4,984 (45–64); 1,361 (65–69); 1,171 (70–74); 577 (75–79); 365 (80+).

Four in ten (40%) respondents who live on their own, have received home delivery of free food boxes, compared to three in ten (30%) of those who live with one other person and just over three in ten (31%) of those who live in larger households (with two or more other people in their household) (see Figure 37).



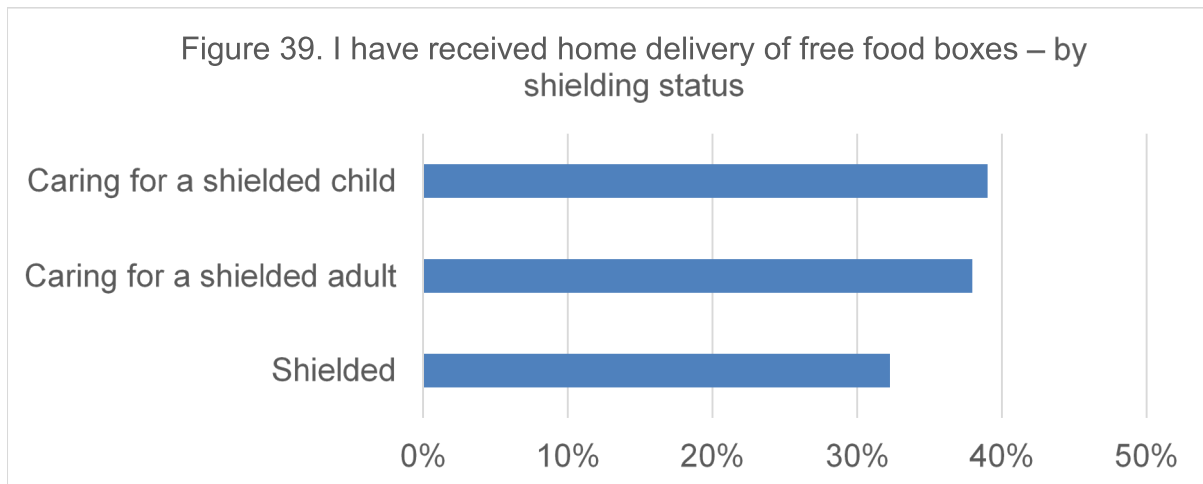
N = 2,596 (3+ people); 5,231 (2 people); 664 (1 person). These figures do not add up to 8,492 because of rounding.

Almost three quarters (74%) of respondents for whom finding £100 for an unexpected expense would be impossible have received free food boxes. Among those for whom finding £100 for an unexpected expense would be no problem, just over one in five (22%) have received free food boxes (see Figure 38).



N = 599 (finding £100 impossible); 788 (finding £100 a big problem); 2,185 (finding £100 a bit of a problem); 6,871 (finding £100 no problem).

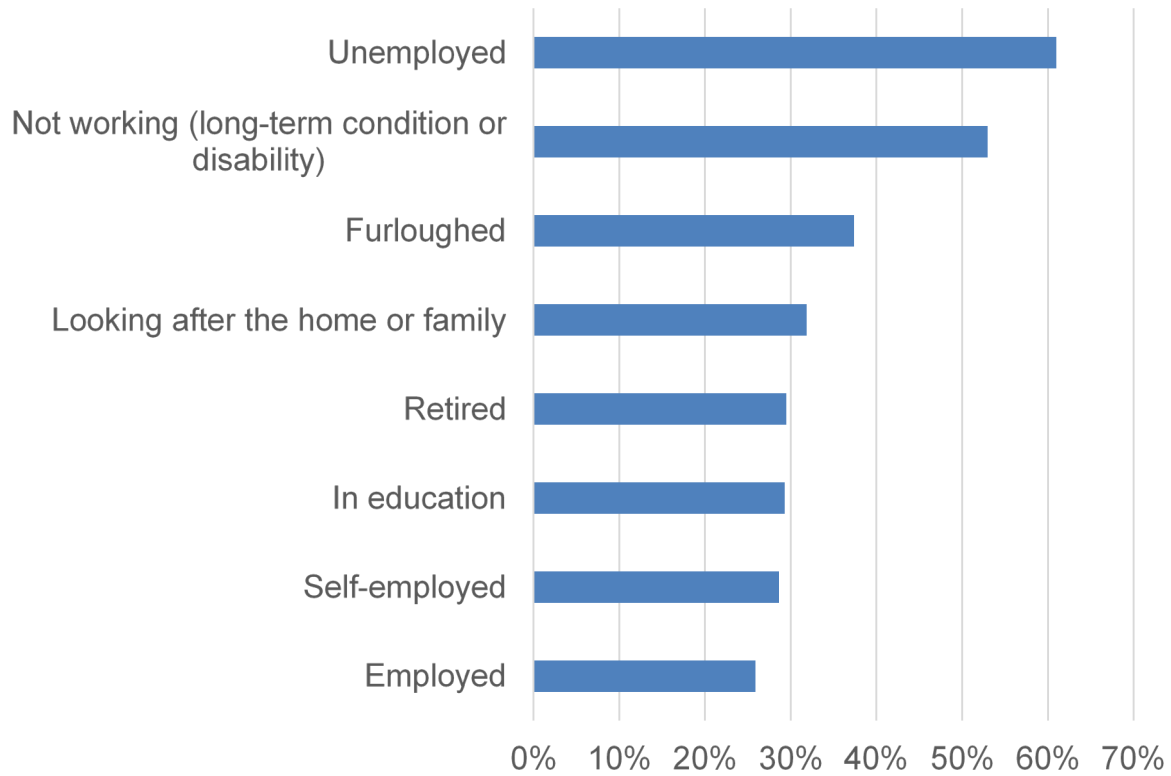
Almost four in ten respondents who are caring for a shielded child (39%) or a shielded adult (38%) have received free food boxes. Among respondents who are shielded themselves, 32% have received free food boxes (see Figure 39).



N = 285 (caring for a shielded child); 1,009 (caring for a shielded adult); 10,296 (shielded).

More than six in ten (61%) respondents who are unemployed have received free food boxes, as have more than half (53%) of those who are not working because of a long-term condition or disability (see Figure 40). A quarter of respondents who are employed (26%) have received free food boxes.

Figure 40. I have received home delivery of free food boxes – by employment status

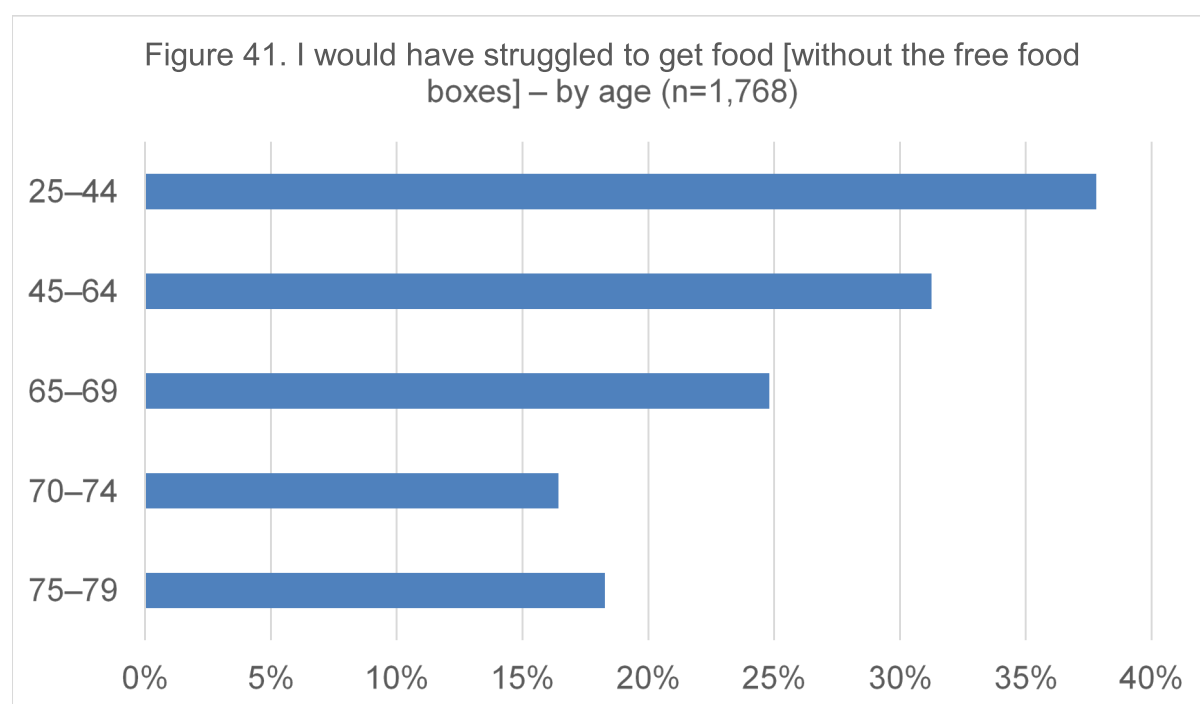


N = 176 (unemployed); 1,234 (not working because of a long-term condition or disability); 772 (furloughed); 175 (looking after the home or family); 5,520 (retired); 257 (in education); 337 (self-employed); 2,431 (employed).

Appendix 8. Support received to date

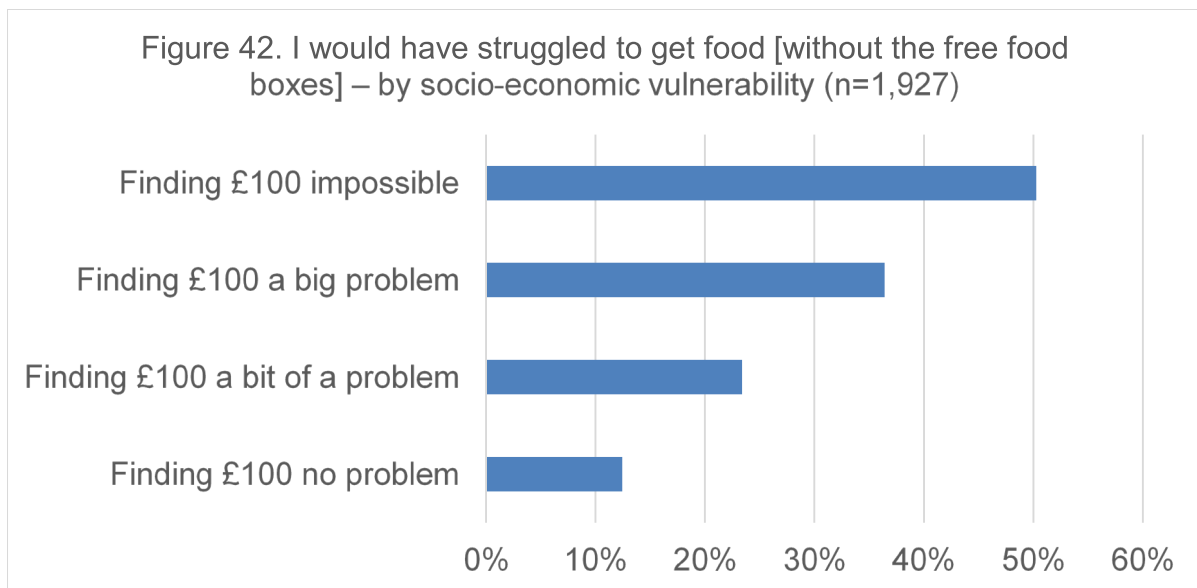
Alternatives to free food boxes – I would have struggled

One in five (20%) respondents aged 65 or older would have struggled to get food without the free food boxes, compared to a third (33%) of those aged younger than 65 (see Figure 41 for a more detailed breakdown by age).



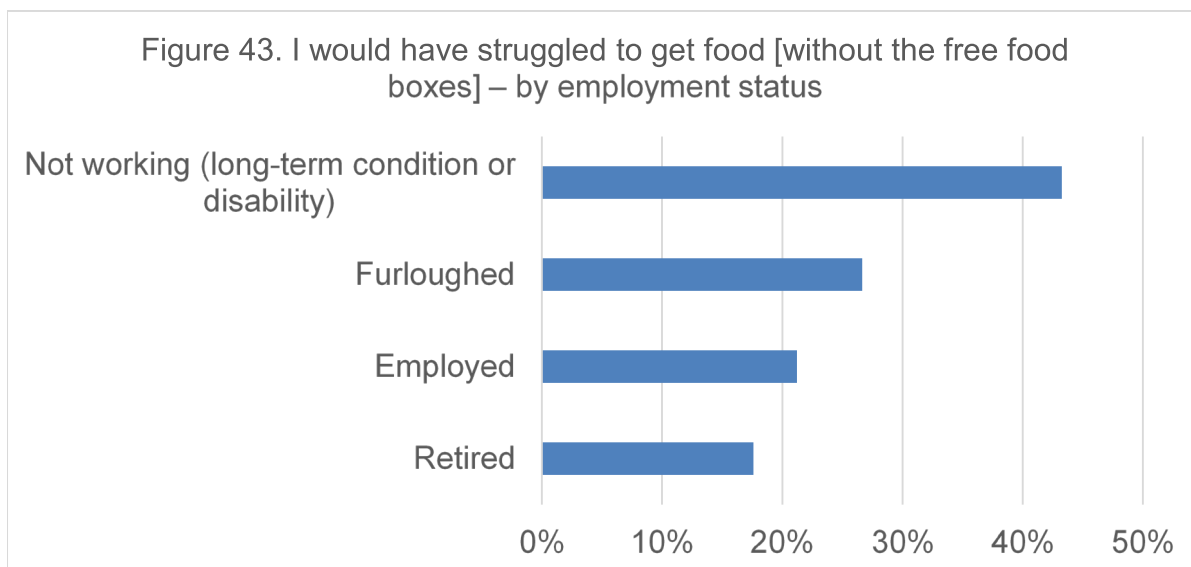
N = 254 (25–44); 931 (45–64); 266 (65–69); 213 (70–74); 104 (75–79). Respondents aged younger than 16, aged 16 to 24 and aged 80 or older are excluded from the analysis because of the small sample size.

Half (50%) of respondents for whom finding £100 for an unexpected expense would be impossible, would have struggled to access food without the free food boxes (see Figure 42).



N = 300 (finding £100 impossible); 273 (finding £100 a big problem); 586 (finding £100 a bit of a problem); 767 (finding £100 no problem). These figures do not add up to 1,927 because of rounding.

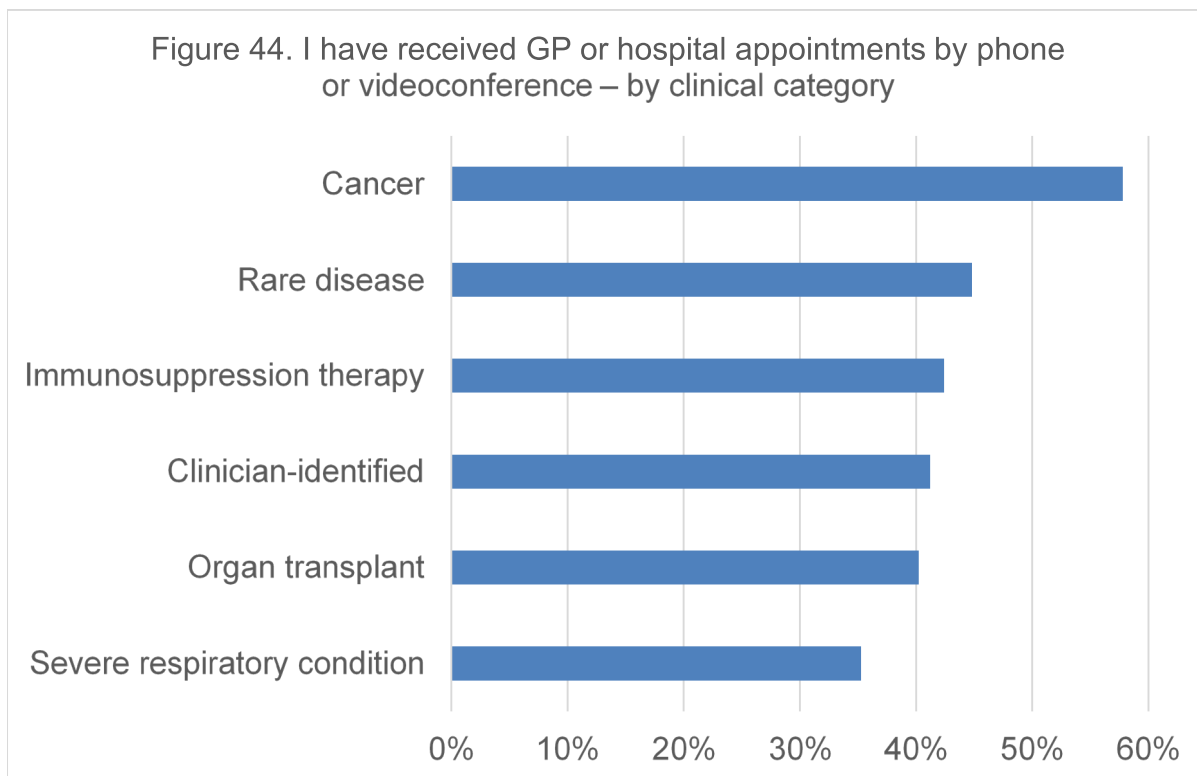
More than four in ten (43%) respondents who are not working because of a long-term condition or disability would have struggled to access food without the free food boxes (see Figure 43).



N = 385 (not working because of a long-term condition or disability); 167 (furloughed); 303 (employed); 969 (retired). Respondents who are unemployed, self-employed, looking after the family or home, or are in education, are excluded from the analysis because of the small sample size.

GP or hospital appointments by phone or videoconference

Almost six in ten (58%) respondents who are shielded because of cancer have received GP or hospital appointments by phone or videoconference, compared to just over a third (35%) of those are shielded because of a severe respiratory condition (see Figure 44).



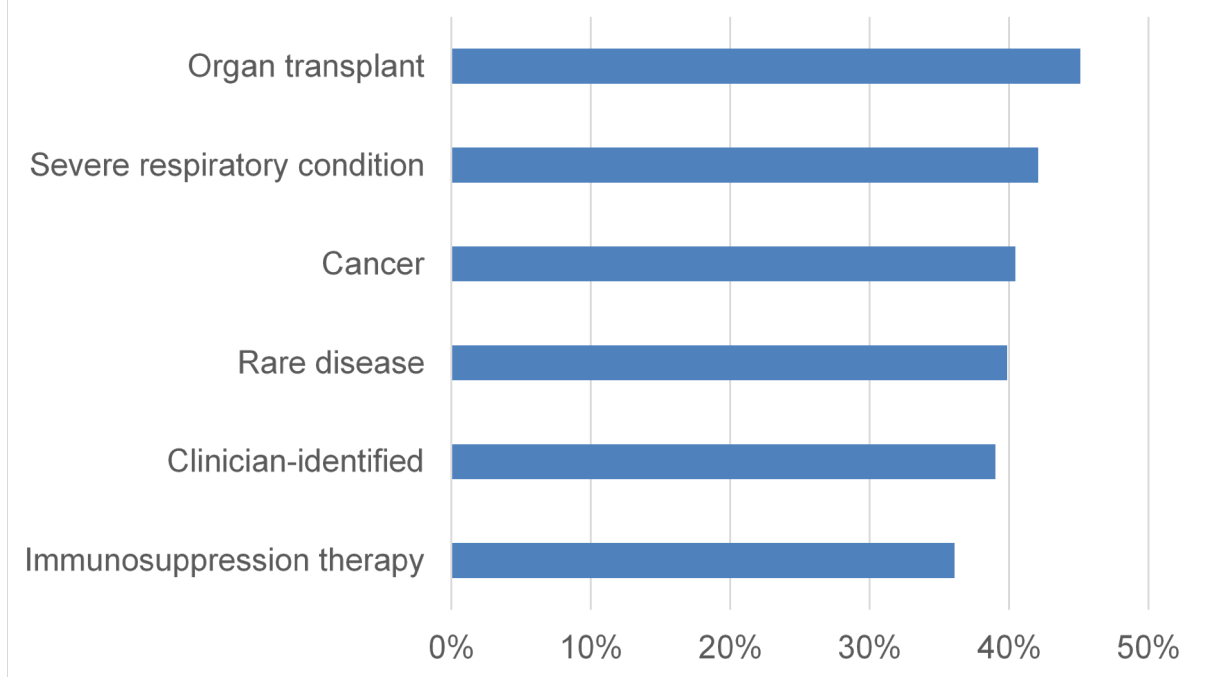
N = 1,374 (cancer); 823 (rare disease); 3,342 (immunosuppression therapy); 2,673 (clinician-identified); 557 (organ transplant); 5,004 (severe respiratory condition).

Respondents who are shielded because of severe heart disease in combination with pregnancy are excluded from the analysis because of the small sample size.

Home delivery of medicines

Among respondents who are shielded because of an organ transplant, 45% have received home delivery of medicines, compared to 36% of respondents who are shielded because of immunosuppression therapy (see Figure 45).

Figure 45. I have received home delivery of medicines – by clinical category

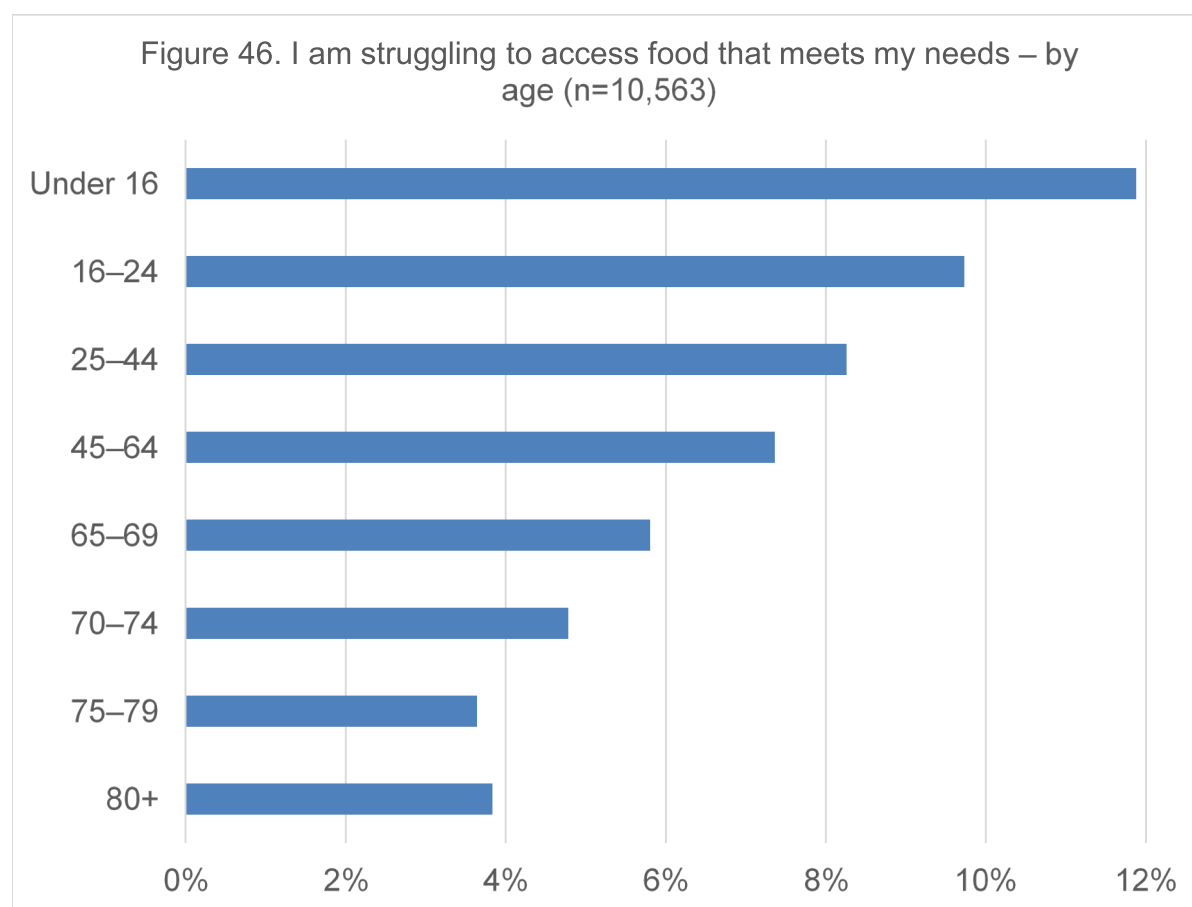


N = 557 (organ transplant); 5,004 (severe respiratory condition); 1,374 (cancer); 823 (rare disease); 2,673 (clinician-identified); 3,342 (immunosuppression therapy). Respondents who are shielded because of severe heart disease combined with pregnancy are excluded from the analysis because of the small sample size.

Appendix 9. Unmet needs

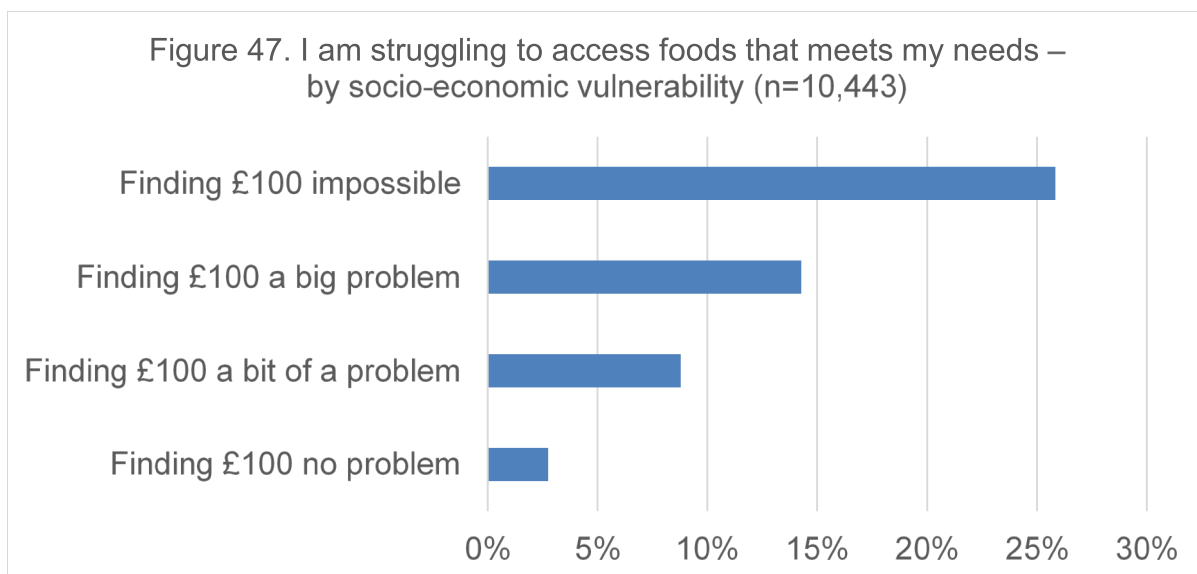
Struggling to access food that meets my needs

Among respondents aged younger than 65, 8% are struggling to access food that meets their needs. Among respondents aged 65 or older, 5% are struggling (see Figure 46 for a more detailed breakdown by age).



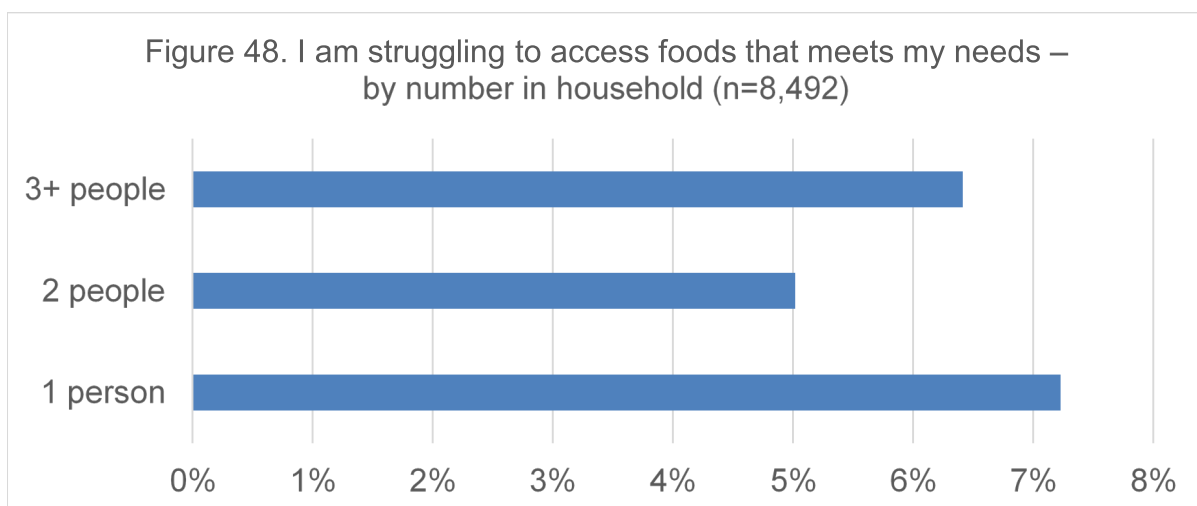
N = 261 (under 16); 185 (16–24); 1,659 (25–44); 4,984 (45–64); 1,361 (65–69); 1,171 (70–74); 577 (75–79); 365 (80+).

A quarter (26%) of respondents for whom finding £100 for an unexpected expense would be impossible struggle to access food that meets their needs. This compares to 3% of those for whom finding £100 for an unexpected expense would be no problem (see Figure 47).



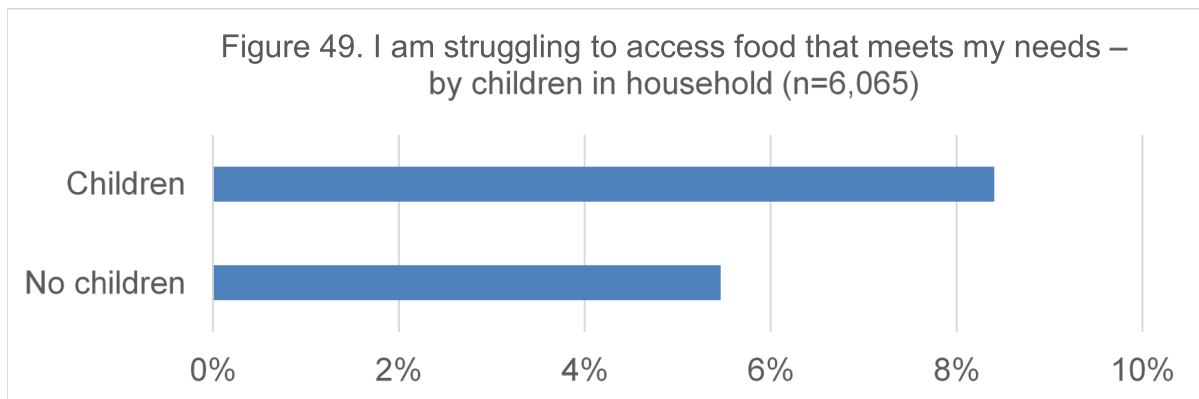
N = 599 (finding £100 impossible); 788 (finding £100 a big problem); 2,185 (finding £100 a bit of a problem); 6,871 (finding £100 no problem).

Among respondents who live on their own, 7% are struggling to access food that meets their needs. Among respondents living with one other person in their household, 5% are struggling to access food that meets their needs (see Figure 48).



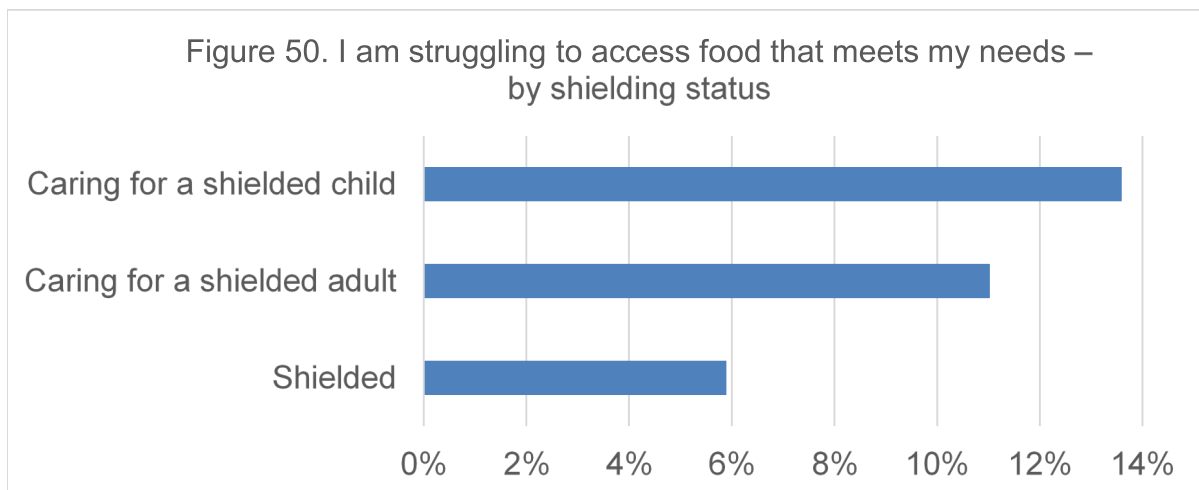
N = 2,596 (3+ people); 5,231 (2 people); 664 (1 person). These figures do not add up to 8,492 because of rounding.

More than 8% of respondents with children in their household are struggling to access food that meets their needs. This compares to 5% of respondents without children in their household (see Figure 49).



N = 1,336 (children); 4,729 (no children).

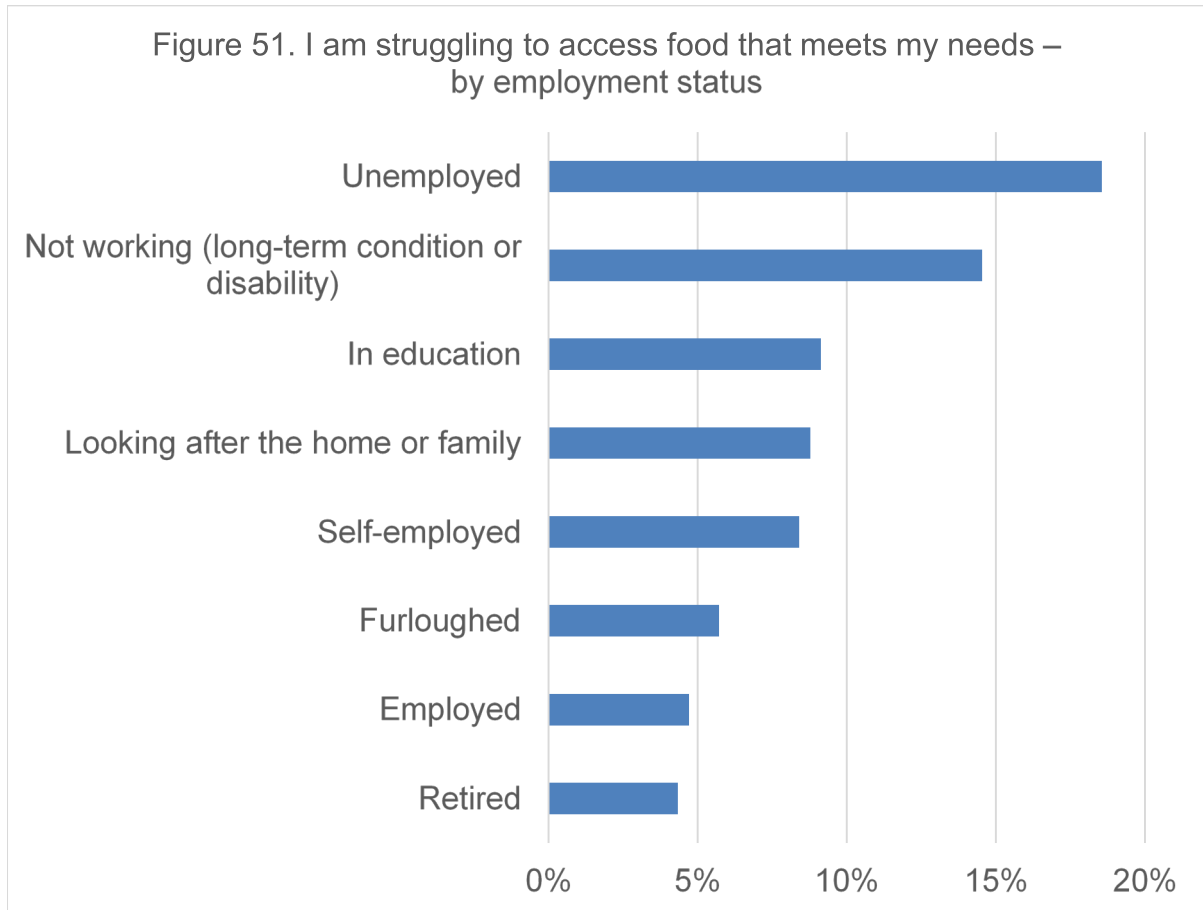
Among respondents who are shielded themselves, 6% are struggling to access food that meets their needs. Among respondents who are caring for a shielded child, 14% are struggling to access food that meets their needs. Among respondents who are caring for a shielded adult, 11% are struggling to access food (see Figure 50).



N = 273 (caring for a shielded child); 990 (caring for a shielded adult); 9,994 (on shielded list).

Almost one in five (19%) respondents who are unemployed are struggling to access food that meets their needs, as are 15% of respondents who are not working

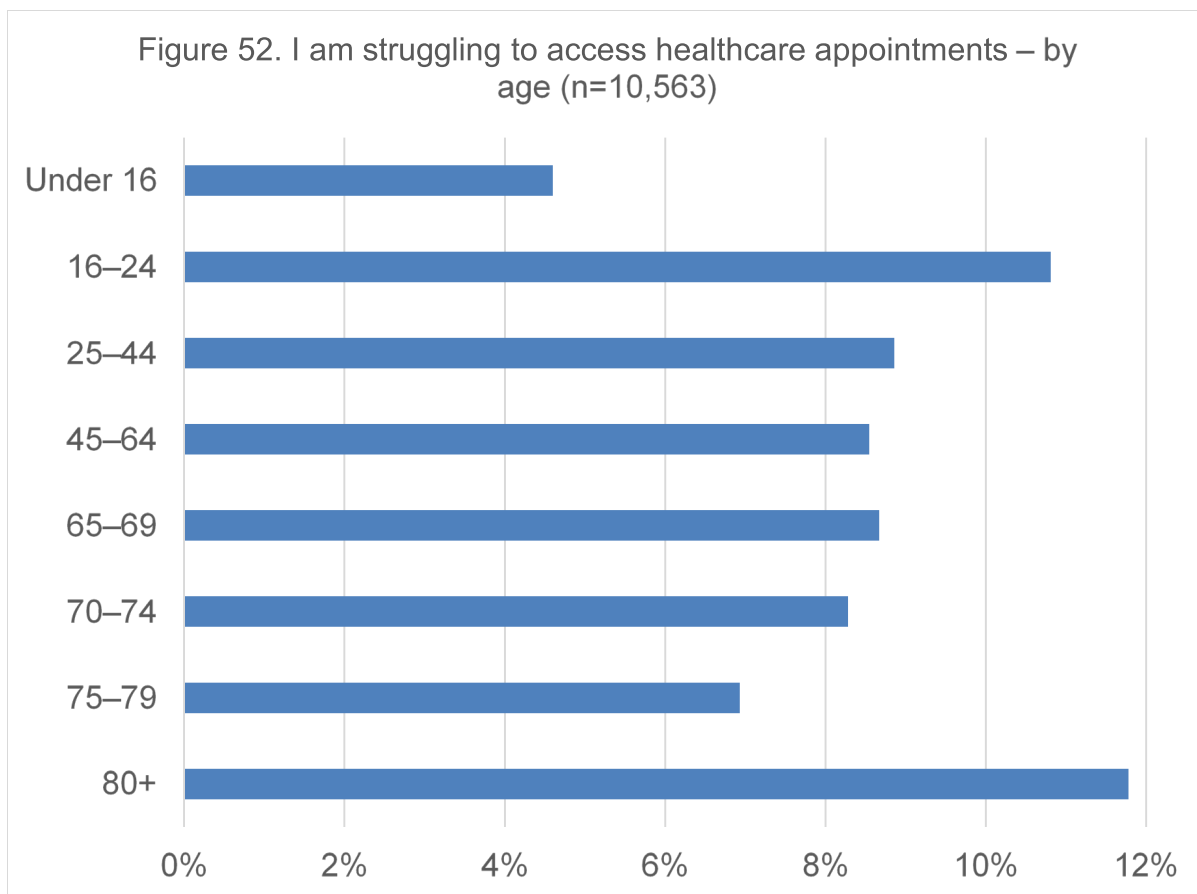
because of a long-term condition or disability. By comparison, 4% of respondents who are retired struggle to access food that meets their needs (see Figure 51).



N = 176 (unemployed); 1,234 (not working because of a long-term condition or disability); 257 (in education); 175 (looking after the home or family); 337 (self-employed); 772 (furloughed); 2,431 (employed); 5,520 (retired).

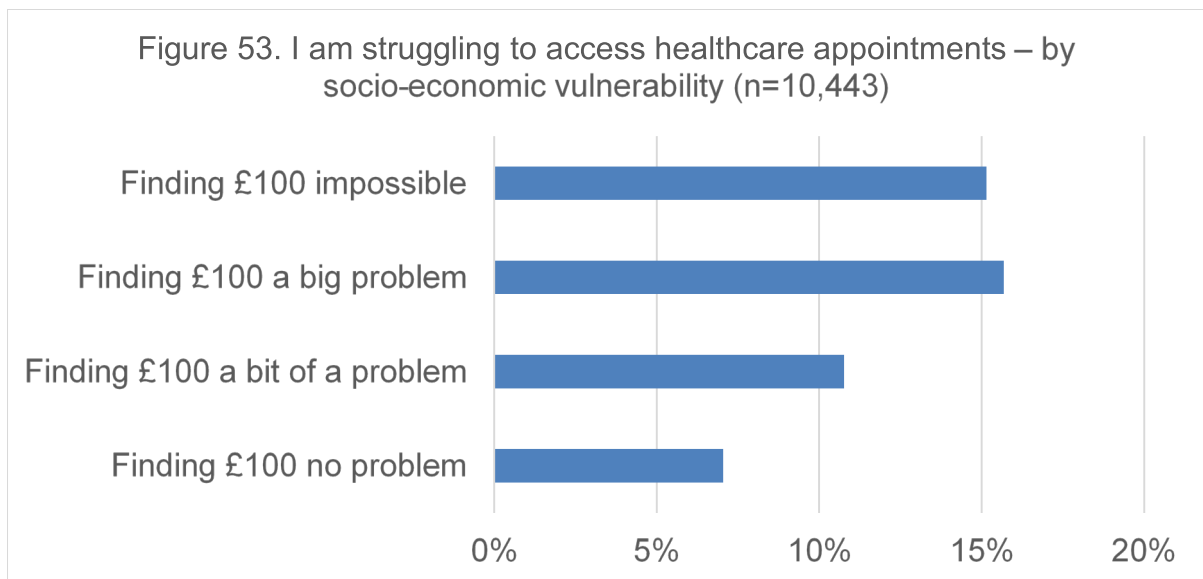
Struggling to access healthcare appointments

Respondents aged 80 or older are most likely to struggle to access healthcare appointments: 12% of them are struggling (see Figure 52).



N = 261 (under 16); 185 (16–24); 1,659 (25–44); 4,984 (45–64); 1,361 (65–69); 1,171 (70–74); 577 (75–79); 365 (80+).

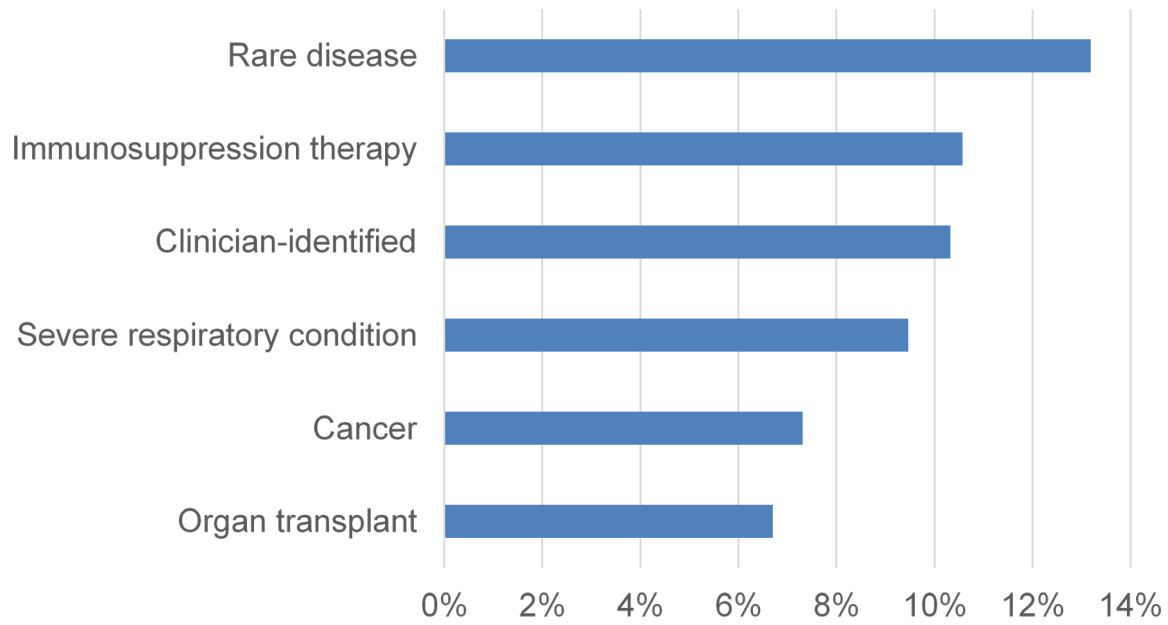
Among respondents for whom finding £100 for an unexpected expense would be impossible, 15% are struggling to access healthcare appointments. By comparison, 7% of respondents for whom finding £100 for an unexpected expense would be no problem are struggling to access healthcare appointments (see Figure 53).



N = 599 (finding £100 impossible); 788 (finding £100 a big problem); 2,185 (finding £100 a bit of a problem); 6,871 (finding £100 no problem).

Among respondents who are shielded because of a rare disease, more than one in ten (13%) are struggling to access healthcare appointments. By comparison, 7% of those who are shielded because of an organ transplant or because of cancer are struggling to access healthcare appointments (see Figure 54). Among those not working because of a long-term condition or disability, almost one in five (17%) are struggling to access healthcare appointments.

Figure 54. I am struggling to access healthcare appointments – by clinical category



N = 793 (rare disease); 3,231 (immunosuppression therapy); 2,613 (clinician-identified); 4,877 (severe respiratory condition); 1,330 (cancer); 534 (organ transplant). Respondents who are shielded because of severe heart disease in combination with pregnancy are excluded from the analysis because of the small sample size.

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0131 314 5300



phs.phs-otherformats@nhs.net

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