

**Equality and Fairer Scotland Impact Assessment:  
Evidence Gathered for Scotland's Route Map  
through and out of the Crisis**

**Annex**

## **Contents**

1. Protections Table.....	3
2. Phase 1: Seeing Friends and Family .....	6
3. Phase 2: Seeing Friends and Family .....	12
4. Phase 3: Seeing Friends and Family .....	20
5. Phase 4: Seeing Friends and Family .....	21
6. Phase 1: Getting Around .....	22
7. Phase 2: Getting Around .....	29
8. Phase 3: Getting Around .....	30
9. Phase 4: Getting Around .....	31
10. Phase 1: Schools, Childcare and other Educational Settings .....	32
11. Phase 2: Schools, Childcare and other Educational Settings .....	43
12. Phase 3: Schools, Childcare and other Educational Settings .....	46
13. Phase 4: Schools, Childcare and other Educational Settings .....	52
14. Phase 1: Working or running a business .....	54
15. Phase 2: Working or running a business .....	61
16. Phase 3: Working or running a business .....	65
17. Phase 4: Working or running a business .....	68
18. Phase 1: Shopping, Eating and Drinking out .....	69
19. Phase 2: Shopping, Eating and Drinking Out .....	73
20. Phase 3: Shopping, Eating and Drinking Out .....	78
21. Phase 4: Shopping, Eating and Drinking Out .....	84
22. Phase 1: Sport, Culture and Leisure Activities.....	86
23. Phase 2: Sport, Culture and Leisure Activities.....	90
24. Phase 3: Sport, Culture and Leisure Activities.....	93
25. Phase 4: Sport, Culture and Leisure Activities.....	98
26. Phase 1: Communities and Public Services .....	101
27. Phase 2: Communities and Public Services .....	107
28. Phases 3 and 4: Communities and Public Services.....	108
29. Phase 1: Gatherings and Occasions .....	109
30. Phase 2: Gatherings and Occasions .....	111
31. Phase 3: Gatherings and Occasions .....	115
32. Phase 4: Gatherings and Occasions .....	118
33. Phase 1: Health and Social Care.....	119
34. Phase 2: Health and Social Care.....	123
35. Phase 3: Health and Social Care.....	130
36. Phase 4: Health and Social Care.....	132

## 1. Protections Table

<b>Phase 1,2,3,4</b>	
Physical distancing requirements in place.	
Frequent handwashing and hygiene measures for all.	
Cough etiquette is maintained.	
Face coverings in enclosed public spaces.	
Face coverings are mandatory on public transport from Phase 2 onwards.	
<b>Impacts</b>	
These measures are recommended by the World Health Organisation to increase public safety and reduce transmission of the virus.	
<b>Differential impacts</b>	<b>Age: Children and Young People</b>  Very young children may struggle to understand and comply with advice across all areas.  Teenagers and young people may be particularly sensitive to wearing masks if it makes them stand out from the crowd. This is relevant while mask wearing is voluntary rather than compulsory.
	<b>Age: Older People</b>  Maintaining physical distance may be an issue if older people cannot move quickly to avoid others.
	<b>Sex: Women</b>  Women as primary carers may have the responsibility of ensuring young children and disabled people understand and comply with guidance with consequent impacts on their own stress, wellbeing and ability to work. <sup>1</sup>  Women are more likely to have limiting long-term conditions (36% vs 30% of men, 2018). Given that many women rely on public transport to access employment and to access care for children these measures will be of importance to ensure their safety.
	<b>Sex: Men</b>  Survey data suggests that men are less likely to comply with protection and physical distancing guidance. <sup>2</sup>
	<b>Race</b>  If people do not have a good level of English they may not fully understand the protection requirements.
	<b>Disability</b>  Frequent handwashing may be an issue if older people have severe mobility issues meaning that they struggle to move to handwashing facilities.  Maintaining physical distance may also be an issue if disabled people cannot move quickly to avoid others.

<sup>1</sup> <https://www.gov.scot/collections/equality-evidence/>

<sup>2</sup> <https://www.ipsos.com/sites/default/files/ct/news/documents/2020-06/scotland-covid-19-polling-tables-22-25-may-2020.pdf>

	<p>People experiencing Alzheimer, dementia, learning difficulties and some other mental health illnesses may struggle to understand and comply with advice across all areas. Accessible advice (easy read versions) of key information should be produced and shared. A need to highlight that not everyone will be able to comply fully at all points needs to be made publicly.</p> <p>On public transport the requirement to wear a face covering is now mandatory with some exceptions, for example, disabled people, those who lip-read or those with long term health conditions that mean to do so would impact their ability to breathe, as well as young children.</p> <p>Individual discretion should be applied in considering the use of face coverings for other children including, for example, children with breathing difficulties and disabled children who would struggle to wear a face mask.</p> <p>Similarly, discretion in deciding whether to use a mask, including on transport, is allowed for disabled people, people with long term health conditions where it may impair their ability to breathe, and those who use the face and lip patterns for communication and interactions.</p>
<b>Socio-economic/ disadvantaged</b>	<p>Face masks and tissues may be unaffordable to households on very low income.</p> <p>Households on very low income may also struggle to pay the energy costs for hot water as well as purchasing soap and hand gel.</p>

### **Mitigating actions**

#### **Face coverings**

Face coverings became mandatory on public transport from Monday 22 June, as part of operators' preparations for progress towards recovery and to reduce the risk of transmission.

There are some exemptions to the policy. Exemptions will apply for the young (under 5 years of age), for those people for whom a covering is inappropriate for health reasons, when persons are taking sustenance or medication or for other justifiable reasons, i.e. in a protected environment such as a driver's cab or in response to passengers who request information.

It is recognised that the wearing of face coverings may not be appropriate for disabled people with particular impairments or health conditions. The Regulation therefore exempts the wearing of face coverings for disabled people for whom it is not appropriate or where there are justifiable reasons e.g. where individuals may have a hearing impairment or lip read. A face coverings Equality Impact

Assessment (EQIA) has been carried out, which sets out in detail the impacts on the protected characteristics and the current mitigating actions.

Transport Scotland has reviewed analysis from external organisations who have consulted on this issue, where possible. These include, for example, Disability Equality Scotland's snap poll on wearing of face coverings, which showed that almost all (98%) of those who responded indicated they would wear a face covering on public transport if mandatory and analysis of a survey being undertaken by Transport Scotland which shows 77% of those who responded intend on wearing a face covering if using public transport.

The impact assessment has identified some potential positive impacts on one or more of the protected characteristics. Reductions in the spread of coronavirus are designed to positively affect the whole population but will particularly affect the health of those people who are more severely affected by the disease. This includes older people (age), those with underlying health conditions (some disabled people are more likely to experience severe ill-health from contracting COVID-19 than the general population and males (sex). Further evidence is required in Scotland in relation to the impact on minority ethnic people.

### **Funding**

£350m Communities Funding was provided to local authorities, third sector providers and community groups to help support people across a range of needs. Much of this was provided as a cash based approach to try to ease the financial pressures on low income households, including an increase in the Scottish Welfare Fund. The funding aims in part to help individuals buy or access the resources they need to comply with guidance. In some cases more support has been offered to ensure suitable facilities are available, for example, roofless people temporarily housed in hotels and a joint agreement with COSLA to support Gypsy Travellers.

### **Communications**

Public marketing campaigns have been used to disseminate the messages around protection to ensure that adults understand and can help children. These have been provided in various forms across traditional and social media to be as accessible as possible.

Easy read, [audio](#), and translations (including Arabic, Gaelic, Mandarin, Polish and [BSL](#)) are available of the route map publications.

Free hand sanitising stations are widely available in public places such as supermarkets to reduce the viral spread.

Many different ways of making low cost masks are available and advertised widely – including from t-shirts or old socks. Transparent face masks, which can help deaf people who rely on lip-reading, have started to become available but they are not widely accessible yet. There may be additional measures necessary to ensure more marginalised and disadvantaged people have appropriate access.

## 2. Phase 1: Seeing Friends and Family

<b>Measures</b>	<ul style="list-style-type: none"><li>(Note: Guidance was amended from 11 May – during lockdown phase - to allow people to exercise outdoors more than once a day)</li><li>More outdoor activity permitted – such as being able to sit in the park, as long as physically distanced</li><li>Meeting up with another household outdoors permitted, in small numbers (max 8), including in gardens, but with physical distancing required</li><li>Those shielding still to stay at home</li></ul>
<b>Impacts</b>	<p>It is good for mental and physical wellbeing to be able to meet up with close friends and family and to spend more time outdoors and to increase exercise. However:</p> <ul style="list-style-type: none"><li>being outdoors is weather dependent which may limit time with friends and family</li><li>crowding of green spaces can feel unsafe and can limit the ability to physically distance</li><li>pressure to meet up can increase anxiety if people would prefer to stay at home</li><li>the measures create more of a difference between what shielded and non-shielded people are able to do; shielded people may feel more like they are missing out.</li></ul> <p>The measures may give greater access to garden space for people who live in flats but who can visit friends and family with gardens.</p> <p>The measures may help to foster good relations between people, which will include those who share protected characteristics and people who do not, for example, older and younger people and people from different ethnic backgrounds. They may also be useful in eliminating discrimination in allowing people across the range of protected characteristics to meet up.</p> <p>Over half of people surveyed in the month 23 April to 25 May were anxious about being able to stay 2 metres apart.<sup>3</sup></p>

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

<b>Differential impacts</b>	<b>Age: Children and Young People</b>	Younger people may be at particular risk of loneliness during the pandemic so the measures could bring benefits through being able to meet up with friends and family. <sup>4</sup> They may also experience anxiety about peer pressure not to comply with rules and/or anxiety over which friend to meet. <sup>5</sup>
	<b>Age: Older People</b>	Phase 1 permits meeting with family and friends (including grandchildren) outdoors with physical distancing, which may be particularly beneficial for older people living alone and for people with advancing dementia for whom time with family may be particularly precious. Although feeling lonely did not vary by age pre-pandemic, those living in single households, where the inhabitant is over-65, are more likely than average to experience loneliness. <sup>6</sup>  Those who were limited in ability to exercise outdoors during the lockdown period are able to sit and rest outside in Phase 1. <sup>7</sup>
	<b>Sex: Women</b>	Women spend far more time on childcare than men. 1 in 4 women across all age groups took part in childcare on a given day in 2014-15 (24%), compared to 15% of men. A quarter (24%) of Scotland's dependent children lived in a lone-parent household headed by a woman in 2011, and 2% in a lone-parent household headed by a man. <sup>8</sup>  As women are more likely to be the main carers; the ability to go outdoors and socialise for longer, as long as physically distanced, <sup>9</sup> could be beneficial especially for

<sup>4</sup> [Online YouGov surveys](#) of adults in the UK carried out on 17-18 March and 2-3 April 2020 found that, at the time of the first survey, 10% said they had felt lonely in the previous 2 weeks because of coronavirus, rising to 24% by the time of the second survey. The equivalent figures for 16-24 year olds were 16% and 44%, respectively. We also know that before the pandemic, younger people are more likely than those in older age groups to meet socially with friends, relatives, neighbours or work colleagues at least once a week ([Scottish Household Survey 2018](#)).

<sup>5</sup> Both men and women were more likely to report 2 or more symptoms of anxiety at age 16-24 in 2017-18 (among those aged 16+) than in older age groups ([Scottish Health Survey 2018](#)). 18% of 13 and 15-year-old pupils (combined) had an abnormal emotional problems score in 2015. Girls were considerably more likely than boys to have a borderline or abnormal emotional problems score. (Scottish Schools Adolescent Lifestyle and Substance Use Survey 2015: mental wellbeing report).

<sup>6</sup> [Scottish Household Survey 2018](#)

<sup>7</sup> Adults aged 75 have the highest rates of limiting longstanding illness, followed by those aged 65-74. For those aged 75, rates were higher among women (60%) than men (51%) in 2018 which may partly reflect women's longer life expectancy ([Scottish Health Survey 2018](#)).

<sup>8</sup> [Household composition for specific groups of people in Scotland & Time Use Survey 2014-15](#)

<sup>9</sup> Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). Time use data for Great Britain as a whole shows that although men are spending more time doing unpaid childcare in lockdown than they did in 2014-15, women continue to spend more time doing so ([Coronavirus and How People Spent their Time under Lockdown](#)).

	<p>single parents (the vast majority of whom are women<sup>10</sup>). Benefits would be both for women themselves in being able to exercise and have social contact but also because it may help with childcare. The opportunity for children to play in public spaces is good for children's physical and mental health and may make it more likely that they can settle to allow women to balance work, care, and chores indoors. This is particularly the case for women who do not have access to private outdoor space.</p> <p>Before the pandemic, women met socially with friends, relatives, neighbours or colleagues more regularly than men and so might be more likely to have missed doing so.<sup>11</sup> Increasing opportunities for women to meet with others may therefore help in decreasing loneliness and may also help to increase access to support networks.</p>
<b>Race</b>	<p>Feelings of loneliness are highest in single-occupier households<sup>12</sup> and people of 'Black, Black Scottish or Black British' ethnicity were most likely to be living alone at the time of the last census in 2011.<sup>13</sup> They may therefore particularly benefit from being able to meet up with people from other households.</p> <p>People from minority ethnic groups are more likely to be living in 'flats or temporary structure' accommodation and so may be less likely to have access to private outdoor space.<sup>14</sup></p> <p>People of some ethnicities tend to have bigger households (children or multi-generational) so the maximum limit on numbers of people able to meet might be more of an issue for families of these ethnicities. Asian families, in particular those who identify as Pakistani, are more likely to live in a household with two or more families.<sup>15</sup> Those identifying as Pakistani, Arab, Bangladeshi, African or White: Gypsy Traveller are more likely to have three or more dependent children.<sup>16</sup></p>

<sup>10</sup> [Household composition for specific groups of people in Scotland](#)

<sup>11</sup> [Scottish Household Survey 2018](#)

<sup>12</sup> [Scottish Household Survey 2018](#)

<sup>13</sup> [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

<sup>14</sup> [Census 2011 Equality Results Analysis](#)(Scotland). In addition data from England shows that Black people are nearly four times as likely as White people to have no access to outdoor space at home ([ONS](#)). Similar data is not available for Scotland.

<sup>15</sup> In Scotland's [2011 Census](#), people describing their ethnicity as one of the 'Asian' categories were more likely to live in a household with two or more families. Of those living in households, around 1 in 7 (15%) people describing their ethnicity as Pakistani lived in a household with two or more families. This compared to only 1 in 50 (2%) of the population as a whole.

<sup>16</sup> [Analysis of Equality Results from the 2011 Census.](#)

	<b>Religion &amp; Faith</b>	Hindus, followed by Buddhists and Muslims, were most likely to be living in 'flats or temporary structure' accommodation in 2011 and so may be less likely to have access to private outdoor space. They may therefore benefit from more outdoor activity being permitted. <sup>17</sup>  Muslim families are far more likely than average, and Sikh families somewhat more likely, to have three or more dependent children, so the maximum limit on numbers of people able to meet might be an issue. <sup>18</sup>
	<b>Disability</b>	The measures mean that people are able to go out more often if their health condition requires it or allows it and will be able to sit and rest outside.  Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown, so being able to meet up with friends and family might have particularly positive impacts. <sup>19</sup> However, disabled people who are less agile may be concerned about crowded parks. The Phase 1 measures may have a positive impact on advancing equality of opportunity by increasing the access to outdoor spaces. They may also be helpful in eliminating discrimination as they allow disabled people and non-disabled people the opportunity to interact in line with guidelines.  Disabled people are less likely to have access to blue spaces (i.e. coasts, rivers, lakes) and green spaces (i.e. parks, fields, woodlands), which might make it harder for them to meet with other households outside. <sup>20</sup> The Phase 1 measures may have limited benefits to people who cannot access these spaces. Care will need to be given as to how to eliminate this disadvantage.
	<b>Sexual Orientation</b>	Being able to meet partners and friends from other households and to spend more time outdoors may be of particular benefit for LGBT people living in a homophobic environment.

<sup>17</sup> [Census 2011 Equality Results Analysis](#).

<sup>18</sup> [Analysis of Equality Results from the 2011 Census](#)

<sup>19</sup> In 2018, a higher percentage of disabled adults in Scotland (39%) said that they felt lonely some, most or all of the time in the preceding week compared with all adults (21%) and non-disabled adults (16%) ([National Performance Framework data](#)). People with mental health issues may be at greater risk of the impacts of social isolation ([Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science](#)). See also [GDA's Covid-Resilience Engagement and Response](#) and [Initial Findings of Inclusion Scotland's COVID-19 Survey](#)

<sup>20</sup> [Scottish Household Survey 2018](#).

	<b>Pregnancy and maternity</b>	<p>Loneliness is higher than average among those in single parent households.<sup>21</sup> The vast majority of single parents are women.<sup>22 23</sup></p> <p>As main carers, this measure may provide some help to women as it provides an opportunity for children to mix with others.</p> <p>Continued closure of public toilets and toilets in many other places where they are normally available is likely to make it harder for those who are pregnant to spend time outside and away from their home.</p>
	<b>Socio-economic disadvantage</b>	<p>Although level of deprivation does not impact social isolation, as measured by the number of people meeting socially at least once a week, those living in the most deprived areas are almost twice as likely to experience feelings of loneliness as those living in the least deprived areas.<sup>24</sup></p> <p>A smaller proportion of adults in deprived areas live within a five minute walk of their nearest green space compared to adults in the least deprived areas.<sup>25</sup></p>
<b>Mitigating actions</b>		<p>The relaxations of the lockdown measures introduced during Phase 1 were specifically targeted towards mitigating the impacts for the maximum number of people possible - and particularly the impacts for those without access to a garden where they live, those without access to a car and those who might be at particular risk of social isolation.</p> <p>In particular, the Phase 1 relaxations prioritised (1) opening up outdoor public space by allowing more outdoor activity and (2) mitigating the impacts of social isolation and loneliness by allowing people to meet with members of another household outdoors.</p> <p>Particular care was taken to set the maximum number of people allowed to meet at the largest safe level possible, consistent with a careful and gradual lifting of restrictions, and taking into account average household size from an equalities perspective.</p>

<sup>21</sup> [Scottish Household Survey 2018](#).

<sup>22</sup> [Household composition for specific groups of people in Scotland](#)

<sup>23</sup> Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). The vast majority of single parents are also women ([Household composition for specific groups of people in Scotland](#)).

<sup>24</sup> [Scottish Household Survey 2018](#)

<sup>25</sup> [Scottish Household Survey 2018](#)

It was recognised that the maximum limit on numbers meeting could be problematic in some cases. However, it was also recognised that the Phase 1 measures were to be temporary and that larger households would still be able to meet, though perhaps not whole households at the same time.

### 3. Phase 2: Seeing Friends and Family

Measures	
	<ul style="list-style-type: none"><li>• People who are shielding are able to leave their home for exercise (from 18 June) and to meet with 1 other household outdoors (max 8 people in total) with physical distancing. People who are shielding can take part in non-contact outdoor activities such as golf, hiking, fishing etc.</li><li>• People who are not shielding can now meet with more households outside: limit increased from meeting 1 other household to meeting 2 households; the 8 person overall limit and need for physical distancing remain.</li><li>• People who are not shielding can also use toilets indoors while visiting the outdoors of another household. (Hygiene measures are essential).</li><li>• Certain household types can now meet others indoors in an 'extended household'</li></ul>
Impacts	<p>The measures provide more opportunities for those who are shielding to go outdoors, exercise and meet other people. Those shielding can undertake non-contact, outdoor activities in their local areas, such as golf, hiking, canoeing, and fishing. This brings the advice in line with Phase 1 for the wider population.</p> <p>In Phase 2 non-shielded people can meet with up to two other households at a time outdoors (previously, the limit was one other household), with physical distancing. This means non-shielded people can meet families and friends from more than one household at once or during a day. This provides increased opportunities to extend and restart social networks.</p> <p>Opportunity to meet indoors may mean less crowding of outdoor spaces, or less anxiety about limited ability to physically distance in outdoor space. However, there may be pressure to meet up, which can increase anxiety, especially if having to choose between families and households, or making a choice about who can meet at certain times to stay within the eight person limit.</p> <p>If hygiene and distancing measures are not followed, it could lead to increased rates of infection.</p>

Differential impacts	<b>Age: Children and Young People</b>	<p>These measures enable children and young people to maintain links with groups of friends, which is important as younger people may be at greatest risk of loneliness during the pandemic.<sup>26</sup></p> <p>However, younger people may be more likely to experience anxiety about peer pressure not to comply with distancing rules.<sup>27</sup></p>
	<b>Age: Older People</b>	<p>Older people are more likely to be housebound or to feel most comfortable in home surroundings and therefore may particularly benefit from being able to have visitors at home.<sup>28</sup></p> <p>However, relaxing of restrictions around meeting up with others could increase the likelihood of older people contracting COVID-19. Figures also show that older people are more likely to be adversely affected by the virus.<sup>29</sup></p> <p>Older people, including a high proportion of people with dementia, are more likely to be on the shielding list, and therefore unable to benefit from all of these changes.<sup>30</sup></p> <p>Older people with health conditions but not shielding might feel anxious about allowing people into their homes due to the increased risk of infection, but either feel pressure to do so or may not be given the option if visitors or other household members make the decision themselves.<sup>31</sup></p> <p>Continued closure of public toilets and toilets in many other places where they are normally available (such as in shops and restaurants) is likely to make it hard for some older people to spend time outside and away from their home.<sup>32</sup></p>

<sup>26</sup> [Online YouGov surveys](#) of adults in the UK carried out on 17-18 March and 2-3 April 2020 found that, at the time of the first survey, 10% said they had felt lonely in the previous 2 weeks because of coronavirus, rising to 24% by the time of the second survey. The equivalent figures for 16-24 year olds were 16% and 44%, respectively. We also know that before the pandemic, younger people are more likely than those in older age groups to meet socially with friends, relatives, neighbours or work colleagues at least once a week ([Scottish Household Survey 2018](#)).

<sup>27</sup> Both men and women were more likely to report 2 or more symptoms of anxiety at age 16-24 in 2017-18 (among those aged 16) than in older age groups (Scottish Health Survey 2018).

<sup>28</sup> Adults in the oldest age group (75) were far more likely than those in younger age groups to say that they had made no visits to the outdoors in the past 12 months, in 2018 ([Scottish Household Survey 2018](#))

<sup>29</sup> The rate of confirmed cases is far higher among older age groups ([COVID-19 Statistical Report](#)) and nine in ten (90%) of deaths involving COVID-19 in Scotland have been among those aged 65 ([Deaths involving coronavirus \(COVID-19\) in Scotland](#)).

<sup>30</sup> [COVID-19 Statistical Report](#)

<sup>31</sup> [Scottish Health Survey 2018](#).

<sup>32</sup> See, for example, Age Scotland. '[Councils should reverse public toilet cuts to tackle loneliness and isolation](#)'.

	<p><b>Sex: Women</b></p> <p>As women spend far more time on childcare than men<sup>33 34</sup>, there is a possibility that allowing meeting with a larger circle of people may allow women to access additional support with caring and may also help with their economic position.<sup>35</sup> We know that the vast majority of part-time workers are women: in 2019, women aged 16+ accounted for three-quarters of part-time employment in Scotland.</p> <p>Women are more likely than men to provide regular help or care for any sick, disabled or frail person and women are twice as likely to give up work to carry out unpaid care.<sup>36 37</sup> Being allowed to form an extended household group with another household indoors may encourage physical unpaid caring to resume to some extent in cases where the carer does not live with the person they provide care for.</p> <p>Providing care was always permitted, but carers may have felt worried or anxious about not being able to provide care before. Resuming care may also put more pressure on the carer's time and may increase risk and anxiety around infection.</p> <p>Many unpaid carers have been providing more, rather than less, care compared to before lockdown and so for these people this change might also mean that they can get more help from others with providing care.<sup>38</sup></p> <p>Being more able to make use of informal networks to share the work of unpaid caring (as well as childcare and other unpaid work) could reduce pressures on women's time and make it somewhat easier for them to balance unpaid work with employment, as well as improving their wellbeing.</p> <p>These measures may help women secure access to support networks and may in turn help them increase their economic activity which could help to advance equality of opportunity and help to foster good relations between people.</p> <p>There are more women than men on the shielding list, and therefore unable to benefit from all of these changes.<sup>39</sup></p>
--	---

<sup>33</sup> Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#))

<sup>34</sup> [Annual Population Survey](#)

<sup>35</sup> <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

<sup>36</sup> <https://www.skillsforcare.org.uk/Documentlibrary/Skills/Carers/Parthree.pdf>

<sup>37</sup> [Scottish Health Survey 2018](#).

<sup>38</sup> [Carers Scotland](#).

<sup>39</sup> [COVID-19 Statistical Report](#)

	<p>Women are more likely than men to have longstanding illnesses. Those with health conditions might feel anxious about allowing people into their homes due to the increased risk of infection but perhaps feel pressure to do so or may not be given the option if visitors or other household members make the decision.<sup>40</sup></p>
<b>Race</b>	<p>The opportunity to form extended households may help some households of some ethnicities who have found it harder to meet up all together due to having larger households; for example, a single adult may be able to visit their family home.<sup>41</sup></p> <p>Feelings of loneliness are highest in single-occupier households<sup>42</sup> and people of 'Black, Black Scottish or Black British' ethnicity were most likely to be living alone at the time of the last census in 2011.<sup>43</sup> They may therefore particularly benefit from being able to meet up more easily with people from other households.</p> <p>There is some evidence that ethnic minorities may find it more difficult to access support. In 2018, 12.8% of ethnic minority households said that they did not have anyone in their neighbourhood that they could rely on to help.<sup>44</sup></p> <p>Some ethnic households may be overcrowded, which could make it difficult to meet inside with physical distancing. Those identifying as 'White: Polish', 'Bangladeshi' or 'African' were the most likely to live in overcrowded households in 2011.<sup>45</sup></p> <p>Relaxing of restrictions around meeting up with others could increase the chances of people of some minority ethnicities contracting COVID-19. Figures from England show that Black people in particular, but also those of Bangladeshi and Pakistani, Indian, and Mixed ethnicities</p>

<sup>40</sup> Older people are more likely to have both poor self-reported health and long-term illnesses ([Scottish Health Survey 2018](#)).

<sup>41</sup> In Scotland's [2011 Census](#), people describing their ethnicity as one of the 'Asian' categories were more likely to live in a household with two or more families. Of those living in households, around 1 in 7 (15%) people describing their ethnicity as Pakistani lived in a household with two or more families. This compared to only 1 in 50 (2%) of the population as a whole. [Analysis of Equality Results from the 2011 Census](#).

<sup>42</sup> [Scottish Household Survey 2018](#)

<sup>43</sup> [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

<sup>44</sup> [Scottish Household Survey 2018](#)

<sup>45</sup> The 2011 Census showed that 'White: Scottish' and 'White: Other British' households were the least likely to be overcrowded. The 'White: Polish' group had the highest rate of overcrowded households (30 per cent), followed by 'Bangladeshi' and 'African' households (both 28 per cent) ([Census 2011 Equality Results Analysis](#))

	<p>had <a href="#">statistically significant</a> raised risk of death involving COVID-19 compared with those of White ethnicity.<sup>46</sup></p>
<b>Religion &amp; Faith</b>	<p>Muslims, followed by Hindus, were most likely to live in overcrowded households in 2011 which could make it difficult to meet inside with physical distancing.<sup>47</sup></p>
<b>Disability</b>	<p>Disabled people may be more likely to be housebound or feel more comfortable inside and therefore may particularly benefit from being able to have visitors at home.</p> <p>Those with health conditions might feel anxious about allowing people into their homes due to the increased risk of infection but may perhaps feel pressure to do so or may not be given the option if visitors or other household members make the decision.</p> <p>Continued closure of public toilets, and toilets in many other places where they are normally available (such as in shops and restaurants) is likely to make it hard for some disabled people to spend time outside and away from their home.</p> <p>A higher proportion of disabled, compared to non-disabled adults, provide regular help or care for a sick, disabled or frail person.<sup>48</sup> Being allowed to meet people from another household indoors may encourage physical unpaid caring to resume to some extent in cases where the carer does not live with the person they provide care for. It was always permitted to provide care but carers may have felt worried or anxious about not being able to provide care. Resuming care may also put more pressure on the carer's time and may increase risk and anxiety around infection.</p> <p>Many unpaid carers have been providing more, rather than less, care compared to before lockdown and so for these people this change might also mean that they can get more help from others with providing this care.<sup>49</sup></p> <p>Relaxation of restrictions around meeting up with others could lead to an increased risk of contracting COVID-19. This would disproportionately affect some disabled people; of those who died with COVID-19 in April, 91% had at least one pre-existing condition.<sup>50</sup></p>

<sup>46</sup> ONS, Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020

<sup>47</sup> [Census 2011 Equality Results Analysis](#)

<sup>48</sup> [Scottish Health Survey 2018](#).

<sup>49</sup> [Carers Scotland](#) and [Initial Findings of Inclusion Scotland's COVID-19 Survey](#)

<sup>50</sup> The most common pre-existing condition was dementia and Alzheimer's disease (31% of all deaths involving COVID) followed by ischaemic heart disease (13%). Source: [Deaths involving coronavirus \(COVID-19\) in Scotland: Week 19 report](#)

	<b>Sexual Orientation</b>	Inviting LGBT people into the home may not be an option for people who live in a homophobic environment but the opportunity for some to form an extended household and visit others elsewhere may be positive.
	<b>Pregnancy and maternity</b>	<p>Being able to meet more people outside the home, and to meet people at home as part of an extended household, may provide some help to those who are the main carers, especially lone mothers (who account for the majority of lone parents).<sup>51</sup></p> <p>Continued closure of public toilets and toilets in many other places where they are normally available (such as in shops and restaurants) is likely to make it harder for those who are pregnant to spend time outside and away from their home, as well as those who are looking after small children who may need to use a toilet more regularly or with more urgency than adults.</p>
	<b>Socio-economic disadvantage</b>	<p>People living in more deprived areas may be less likely to have private outdoor space – the opportunity in Phase 2 to meet more households in public outdoor space and for some to form an extended household may make this less of a barrier to re-establishing social connections.</p> <p>People living in more deprived areas are more likely to be shielding and therefore able to benefit from only some of these changes.<sup>52</sup></p> <p>Those living in more deprived areas are more likely to have longstanding illnesses. These people might feel anxious about allowing people into their homes due to the increased risk of infection but either feel pressure to do so or may not be given the option if visitors or other household members make the decision themselves.<sup>53</sup></p> <p>Any increase in risk of contracting COVID-19 due to relaxing of restrictions on meeting up with others would disproportionately affect people in the most deprived areas. In March and April, 3,200 deaths occurred among people living in the 20% most deprived areas compared with 2,042 in the least deprived areas.<sup>54</sup></p>

<sup>51</sup> Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). The vast majority of single parents are also women ([Household composition for specific groups of people in Scotland](#)).

<sup>52</sup> [COVID-19 Statistical Report](#)

<sup>53</sup> [Scottish Health Survey 2018](#).

<sup>54</sup> [Deaths involving coronavirus \(COVID-19\) in Scotland: Week 19 report](#)

	<p>A higher proportion of people living in the most deprived areas compared to those living in the least deprived areas provide regular help or care for any sick, disabled or frail person.<sup>55</sup> Being allowed to meet people from another household indoors may encourage physical unpaid caring to resume to some extent in cases where the carer does not live with the person they provide care for. Resuming care may also put more pressure on the carer's time and may increase risk and anxiety around infection.</p> <p>Many unpaid carers have been providing more, rather than less, care compared to before lockdown and so for these people this change might also mean that they can get more help from others with providing this care.<sup>56</sup></p>
<b>Mitigating actions</b>	
<p>The Phase 2 relaxations of the lockdown measures are specifically targeted towards mitigating the impacts for the maximum number of people possible, in particular those who are most at risk of social isolation and in greatest need of support.</p> <p>For those who are shielding (those most at risk from COVID-19 who have been advised to stay inside completely), the requirement to stay indoors at all times, without meeting up with anyone, has been challenging. Allowing outdoor exercise and limited outdoor meetings will mitigate some of this impact and provide a real improvement to quality of life without significantly increasing the risks faced.</p> <p>For those not shielding, the ability to meet outdoors with up to two households at a time rather than one will build on the relaxations introduced in Phase 1 to further mitigate the impacts of social isolation and loneliness caused by the lockdown measures.</p> <p>Allowing people to use the toilet when visiting another household outdoors will mitigate the impacts of not being able to do so that many people had felt during Phase 1. In particular, disabled people with certain health conditions may have been prevented from visiting people while it was not possible to use their toilet. For example, people with diabetes or inflammatory bowel disease, pregnant women, women on their menstrual cycle or older people may all have an increased need to access toilet facilities.</p> <p>Allowing people who live alone, including single parents with children, to form extended household groups with another household will mitigate some of the impacts of loneliness and isolation, particularly for older people living alone and lone parents.</p>	

<sup>55</sup> Scottish Health Survey 2018

<sup>56</sup> Carers Scotland

The Phase 2 measures will allow a grandparent who lives on their own to form a group with another household in their family; they will allow a single parent and their children to join with another household for support; they will allow a non-cohabiting couple, where at least one of them lives alone, to be reunited indoors without physical distancing. This is intended to mitigate some of the isolation which has been a consequence of tackling this virus.

The Scottish Government will consider if and to what extent, extended household groups can be expanded over the course of Phase 2.

#### 4. Phase 3: Seeing Friends and Family

<b>Measures</b>	
	<ul style="list-style-type: none"><li>• Able to meet with people from more than one household indoors with physical distancing and hygiene measures</li><li>• Households can meet indoors with up to a maximum of two other households (with physical distancing) (indicative date 10 July)</li><li>• People can meet in extended groups outdoors (with physical distancing) (indicative date 10 July)</li></ul>
<b>Impacts</b>	<ul style="list-style-type: none"><li>• Increased opportunity to meet up with more friends and family in own home</li><li>• Pressure to meet up increases anxiety</li></ul> <p>No additional differential impacts identified from Phases 1 and 2.</p>

## 5. Phase 4: Seeing Friends and Family

<b>Measures</b>	<ul style="list-style-type: none"><li>• Further relaxation on restrictions on gatherings</li><li>• Continued importance of hygiene and public health emphasised</li></ul>
<b>Impacts</b>	No additional differential impacts identified from Phases 1, 2 and 3.  Please also refer to the Gatherings and Occasions table.

## 6. Phase 1: Getting Around

<b>Phase 1</b>	<ul style="list-style-type: none"><li>• Consistent with the re-opening of workplaces set out in this phase, where home working is not possible businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.</li><li>• Permitted to travel short distances for outdoor leisure and exercise but advice to stay within a short distance of your local community (broadly within 5 miles) and travel by walk, wheel and cycle where possible.</li><li>• International border health measures are introduced</li></ul>
<b>Impacts</b>	<p>It is recognised that the biggest barrier to transport for equality groups is cost and accessibility and that COVID-19 will have exacerbated these issues. Many people (including women, disabled people, older people, minority ethnic communities) and those on lower incomes are reliant on public transport to access employment, education and key services including medical appointment. During lockdown and Phase 1, public transport has been limited and perceived as high risk in catching and spreading the virus.</p> <p>Those in part-time or in low paid work may not have access to flexible working arrangements meaning that they will have to commute during peak times when transport is more crowded.</p> <p>Lack of access to outdoor space is a significant issue in terms of wellbeing, mental and physical health. Although people can exercise outdoors they cannot travel to coasts, hills and woods if they do not have any within five miles of their house.</p> <p>The Scottish Government, along with the UK Government and the other Devolved Administrations, has introduced emergency public health measures at the UK border, designed to reduce the public health risks posed by COVID-19, by limiting the further spread of the disease.</p> <p>In general, travel for island communities is more difficult.<sup>57</sup> This is due to a number of barriers including the need to use boats and planes to travel from islands, physical distancing requirements that further limit these services and the general higher costs associated with these modes of transport. Additionally, the lack of infrastructure for walking and cycling routes further limit people's ability to travel.</p> <p>Access to health care is also more difficult for island communities and consideration must always be given to the fragility of island health services and the potential for them to become easily overwhelmed.</p>

<sup>57</sup> National Islands Plan and Islands Communities Impact Assessment consultation

<b>Differential impacts</b>	<b>Age: Children and Young People</b>	<p>Young people and students tend to be fitter and healthier and can travel further distances by cycling, walking and running to work or study.</p> <p>The tourism industry employs a high share of young workers.<sup>58</sup> It is recognised that the travel and tourism industries may particularly be adversely impacted.</p> <p>Young people are more likely to be reliant on public transport to access employment, education and key services.</p> <p>Travelling to exercise may offer more and different opportunities within the local area for children to have sufficient exercise and social contact.</p> <p>On islands, issues young people face may be compounded by living in small, remote communities – many of which have poor digital connectivity that exacerbates feelings of isolation. The higher cost and restrictions of public transport also make it more likely that young people on islands are adversely affected by the current restrictions.</p>
	<b>Age: Older People</b>	<p>Older people are less likely to travel, in part due to health concerns, which can increase levels of social isolation.</p> <p>Older people are less likely to be able to walk significant distances. However, there are fewer over-60s in employment, which means there is less of a need to be travelling during peak times and they should be able to use public transport in quieter times.</p> <p>8% of over-65s live in ‘remote rural’ compared to 4% of 16-34s, therefore older people may find it harder to leave the house for basic necessities and may struggle to get an online delivery due to existing pressures and lower internet use.<sup>59</sup></p> <p>Some older people who may need to rest during exercise or while out for essential reasons can feel nervous about whether they are allowed to stop and rest – Phase 1 measures provide benefit here.</p> <p>People with dementia are more at risk of not being able to adhere totally to travel restrictions and need more help on public transport.</p> <p>All issues that have been identified also apply to older people on islands. However, islands have a significantly older</p>

<sup>58</sup> This data is from analysis of the ONS Annual Population Survey (July 2018 – June 2019 dataset)

<sup>59</sup> [Scottish Surveys Core Questions](#) 2018

		<p>population demographic than that of the mainland, with a potentially higher number of residents shielding. Further difficulties arise in that many older people are separated from their families by a ferry journey because timetables were greatly reduced in Phase 1.</p>
	<b>Sex: Women</b>	<p>COVID-19 has exacerbated the lack of available flexible working opportunities in the labour market; in addition, the guidance to work at home where possible impacts women because they have disproportionate responsibility for care. Inflexible workplace practice makes women more bound to public transport timetables and travel times (in addition to those time constraints caused by having a caring role).<sup>60</sup> Restricted timetables and guidance on travel times are likely to affect women's ability to travel to work at the times required by their employer. This problem will be magnified for shift workers - a working pattern for many female-dominated key worker roles.<sup>61</sup></p> <p>Women are less likely to drive and be more reliant on buses than men, making more complex and frequent journeys due to caring responsibilities and working patterns. They are also more likely to need a range of orbital transport routes which cross towns and cities, as opposed to commuter routes, and timetables that fit with unpaid care work, part-time employment and shift work. Lack of accessibility on public transport also affects the mobility and isolation of women who care for young children and others, including disabled people. Fears about safety also influence women's decisions concerning travel.</p> <p>Due to occupational segregation, women are more likely than men to need to travel to work as they are overrepresented in care sector occupations and in sectors where home working is not an option e.g. retail. Women are also more likely to have a series of low paid jobs that requires travel between them.</p> <p>The National Islands Plan<sup>62</sup> highlights that local access to services was an important issue for many women who reported having to travel long distances for appointments. Travel challenges leading to lengthy periods away from home were particularly difficult for families with children or caring responsibilities.</p> <p>The requirement for international travellers to self-isolate for 14 days has the potential to have a greater impact on women. For example, the ability of women to seek and maintain employment may be compromised by increased childcare</p>

<sup>60</sup> <https://www.engender.org.uk/content/publications/Engender-response-to-the-Scottish-Government-consultation-on-Scotlands-National-Transport-Strategy.pdf>

<sup>61</sup> <https://www.closethegap.org.uk/content/resources/Flexible-Working-for-All.pdf>

<sup>62</sup> <https://www.gov.scot/publications/national-plan-scotlands-islands/>

		responsibilities, <sup>63</sup> being less likely to be able to work from home; <sup>64</sup> and also due to making up the majority of the workforce in sectors which may be adversely affected by the measures, such as the tourism industry. <sup>65</sup>
	<b>Men</b>	Men spent an average of 91 minutes per day on travel – including both leisure related travel and commuting - which was significantly higher than the average of 74 minutes per day spent by women. <sup>66</sup> For those who commute by public transport this will increase risk of exposure.
	<b>Religion &amp; Faith</b>	Places of worship will be closed apart from for very limited purposes (for a funeral, to broadcast an act of worship or to carry out essential voluntary services). However, individuals will not be able to attend a place of worship during the period of self-isolation after entering the country for any purpose. This applies to all individuals and all faiths equally, although the exact impact will depend on the period of self-isolation, relative to a particular religious event.  The requirement to self-isolate may discourage international travel. This may therefore impact on those going abroad for religious pilgrimages.
	<b>Disability</b>	The need for physical distancing on board trains and buses may make it more difficult for disabled people to travel.  Disabled people with underlying health conditions will be more at risk from complications of the virus and as such may be more averse to using public transport after lockdown.  (See the Protections chapter for advice on face coverings.)  Disability Equality Scotland <sup>67</sup> reported that some disabled people are reporting heightened levels of hate crime and discrimination from members of the public and public transport staff when using public transport or when out <sup>68</sup> .  Some disabled people, who may need to rest during exercise or while out for essential reasons, can feel nervous about whether they are allowed to stop and rest. Phase 1 measures allowing more time to be spent outdoors provide benefit here.

<sup>63</sup> <https://www.closethegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>

<sup>64</sup> <https://www.closethegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>

<sup>65</sup> This data is from analysis of the ONS Annual Population Survey (April 2018 – March 2019)

<sup>66</sup> [Time Use Survey 2014-15](#)

<sup>67</sup> <https://disabilityequality.scot/news/disability-equality-scotland-poll-indicates-99-had-concerns-over-physical-distancing/>

<sup>68</sup> <https://yoursayondisability.scot/weekly-poll-results-covid-19-physical-distancing-week-beginning-25-may/>

	<p>Also, in relation to the self-isolation requirement, people living with a long-term physical or mental health condition are more than twice as likely to experience feelings of loneliness within the last week compared to those without<sup>69</sup>. A period of self-isolation may also exacerbate existing feelings of loneliness and social isolation for people with learning disabilities as well as other disabilities.</p> <p>When travelling to and from the islands, the need for physical distancing on board ferries may also make it more difficult for disabled people to travel due to less access to the accessible seats on board.</p> <p>Disabled people may be impacted by the lack of access and availability of island health services as disabled people with underlying health conditions will be more at risk from complications of virus.</p>
<b>Sexual Orientation</b>	Some LGBT people have experienced an incident involving someone they lived with because they were LGBT, such as verbal harassment, disclosure of their LGBT status without permission or coercive or controlling behaviour <sup>70</sup> . As a result of the requirement for international travellers to self-isolate for 14 days, there may, therefore, be an impact on some people who self-isolate with someone they live with, as a result of their sexual orientation.
<b>Gender Reassignment</b>	Some LGBT people have experienced an incident involving someone they lived with because they were LGBT, such as verbal harassment, disclosure of their LGBT status without permission, or coercive or controlling behaviour <sup>71</sup> . The requirement for international travellers to self-isolate for 14 days may therefore have a potential impact on some transgender people who self-isolate with someone they live with.
<b>Socio-economic disadvantage</b>	<p>Calls for allowing general outdoor relaxation often stemmed from concerns that particular demographics (flat residents, low income groups, urban populations) were disproportionately disadvantaged by restrictions on outdoor activity. Relaxing measures on outdoor activity is particularly beneficial for those from lower socio-economic groups without access to a private garden.</p> <p>Transport challenges differ across regions of Scotland, with different areas of the country having their own transport requirements. Cities have had more cases of COVID-19 and many of Scotland's most disadvantaged communities are in</p>

<sup>69</sup> [Scottish household survey 2018: annual report](#)

<sup>70</sup> [National LGBT Survey Summary Report](#)

<sup>71</sup> [National LGBT Survey Summary Report](#)

	<p>cities, particularly in suburban areas with many of those living in these areas having to travel longer distances to access employment opportunities. Access to employment is also a challenge for those living in remote and rural communities, particularly those on low incomes. For those who have lost employment due to the pandemic, they might have to commute further than they previously did to seek work. Similarly, transport costs could be a real challenge for those who are forced into lower paid employment as a direct result of COVID-19.</p> <p>On islands, sustainable travel options are limited and tend to be more expensive, which affects those who do not own a vehicle.</p>
<b>Mitigating actions</b>	
<p>The risk of transmission of the virus is reduced outdoors, so long as physical distancing and hygiene measures are observed.</p> <p>The purpose of limiting travel for exercise and recreation to the local area is to help ensure that physical distancing is observed by reducing the risk that popular outdoor spaces may become crowded. Measures such as these may help lower instances of coronavirus in the population and are designed to positively affect the entire population, but will particularly benefit older individuals.</p>	
<p>Transport Scotland has developed a Transport Transition Plan to keep the public in Scotland safe when travelling during the COVID-19 pandemic. The plan informs passengers about when and how to safely access public transport, supports the management of travel demand by reinforcing broader messages on physical distancing and discouraging unnecessary travel, sustains behavioural changes by encouraging active travel options and staggering journeys to avoid peak times, and informs passengers and road users of busy areas and times to encourage alternative choices. Contained within the Transport Transition Plan is guidance for operators and guidance to assist the public to travel safely during the coronavirus (COVID-19) pandemic which were produced following engagement and remains under regular review with engagement on significant changes. The Mobility and Access Committee for Scotland (MACS) were fully engaged when compiling the keeping public transport safe guidance. Additionally, they produced their own <a href="#">guidance to operators</a> when assisting disabled passengers.</p>	
<p>The Scottish Government's COVID-19 guidance for those who are vulnerable or who need additional support provides additional information on a range of issues, including transport. Ready Scotland's additional support page also provides links to information for disabled people, linking people to Disability Information Scotland.</p> <p>The Scottish Government has provided <a href="#">resources</a> to operators, employer and passengers to communicate the advice on safe travel for passengers. This includes information on exemptions to the Regulation on the mandatory wearing on face</p>	

coverings. In addition, a line on the exemptions has been included on Covid-19 campaign material where possible, such as on posters and in animations.

The National Islands Plan<sup>72</sup> commits to address any equality, health and wellbeing related data gaps that exist in respect of the protected characteristics. Increasing action around these commitments could contribute to mitigating the effects of the pandemic, while the introduction of a Young Islanders Network could effectively support young people on islands during and beyond these challenging times.

Practical mitigation effort could potentially include prioritising limited ferry spaces for island residents and key workers, and ensuring social distancing can be properly adhered to on the small planes that provide transport to many islands. Other island states have implemented temperature checks and 14 day isolation periods for those wishing to travel to their islands, while others are refusing access to non-essential visitors except for seasonal residents - described as those who already have an attachment to the island.

New border health measures were introduced in Phase 1 to prevent international travellers bringing the virus into Scotland.

Many faith groups have established online worship services which would be available to persons who are self-isolating after entering the country. The Scottish Government provided funding that has allowed faith groups to purchase equipment and software that would facilitate these online worship services. This has attempted to mitigate in-person attendance for prayer, worship, and funeral services, with people able to watch services from home.

---

<sup>72</sup> <https://www.gov.scot/publications/national-plan-scotlands-islands/>

## 7. Phase 2: Getting Around

<b>Measures</b>	<ul style="list-style-type: none"><li>• Consistent with the re-opening of workplaces set out in this phase, where home working is not possible businesses and organisations are encouraged to manage travel demand through staggered start times and flexible working patterns.</li><li>• People should continue to stay in their local area as much as possible and should not travel more than broadly five miles for leisure or recreation.</li><li>• Travel distance restriction relaxed – (3 July indicative date)</li><li>• Public transport services will increase over the phase, including increased ferry services and capacity. (All phase changes apply to islands.)</li><li>• Public transport capacity will remain constrained due to physical distancing requirements – and active travel remains the preferred mode of travel.</li><li>• International border health measures in place.</li></ul>
<b>Impacts</b>	<p>Those who have less access to car will not be able to take advantage of the easing of restrictions in Phase 2 to allow travel for leisure locally. Women, disabled people, young people and those on lower incomes are more likely to have less access to car.</p> <p>Longer distance travel increases the likelihood that people may need to sit and rest or use toilet facilities.</p> <p>It is suggested that there is an increased likelihood that offline hate crime will increase as physical distancing measures are relaxed and there is an increase in physical contact, particularly against minority ethnic and faith and belief communities.<sup>73 74</sup></p>
<b>Mitigating actions</b>	
<p>No additional mitigating actions identified from Phase 1.</p> <p>The Phase 2 measures in Seeing Family and Friends allowing certain household types to meet others indoors in an ‘extended household’ and allowing people who are not shielding to use toilets indoors while visiting the outdoors of another household, while following hygiene measures, can aid the mitigation of resting and using toilet facilities.</p>	

<sup>73</sup> <https://academic.oup.com/bjc/article/60/1/93/5537169>

<sup>74</sup> [https://www.equalityhumanrights.com/sites/default/files/ehrc\\_submission - ehric\\_cv\\_inquiry - may\\_2020.docx](https://www.equalityhumanrights.com/sites/default/files/ehrc_submission - ehric_cv_inquiry - may_2020.docx)

## 8. Phase 3: Getting Around

<b>Measures</b>	<ul style="list-style-type: none"><li>• Can drive beyond local area for leisure and exercise purposes</li><li>• Public transport operating full services but capacity still significantly limited to allow for physical distancing. Travel at peak times discouraged as far as possible.</li><li>• May be geographical differences depending on circumstances.</li></ul>
<b>Impacts</b>	<p>The differential impacts identified from Phases 1 and 2 still apply, in addition to:</p> <p>As transport operators look to implement physical distancing requirements, capacity on the public transport network will be significantly reduced, further limiting access for users of public transport.</p> <p>There is some likelihood of physical distancing not being able to be maintained at particular popular locations if not properly managed.</p> <p>Longer distance travel increases the likelihood that people may need to sit and rest or use toilet facilities.</p>
<b>Mitigating actions</b>	No additional mitigating actions identified from Phase 1 or 2.

## 9. Phase 4: Getting Around

<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Public transport operating full service.</li> <li>• Physical distancing may remain in place.</li> </ul>	
<b>Impacts</b>	<p>In addition to the differential impacts identified from Phases 1, 2 or 3.</p> <p>There is some likelihood of physical distancing not being able to be maintained at particular popular locations if not properly managed.</p>
<b>Sex: Women</b>	<p>As restrictions ease on returning to work, consideration will need to be given to how this may drive demand for transport for equality groups, for example women who are more reliant on public transport for travel to work at a time when capacity on the network will be significantly reduced if physical distancing remains.</p> <p>As other restrictions ease, particularly to do with children returning to school and the ability to care for/visit relatives, trip chaining will re-emerge (making multiple stops on the same trip), further driving demand for transport; this is likely to disproportionately affect women.</p>
<b>Other protected characteristics</b>	Further research and analysis will highlight differential impacts for the groups in certain protected characteristics.
<b>Socio-economic disadvantage</b>	<p>Transport poverty in terms of access as well as affordability are likely to be exacerbated for women and disabled people, those in rural and island communities and those in areas where transport connections were already poor due to limited capacity and likelihood of some routes and community transport services being withdrawn as the various sectors, particularly the bus sector, look to recover financially.</p> <p>Resumption of multi-purpose trips may also encourage car ownership over the long term as a more viable and prudent investment than other sustainable modes being looked at to encourage more sustainable travel over longer distances e.g. electric bikes and scooters</p>
<p><b>Mitigating actions</b></p> <p>In addition to the mitigating actions in Phases 1, 2 and 3, the risk of transmission of the virus is reduced outdoors, so long as physical distancing and hygiene measures are observed.</p> <p>Transport Scotland and border Regulations apply still from Phase 3</p>	

## 10. Phase 1: Schools, Childcare and other Educational Settings

<b>Measures</b>	<ul style="list-style-type: none"><li>• School staff return to schools.</li><li>• Increased number of children accessing critical childcare provision.</li><li>• Re-opening of childminding services and fully outdoor nursery provision.</li><li>• Transition support available to pupils starting P1 and S1 where possible.</li></ul>
<b>Impacts</b>	<p>An <a href="#">initial impact assessment<sup>75</sup></a> for the '<a href="#">Strategic Framework for Re-opening Schools, Early Learning and Childcare Provision</a>' was published on 21 May.</p> <p>This initial analysis has been opened for comment from stakeholders and is being developed through the relevant work streams of the <a href="#">COVID-19 Education Recovery Group.<sup>76</sup></a></p> <p>In Phase 1 childcare continues to be offered through the critical childcare offer to children of keyworkers and to those children who local authorities identify as vulnerable at this time. The targeted re-opening of childminder and fully outdoor provision will have a limited impact on the wider population.</p> <p>Increased accessibility to childcare provision will have a particularly positive impact on those who were disproportionately affected by closures due to deemed vulnerability: children for whom home is not a safe or stable environment and for those where school and childcare provides resources and experiences that are not available at home.</p> <p>Ongoing reduced provision in future phases is in the context of the COVID-19 virus continuing to circulate and with no vaccine. This means that any increased access could have a disproportionate health impact on certain groups, if exposure is greater to those who share a particular protected characteristic (e.g. women, who make up the majority of the ELC and teaching workforces) or where exposure has a greater risk to some groups compared to others (e.g. those from some minority ethnic groups who may have higher risk of severity of COVID-19 and families with household members in the 'shielding' category). It should be noted, however, that the risk of transmission <b>between children and, from children to adults</b> is less than the risk of adult to adult transmission.</p>

<sup>75</sup> <https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-reopening-schools-early-learning-childcare-settings-initial-impact-assessment/pages/1/>

<sup>76</sup> <https://www.gov.scot/groups/covid-19-education-recovery-group/>

	<p>School and ELC staff with their own children may also face challenges around childcare as they return to travelling to work (rather than working from home).</p> <p>If it is safe for schools to invite transitioning P1 and S1 pupils into school for transition days, this is expected to have a positive impact on the wellbeing of those children and to support them with familiarising themselves with new staff, buildings and peers.</p> <p>Gaelic medium education (GME) is a distinct sector within Scottish education that is small and vulnerable. During lockdown, local authorities and schools will want to consider any deficit in language acquisition as a result of the absence of a Gaelic immersion setting and take steps to address this.</p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>Fundamentally, all children have a right to play, to learning and experiences that meet their physical, social and cultural needs, and to associate with their peers. They also have a right to good health and to be free from harm and neglect.</p> <p>There is a mix of ages and demographics who are accessing critical childcare, including early years settings and school hubs. Definitions for 'key worker' and 'vulnerable' children are set locally, according to local circumstances.</p> <p>The split between these criteria changes daily, but in general there are more children accessing critical childcare under 'keyworker' criteria than under 'vulnerable' criteria. There also tends to be a higher percentage of the children accessing childcare in local authority settings who meet the 'vulnerable' criteria than in private or third sector settings (including childminders).<sup>77</sup></p> <p>For school age pupils who are not attending school hubs, learning at home continues. While some pupils enjoy the independence this allows, findings from the <i>Children's Parliament How Are You Doing wellbeing survey</i><sup>78</sup> published on 1 May 2020, show that being indoors more and learning at home impacts on the physical and mental wellbeing of children. There are indications that children do not feel enough control over what they are learning, or that they are worrying about – and not enjoying – learning at home. This is especially true for 12 to 14 year olds. 36% of children in the survey worry about doing their school work,</p>

<sup>77</sup> Scottish Government Daily COVID-19 monitoring surveys, <https://public.tableau.com/profile/sg.eas.learninganalysis#/vizhome/Covid19ELCandHubs/Introduction>

<sup>78</sup> <https://www.childrensparliament.org.uk/our-work/children-and-coronavirus/>

	<p>32% worry about future exams and 28% are worried about learning at home.</p> <p>Similarly, the Young Scot, YouthLink Scotland and Scottish Youth Parliament <i>Lockdown Lowdown</i><sup>79</sup> survey captured young people's views from across Scotland and highlighted concerns relating to the impact school closures were having particularly regarding exams and coursework and physical and mental wellbeing.</p> <p>Some disadvantaged children and young people may not have access to usable digital devices and connectivity solutions, which may have an impact on their ability to undertake home learning. In 2018, the ONS reported that 12% of those aged between 11 and 18 years in the UK (700,000) reported having no internet access at home from a computer or tablet, while a further 60,000 reported having no home internet access at all.<sup>80</sup></p> <p>It is recognised that transition can be a particularly challenging time for children and young people, particularly those who are entering P1, S1 and for children who would benefit from an enhanced transition, for example children and young people with additional support needs.</p> <p>Pupils who have completed their time at school in summer 2020 may be anxious about the transition to the next phase in life, whether that be college, university, training or employment.</p>
<b>Age: Older People</b>	<p>While childminders have an older average (median) age than the ELC workforce (46 years compared with 37 years)<sup>81</sup>, we do not believe it is to the scale that would have a differential impact on their experience at work.</p> <p>A quarter of the teaching workforce are over the age of 50 and around one in twenty are over the age of 60. 18% of teachers in ELC centres are aged 55 or over.<sup>82</sup></p> <p>Families struggling with childcare are either having to stop work or find a way of juggling childcare with paid employment. This will impact on staff who are parents but also grandparent or kinship carers. This impact may be felt</p>

<sup>79</sup> <https://www.youthlinkscotland.org/news/april-2020/lockdown-lowdown-what-young-people-in-scotland-think-about-covid-19/>

<sup>80</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

<sup>81</sup> <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

<sup>82</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

	<p>in terms of their ability to maintain paid employment as well as from a mental wellbeing perspective.</p>
<b>Sex: Women and Girls<sup>83</sup></b>	<p>Women make up an overwhelming majority of the education workforce<sup>84</sup> and will therefore be disproportionately impacted by increased risk in the workplace in comparison to men and issues of juggling their own care responsibilities with work.</p> <p>Around 100% of registered childminders are women, 96% of staff in day care of children services<sup>85</sup> and 94% of teachers delivering funded ELC are women.<sup>86</sup></p> <p>Around 77% of all teachers are women, ranging from 64% in secondary schools to 89% in primary schools.<sup>87</sup></p> <p>Women generally carry out the majority of childcare, particularly if lone parents, who may be without their usual sources of support. They are therefore likely to benefit from increased access to childcare – for example in terms of being better able to balance childcare with paid employment. Research undertaken by the Institute for Fiscal Studies<sup>88</sup> found that since the start of lockdown, mothers are spending less time in paid work compared with fathers but more time on childcare and other household responsibilities as they are more likely to have resigned, lost their job or been furloughed.<sup>89 90</sup></p> <p>The same report shows that overall, in 2014/15, the average mother (including those who did not work for pay) was doing nearly 60% of the number of uninterrupted work hours that the average father did; now she is doing only 35%, showing the major impact of COVID related job, school and childcare closures on women.</p> <p>Research collected across Great Britain by the Office for National Statistics (ONS)<sup>91</sup> found the gap in unpaid work</p>

<sup>83</sup> In this chapter, the intersectionality between sex and age is particularly important because it draws out the differences in attainment

<sup>84</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

<sup>85</sup> <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

<sup>86</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

<sup>87</sup> <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

<sup>88</sup> <https://www.ifs.org.uk/uploads/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf>

<sup>89</sup> This may be linked to greater number of women who work in Personal Service Occupations or Sales and Customer Service Occupations, who are less likely to be able to work from home while services are closed. It could also be linked to women being lower earners than men, with the Gender Pay Gap at 14.3% in 2019. In addition, part-time employment accounts for 41.2 per cent of all women's employment compared with 12.4 per cent of all men's employment

<sup>90</sup> [Annual Summary of hours and earnings; Scotland's Labour Market: People Places and Regions](#)

<sup>91</sup> <https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/bulletins/coronavirusandhowpeoplespenttheirstimeunderrestrictions/28marchto26april2020>

	<p>(activities such as childcare, adult care, housework and volunteering) between men and women reduced slightly during lockdown but was still large, with women doing 1 hour and 7 minutes more unpaid work per day than males. While men increased their amount of childcare by 58% between 2014 to 2015 and March to April 2020, they still undertook 15 minutes a day less unpaid childcare than women. Furthermore, individuals living with children spent 35% longer on average providing childcare, which included helping out with homework. For a child under the age of 8 in the household, women spent 4 hours and 5 minutes caring for a child, compared to 2 hours 50 minutes for men.</p> <p>Concerns have been raised about the impact of the lockdown on the private sector. Any loss of private childcare could impact disproportionately on women, given that they are more likely to be responsible for childcare. Sustainability of the sector is a priority for the Scottish Government and we are working with representative bodies and local authorities to assess support required to support the sector's viability for the long term.</p>
<b>Sex: Men and Boys<sup>92</sup></b>	<p>A higher proportion of girls than boys achieved the expected Curriculum for Excellence levels across both literacy and numeracy and all stages. In 2018-19, the largest difference in performance at primary was in writing in P7, with girls outperforming boys by 15 percentage points. The smallest differences at primary for the literacy organisers were in reading and listening and talking for P1, at six percentage points each<sup>93</sup>. There is a risk that this gap could widen, as in the context of home learning, we know that boys tend to have lower attainment than their female peers and may be less likely to complete school work from home.</p> <p>The Growing Up in Scotland study findings from 2010 show that, in the context of transition into P1, parents of girls had fewer concerns about their transition to primary school than parents of boys.<sup>94</sup></p>
<b>Race</b>	<p>According to 2019 data, 78% of Scotland's pupil population is from a White (Scottish) ethnicity, while 12% have a White (other) ethnicity and 8% are from a non-White minority ethnic group.<sup>95</sup></p>

<sup>92</sup> In this chapter, the intersectionality between sex and age is particularly important because it draws out the differences in attainment

<sup>93</sup> <https://www.gov.scot/publications/achievement-curriculum-excellence-cfe-levels-2018-19/>

<sup>94</sup> [https://growingupinscotland.org.uk/wp-content/uploads/2020/02/Briefing-Paper-The-transition-to-primary-school\\_Growing-Up-in-Scotland-study-findings.pdf](https://growingupinscotland.org.uk/wp-content/uploads/2020/02/Briefing-Paper-The-transition-to-primary-school_Growing-Up-in-Scotland-study-findings.pdf)

<sup>95</sup> <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

	<p>Pupils who speak English as an additional language may be impacted by not receiving the additional language support they may receive when attending school.</p> <p>89% of teachers are from a White (British) ethnicity, while a further 3% have a White (other) ethnicity and 2% are from a non-White minority ethnic group.<sup>96</sup></p> <p>98% of childminding staff and 88% of day care of children staff are from a White ethnicity. There is a high percentage of ‘unknown’ ethnicity for day care of children staff.<sup>97</sup></p> <p>There is emerging evidence in England<sup>98</sup> and the US that COVID-19 impacts disproportionately on minority ethnic groups.</p>
<b>Disability</b>	<p>As a result of COVID-19, fewer children with complex additional support needs or meeting the ‘vulnerable’ criteria will still be able to attend school, putting pressure on families through additional caring responsibilities and lack of access to support.</p> <p>Disabled children, children with a disabled parent, and disabled staff, will each experience differential impacts. This will be linked to, for example, interactions between disability and shielding categories, and availability of suitable and accessible childcare.</p> <p>Disabled school pupils and students may find it harder to participate in distance learning and engage in social contact with peers due to accessibility issues (including with regard to digital devices and connectivity), especially those who do not usually use technology as part of their learning.</p> <p>Children with health conditions may be shielding and therefore not returning to school at the same time as others due to the continued risk to their health and wellbeing. Continued support to learn at home in these circumstances will need to be provided. In some cases, there will be a need to consider carefully how any requirements to maintain social distancing will work for certain children and young people as a result of their individual additional support needs.</p>
<b>Socio-economic disadvantage</b>	Scottish Index of Multiple Deprivation (SIMD) is used here to give a proxy of disadvantage although it should be noted that not everyone who lives in a deprived area is income

<sup>96</sup> <https://www.gov.scot/publications/teacher-census-supplementary-statistics/>

<sup>97</sup> <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

<sup>98</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/892376/COVID\\_stakeholder\\_engagement\\_synthesis\\_beyond\\_the\\_data.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf)

	<p>deprived. Achievement of Curriculum for Excellence Levels by SIMD<sup>99</sup> for 2018-19 shows a pre-COVID poverty-related attainment gap between pupils in least and most deprived areas. For primary school pupils, the gaps were 17.1 percentage points for Reading, 19.1 for Writing, 13.0 for Listening and Talking, 20.7 for Literacy and 16.8 for Numeracy. At S3, the gap was 11.5 percentage points for Reading, 12.2 for Writing, 10.0 for Listening and Talking, 13.8 for Literacy and 13.5 for Numeracy.<sup>100</sup></p> <p>All children may experience some loss of learning, but children from more affluent homes are more likely to have greater access to home schooling facilities and materials, and to have parents who can assist, to offset lost instruction time (<i>London School of Economics – Centre for Economic Performance</i><sup>101</sup>).</p> <p>Similarly, a report published earlier in June 2020 by the Education Endowment Foundation on <i>Best evidence on impact of school closures on the attainment gap</i><sup>102</sup> included key findings such as:</p> <ul style="list-style-type: none"> <li>• School closures are likely to reverse progress made to close the gap in the last decade since 2011.</li> <li>• Supporting effective remote learning will mitigate the extent to which the gap widens.</li> <li>• Sustained support will be needed to help disadvantaged pupils catch up.</li> </ul> <p>Children from better off households across the UK are more than twice as likely to have had more than £100 spent on their education since the lockdown (19% of middle class children v 8% of working class). Almost 1 in 10 children have had £150 spent on their education at home, and just under a quarter of children have had £50 spent on them.</p> <p>The numbers of children receiving private tuition have gone down, with 8% of children stopping tuition and only 4% taking it up. However, use of online tuition is growing among better off households (<i>Sutton Trust – School Closures: Parent Polling</i><sup>103</sup>).</p>
--	--

<sup>99</sup> The Scottish Index of Multiple Deprivation is an area-based measure therefore not everyone living in area assessed as deprived will necessarily be at a socio-economic disadvantage, and vice versa

<sup>100</sup> <https://www.gov.scot/publications/achievement-curriculum-excellence-cfe-levels-2018-19/>

<sup>101</sup> <https://www.sec-ed.co.uk/blog/covid-19-divide-national-strategy-disadvantage-poverty-lockdown-schools-voice-1/>

<sup>102</sup> <https://educationendowmentfoundation.org.uk/covid-19-resources/best-evidence-on-impact-of-school-closures-on-the-attainment-gap/>

<sup>103</sup> <https://www.suttontrust.com/our-research/school-closures-parent-polling/>

	<p>Some pupils may be disadvantaged in comparison to their peers through not having access to digital devices. Through accessing the internet, pupils are able to access learning resources, as well as interact with school staff and peers. In 2018, the ONS reported that 12% of those aged between 11 and 18 years in the UK (700,000) reported having no internet access at home from a computer or tablet, while a further 60,000 reported having no home internet access at all.<sup>104</sup></p> <p>We know that for families affected by poverty and disadvantage free school meals are a vital measure for families, children and young people across the country and that it is essential to ensure that children and young people continue to have access to nutritious food during the COVID-19 pandemic.</p> <p>Evidence from both UK and international studies of early learning and childcare programmes<sup>105</sup>, including our own Growing Up in Scotland Study<sup>106</sup>, supports the fact that all children, and especially those from disadvantaged backgrounds, can benefit in terms of social, emotional and educational outcomes from attending high quality early learning and childcare.</p> <p>Any increased access to high quality childcare will support young children to develop and learn, to build social skills and networks and in turn to help reduce the poverty related attainment gap.</p> <p>Parents are slightly less likely to be concerned about the transition from primary to secondary school if they have higher levels of education, live in less deprived areas or live in higher income households.</p> <p>Parents in low-income households with young children can benefit from increased access to childcare in terms of the hours they can work. Those in work are more likely than higher earners to be in jobs that cannot be undertaken at home.</p> <p>While data from end 2018 indicates childminders are more likely to be located in the least deprived areas and children in the most deprived areas are less likely to attend a</p>
--	--

<sup>104</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

<sup>105</sup> <http://www.healthscotland.scot/media/1613/rapid-evidence-review-childcare-quality-and-childrens-outcomes.pdf>

<sup>106</sup> <https://www.gov.scot/publications/growing-up-scotland-impact-childrensearly-activities-cognitive-development/>

		<p>childminder,<sup>107</sup> we know local authorities are working to specifically increase attendance through critical childcare for children meeting ‘vulnerable’ criteria. There has also been significant work to increase childminder capacity for the expansion of funded ELC.</p>
<b>Mitigating actions:</b>		
<p>The functioning of childcare in Phase 1 has largely resembled what has been available in lockdown (through critical childcare provision), with the most significant change being to the increased provision in childminder and outdoor settings. It has been an option for childminder and outdoor provision to open since the beginning of June.</p>		
<p>At an early stage, local authorities were given discretion to identify children they thought would be particularly disadvantaged under the umbrella term of ‘vulnerable’, following relevant guidance. This includes those children and young people ‘at risk’, those experiencing poverty and disadvantage, and children and young people with complex additional support needs. In addition, guidance to support home learning included specific guidance on supporting learning for children and young people with additional support needs, recognising, that for some families, this would be challenging.</p>		
<p>The lack of digital equipment was also recognised, with mitigation activity to make digital equipment available to more disadvantaged pupils by the start of the next school year. Some local authorities are already taking action to address this issue in their areas through the provision of laptops and tablets. Learning for school-age children will continue in Phase 1 as it has through lockdown, with hub provision available for children of key workers and the most vulnerable.</p>		
<p>To help ensure as many children and young people as possible are able to connect with their schools, continue their learning, access support and engage with their peers, we are investing an initial £9m that will provide devices and connectivity for 25,000 learners across Scotland. We are committed to delivering digital equity for our most disadvantaged children and young people and this is the first phase of our £30m commitment to support digital inclusion for children and young people. We are working closely with local authority partners to deliver this.</p>		
<p>The Scottish Qualifications Authority is working to ensure the certification model is fair to learners and has committed to fulfilling obligations to complete and publish an Equality Impact Assessment (EQIA) on its approach this year. Guidance is also being developed on the approach to formal assessment for 2020/2021, which will be in place for when schools return.</p>		
<p>To support the education workforce with the transition to home learning, Education Scotland continues to develop resources for pupils, parents and teachers.</p>		

<sup>107</sup> <https://www.careinspectorate.com/index.php/publications-statistics/19-public/statistics?limitstart=0>

As there is some evidence which suggests that COVID-19 may impact disproportionately on some groups (minority ethnic communities), education authorities and schools should ensure that Occupational Health Services provide practical support and advice to minority ethnic staff, particularly where they are anxious about protecting themselves and their families. All minority ethnic staff with underlying health conditions and disabilities, who are over-70, or who are pregnant should be individually risk assessed, and appropriate reasonable or workplace adjustments should be made following risk assessment. There is also a need to remind authorities to be extra vigilant of any potential increased discrimination and harassment that might be faced by minority ethnic staff and pupils, and ensure the ways to address, report and support them, is clear.

To mitigate the potential effect of COVID-19 to pupils and families who rely on free school meals, the Scottish Government and local government worked to provide free school meals whilst schools were closed. This was supported by £15m of funding from the Scottish Government Food Fund to support families unable to access food as a result of COVID-19. This has meant more than 175,000 families have been reached with a free school provision Monday to Friday. These have been provided through direct payments, vouchers, delivery and provision of food directly, including to those attending hubs. In recognition that families need for this support will continue as the pandemic continues during the summer month and before the return to school, the Scottish Government has agreed to provide a further £12.7m to support local authorities to continue these arrangements.

As part of the Education Continuity Direction, schools were able to be opened for the purposes of supporting the transition of pupils into P1, S1 and for other pupils who would benefit from enhanced transition, including those with additional support needs. Guidance on continuity in learning supported education authorities and schools in preparing for transitions, in a different way, during the pandemic. The guidance also highlighted the importance of individual assessment of additional support needs, and the impact of the pandemic to children and young people's wellbeing, including mental health and wellbeing, as part of planning for returning to school. The guidance signposted to relevant resources and supports, and highlighted the support that could be provided to children and young people through the commitment to counselling through schools at this time.

The Scottish Government has been supporting parents and carers who are now unable to access ELC/school through their successful 'Here for You' campaign – to help parents understand that they are not alone and to direct them to parentclub.scot, which has a specific coronavirus hub of information, support and resources across a range of issues that parents, carers and children face e.g. learning at home, balancing childcare/ learning and working from home, child and adult mental health, activities and play, positive parenting, financial information, and keeping children safe online. The hub also acts to keep parents informed with the latest information about the coronavirus restrictions. In addition, Education Scotland has a regular newsletter for parents to support learning at home at all levels.

Education Scotland also provides support for the workforce to help them to support children learning at home (ELC and schools) – including newsletters, webinars to

support educators to use digital platforms, links to new and existing support materials, and events for headteachers. The Scottish Government has also funded the Virtual Nature School to help ELC workforce to work virtually with families and support outdoor learning.

We continue to mainstream the assessment of impacts for the range of decisions being made for the safe operation and re-opening of schools and childcare. This is being developed through the relevant work streams of the COVID-19 Education Recovery Group.

Local authorities should ensure that adequate Gaelic medium education (GME) materials are in place to support GME learning. In any steps to supplement the existing workforce, as has been suggested in the Strategic Framework, local authorities will ensure that GME staff and GME ELC staff capacity is included in this appeal. GME external support could also be considered.

## 11. Phase 2: Schools, Childcare and other Educational Settings

<b>Measures</b>	<ul style="list-style-type: none"><li>On campus university lab research restarted subject to physical distancing.</li><li>Universities and colleges can also (from 22 June) make essential preparations for Phase 3.</li></ul>
<b>Impacts</b>	<p>Universities have undertaken essential research on COVID-19 throughout this crisis. In doing so they have applied appropriate risk assessments and followed Scottish Government guidance.</p> <p>Some non-COVID-19 related research has been suspended in universities; the potential impacts are still being understood and explored. This is an ongoing process and, as more evidence and detail develops, will be reflected in further updates and/or additions to the assessment.</p> <p>Essential preparations will require increased work by estates staff.</p> <p>Many students have been unable to move out of their student accommodation or remove their belongings from accommodation due to restrictions in place prior to Phase 2.</p> <p>The relaxation of restrictions, in line with wider guidance on house moves, will allow those students to vacate their accommodation and will have a positive financial impact on those who have had to extend their stay beyond existing arrangements or may have had to pay additional costs for the storage of belongings.</p> <p>Additional staff may be required to be put in place to manage moves safely and in a way which complies with physical distancing requirements. Accommodation providers will have to consider the needs of students and staff in ensuring a robust plan is in place that promotes this.</p> <p>Staff returning to university and college campuses will face greater risks and challenges with their own childcare.</p> <p>There will continue to be an ongoing demand for counsellor services in ongoing demand for counselling services in HE and FE.</p>

<b>Differential impacts</b>	<b>Age: Children and Young People</b>	<p>Younger researchers will be able to get back to their studies and research areas.</p> <p>The majority of students residing in halls of residence and Purpose Built Student Accommodation (PBSA) are 21 and under.<sup>108</sup> The relaxation of existing restrictions will have a positive impact on this cohort.</p>
	<b>Sex: Women</b>	<p>The majority of those in student accommodation are women.<sup>109</sup> The relaxation of existing restrictions will have a positive impact on this cohort.</p> <p>Women generally carry out the majority of childcare and other caring responsibilities so will be impacted in their ability to return to work at college or university.</p>
	<b>Race</b>	<p>Compared to the overall population, a large proportion of researchers are from an ethnic minority and are international students.<sup>110</sup> The restart of on-campus university research will bring positive impacts of returning to study and work but a potentially increased health risk.</p> <p>Almost half of students in halls of residence are from outside the UK and so those staying in halls of residence and PBSA are potentially more likely to have a wider variety of ethnic backgrounds. The relaxation of existing restrictions will have a positive impact on this cohort.</p>
	<b>Socio-economic disadvantage</b>	<p>13% of Scottish domiciled university enrolments come from the 20% most deprived areas in Scotland. 6% of (Scottish domiciled) students in halls are from 20% of the most deprived areas in Scotland.<sup>111</sup></p> <p>Students may have incurred additional financial costs as a result of the previous travel guidance under Phase 1, if they were unable to vacate their accommodation at the end of their lease or notice period, or where students have been unable to return to collect belongings. The relaxation of restrictions will have a positive impact on certain socio-economic groups who may have been impacted to a greater degree as a result of previous stay-at-home guidance.</p> <p>Students may have incurred additional financial costs as a result of the previous travel guidance under Phase 1 if they were unable to vacate their accommodation at the end of their lease or notice period or where students have been unable to return to collect belongings. The relaxation of</p>

<sup>108</sup> [HESA Student Data, SG secondary analysis](#)

<sup>109</sup> [HESA Student Data, SG secondary analysis](#)

<sup>110</sup> [HESA Staff Data, SG secondary analysis](#)

<sup>111</sup> [HESA Student Data, SG secondary analysis](#)

		restrictions will have a positive impact on certain socio-economic groups who may have been impacted to a greater degree as a result of previous stay-at-home guidance.
	<b>Disability</b>	Disabled students and staff in colleges and universities may find it harder to adhere to social distancing measures, or changed physical layouts may impact them. They may be unable to return to campus, due to health or shielding reasons.
<b>Mitigating actions:</b>		<p>Universities and colleges will be required to put in place physical distancing measures to enhance the safety of researchers and staff returning to prepare campuses, in line with Scottish Government guidance (published 29 June<sup>112</sup>), and noting the relevance of elements of UK Government guidance on research laboratories where appropriate.</p> <p>Further mitigating actions will be considered as more evidence and detail develops and reflected in further updates and/or additions to this assessment.</p> <p>Accommodation providers will be required to put in place physical distancing measures to enhance the safety of students and staff as a number of students seek to vacate accommodation once Phase 2 is implemented.</p> <p>Accommodation providers should be sympathetic to the needs of, and continue to offer support to, international students who, despite the relaxation of restrictions in Scotland, may be unable to vacate their accommodation and return home due to measures in place in other jurisdictions.</p> <p>The Scottish Government and Scottish Funding Council are finalising funding allocations and guidance in relation to supporting counsellor recruitment in 2020-21 to ensure the continued effective recruitment and provision of counsellors through Phases 2, 3 and 4.</p>

---

<sup>112</sup> <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-colleges/>, <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-universities/> and <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-laboratories-and-research-facilities/>

## 12. Phase 3: Schools, Childcare and other Educational Settings

<b>Measures</b>	<ul style="list-style-type: none"><li>• Schools should be preparing for children to be able to return to school full time in August (conditional upon ongoing scientific and health advice). This date may fall in Phase 3 or Phase 4, depending on broader progress. The blended model of schooling remains a contingency plan.</li><li>• All childcare providers re-open subject to public health measures, with available capacity prioritised to support key worker childcare, early learning and childcare (ELC) entitlement and children in need. All childcare providers can open subject to individual provider arrangements (15 July indicative date)</li><li>• Universities and colleges - phased return with blended model of remote learning and limited on campus learning where a priority. Public health measures (including physical distancing) in place. (Unlikely to be before 23 July)</li></ul>
<b>Impacts</b>	<p>The impacts of suspending face-to-face learning and teaching in colleges, universities and community settings are still being understood and explored. This is an ongoing process and, as more evidence and detail develops, will be reflected in further updates and/or additions to the assessment. Likely impacts include:</p> <p>If schools are able to open full-time to all pupils from August, this will have a positive impact on children and families. Children will be able to continue with their learning in a routine that they had previously grown used to, and this will allow greater scope for parents and carers to return to paid employment. There will, however, remain concerns about lost learning time due to school closures for all pupils, especially for those more at risk (e.g. boys, socio-economically disadvantaged, disabled children). There may also remain concerns about the health and safety of pupils and staff, depending on the scientific analysis available at the time. The Education Recovery Group will continue to work with key advisers to support local authorities and school leaders in these circumstances.</p> <p>If schools were to re-open with a blended learning model, the lack of access to full-time learning environment is expected to have an impact on learners. For some, the lack of structure from an educational establishment is also important. Remote, online learning and teaching is more achievable for information-based subjects than those with a practical component. It also depends on staff and students being able to access the internet, which may be a particular issue for older people and those facing socio-economic disadvantage.</p>

	<p>On return to school it is expected that some children and young people will experience anxiety, that there may be an increase in children and young people experiencing poor mental health and wellbeing as a consequence of the pandemic, and that there may be increased experience of domestic abuse, and increased child protection concerns. Children and young people may take some time to disclose the issues, and therefore there will be a need to continue sustained support for children and young people's wellbeing.</p> <p>Students and staff returning to university and college campuses will face greater risks and challenges with their own childcare.</p> <p>The re-opening of ELC settings will have an impact on working families who have struggled to access childcare. We are working to understand whether the current guidelines will impact on capacity. These guidelines may also be updated in the light of new advice.</p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>Ability of children of secondary age to adapt to blended learning will likely depend on many factors, including the quality of teaching materials, their access to digital devices and data and space to work.</p> <p>Pupils transitioning to a new stage may find it harder to adapt, including those starting college and university, with a different learning environment.</p>
	<p><b>Age: Older People</b></p> <p>Families are struggling with childcare or find a way of juggling childcare with working. This may continue with part-time schooling if blended learning is required as a contingency.</p> <p>Older learners/staff at college and university, or engaging in community learning and development, may be more likely to have caring roles.</p> <p>Older staff/students may be more likely to be advised to shield, and may not be able to return to college or university campuses or community learning settings.</p> <p>Older carers (e.g. grandparents) may be more likely to be shielding and unable to (or choose not to) send their children to childcare or school.</p>

	<b>Sex: Women</b>	<p>Staff working in educational settings, particularly primary schools, are mainly women, so they may be exposed to a greater health risk in the workplace than men.<sup>113</sup></p> <p>Women generally carry out the majority of childcare and other caring responsibilities, so will be impacted in their ability to study or work, in education settings and in other sectors of the economy, if a blended learning model is introduced as part of the contingency plans.<sup>114</sup></p> <p>More women than men enrol in college courses (51% in 2018-19)<sup>115</sup> and university courses (59% in 2018-19)<sup>116</sup> so will be subject to disrupted learning.</p> <p>The Programme for International Student Assessment (PISA) 2018 asked participating students (aged 15) about their use of digital devices at home and at school - boys are generally more likely to use digital devices for most purposes than girls.</p>
	<b>Race</b>	If a blended learning model is introduced, those learners who need additional support with language may be less able to study at home and learners who speak English as an additional language may be negatively impacted by not receiving as much additional language support as during full-time school.
	<b>Religion &amp; Faith</b>	If a blended learning model is introduced, due to the restrictions in numbers, religious schools will be unable to offer a full programme of religious observance.
	<b>Disability</b>	<p>Disabled learners may find it harder to participate in distance learning, as part of blended learning, and will require greater input from families for care and learning. Disabled learners and staff may also require specialist equipment to allow them to participate in extended periods of online learning.</p> <p>Pupils, students and staff may require specific considerations in relation to the application of social distancing measures, or changed physical layouts that may impact them. They may be unable to return to school/college/university, at the same time as others due to shielding as a result of health concerns and a continued need to protect their health and wellbeing. However, these decisions should be taken by the individual based on their individual circumstances and needs.</p>

<sup>113</sup> <https://www.gov.scot/publications/teacher-census-supplementary-statistics/>

<sup>114</sup> <https://www.gov.scot/publications/centre-time-use-research-time-use-survey-2014-15-results-scotland/pages/6/>

<sup>115</sup> <https://stats.sfc.ac.uk/infact/>

<sup>116</sup> <https://www.hesa.ac.uk/data-and-analysis/sb255/figure-4>

	<p>Disabled pupils and those with additional support needs are likely to benefit from the return to school. The opportunity to re-engage fully with the support which is provided to them through school, including access to therapeutic supports, equipment and specific learning resources will be beneficial. The resumption of friendships, connections to key workers and well known staff, familiar places, routines, structures, and other supports will be a positive benefit to children and young people with disabilities and additional support needs and all young disabled people.</p> <p>The Family Fund Impact of COVID-19 survey included 232 families in Scotland seeking to understand how the COVID-19 outbreak is affecting families raising disabled or seriously ill children. The findings showed that two in five families have lost income; the mental health and behaviour of children is being impacted; that the availability of both informal and formal support for children has been seriously reduced and that education is one of the most serious concerns.</p>
<b>Socio-economic disadvantage</b>	<p>In general, children from lower socio-economic backgrounds lose out most by being at home. They generally spend less time on home learning and research from the Sutton Trust<sup>117</sup> suggests that parents on lower incomes feel less confident to support home learning. Children eligible for free school meals are entitled to be considered for critical childcare but decisions are made at local authority level. This situation will improve with the full-time model in August, however the impact of school closures from March 2020 may continue into the next school year, with pupils from lower socio-economic backgrounds most likely to require further support.</p> <p>Students facing socio-economic disadvantage may be less able to access online support for home-learning.</p> <p>Colleges have a higher proportion of learners from the most disadvantaged areas, with 16.6% of college activity in 2018-19 delivered to students from the 10% most deprived areas in Scotland.</p> <p>Colleges and universities are likely to deliver teaching through a blended approach (face to face and online). This will depend on students being able to access the internet.</p>

<sup>117</sup> <https://www.suttontrust.com/our-research/covid-19-and-social-mobility-impact-brief/>

### **Mitigating actions:**

The Programme for International Assessment (PISA) included an ICT Familiarity Module in 2018, which asked head teachers in participating secondary schools about digital policies and practices in their schools. The findings showed that:

- Two-thirds of pupils were in schools where teachers had the necessary technical and pedagogical skills to integrate digital devices into teaching.
- Three quarters were in schools where head teachers thought sufficient resources were available to support digital teaching.
- Just over half of pupils were in schools which had sufficient qualified technical assistant staff.

To support teachers and practitioners with the transition to online learning, Education Scotland launched on 24 March an extended website with easy access to high quality materials that have been curated from a range of sources and partners.

Education Scotland is also working with e-Sgoil, Association of Directors of Education in Scotland, Scottish Government and Strathclyde University, to develop a national e-learning offer for the senior phase. This help to provide a strong offer and support to in-school and remote learning during session 2020-21.

In the context of schools, and where full-time learning is not possible, local authorities and schools will be supported to maximise the offer of face-to-face learning that each setting is able to provide. This is expected to have a beneficial impact on the learning and wellbeing of children, as well as parents and carers who will then have more flexibility to balance childcare and employment.

Both the full-time school model and the blended learning model will allow learners who are able to attend to access resources for more practical school subjects, thus having a positive impact on their learning experiences. If a blended model were required, through attending school on a part-time basis children and young people will also be able to interact with peers and staff, which is expected to have a positive impact on wellbeing.

For children and young people with additional support needs, the return to school - and the re-engagement of support for their learning, including therapeutic support, in some cases - will be beneficial. Guidance on continuity in learning suggests that individualised assessment of needs will be beneficial to understand the impact of COVID-19 on children's wellbeing and learning. This will enable tailored supports and approaches to be put in place for pupils whose needs have increased, or for whom new needs for support have emerged as a result of the pandemic. For pupils who are unable to return to school due to specific health conditions, which require continued shielding, schools should ensure that these pupils have equal access to learning resources and support.

Work to address digital exclusion is expected to have resulted in the provision of 25,000 digital devices by August to enable pupils to engage in home learning where required.

In the context of colleges, universities and community learning settings, all will be required to put in place measures to enhance the safety of staff and learners, which comply with physical distancing requirements, in line with Scottish Government guidance; guidance for colleges and universities was published on 29 June<sup>118</sup>.

The Scottish Government wants to minimise disruption to learning and ensure all students are able to complete their studies and access on-line learning when courses resume for 2020-21. This is especially the case for those groups of learners in the community and those for whom English is not a first language, where mobile communication is often the only means to stay in touch with learners.

We are working to invest additional monies to create digital hubs connecting Scotland's colleges and communities to provide access to learning for the thousands of adults with few or no qualifications.

The Scottish Funding Council has issued new guidance to allow colleges to use Further Education (FE) and Higher Education (HE) student support funds to cover the necessary equipment and infrastructure costs for students to be able to continue their studies remotely. The new guidance has supported colleges and universities to ensure that no students are disadvantaged in their studies due to the lack of access to the appropriate technology.

The impacts of a phased return to campus and blended models of learning and teaching in colleges, universities and community settings are still being understood and explored. Further mitigating actions will be considered as more evidence and detail develops and reflected in further updates and/or additions to this assessment.

Initial guidance to support re-opening of ELC was published on 15 June covering health protection considerations - this will mitigate differential health impacts.<sup>119</sup> Further operational and practice guidance will be provided as required and will be informed by the initial impact assessment and ongoing work on impacts and rights.

Detailed guidance on practical measures to allow schools to re-open on 11 August has been published.<sup>120</sup> The scientific advice behind the safe re-opening of schools and nurseries is available.<sup>121</sup>

---

<sup>118</sup> <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-colleges/> and <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-universities/>

<sup>119</sup> <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/>

<sup>120</sup> <https://news.gov.scot/news/schools-re-opening-guidance>

<sup>121</sup> <https://news.gov.scot/news/safe-return-to-schools-and-nurseries>

### 13. Phase 4: Schools, Childcare and other Educational Settings

<b>Measures</b>	<ul style="list-style-type: none"><li>• Schools and childcare provision, operating with any necessary precautions.</li><li>• College and university campuses open - including key student services - with any necessary precautions.</li></ul>
<b>Impacts</b>	<p>COVID-19 will present significant challenges for young people. The literature tells us that young people are typically the first to lose jobs, are less likely to be recruited into new jobs, and experience a 'scarring effect' as a result of a recession. These 'low pay / no pay' cycles have long term implications including young people with degree-level qualifications. The Resolution Foundation<sup>122</sup> suggest that employment and pay scarring as a result of COVID-19 could be larger and longer-lasting than that seen after the 2008 financial crisis.</p> <p>A UK wide National Union of Students survey reports<sup>123</sup> that almost half of students in Scotland, who responded, say the income of someone who supports them financially has been impacted. Going forward, this may affect the number of students who are able to take up or continue their studies.</p> <p>Staff and students returning to college and university campuses will face greater risks or may not be able to attend for specific health reasons.</p> <p>Resumed face to face counselling and wellbeing services may face much greater demands as mental health issues not addressed during lockdown and previous phases come to light and students adjust to a campus based learning and research experience.</p> <p>The impacts of more fully re-opening college and university campuses are still being understood and explored. This is an ongoing process and, as more evidence and detail develops, will be reflected in further updates and/or additions to the assessment.</p>

<sup>122</sup> <https://www.resolutionfoundation.org/publications/class-of-2020/>

<sup>123</sup> <https://www.nusconnect.org.uk/resources/covid-19-and-students-survey-report>

<b>Differential impacts</b>	<b>Age: Children and Young People</b>	All children and students now able to learn full time.  Motivation and attendance may drop if high unemployment is still predicted and students cannot work to pay living and other costs.
	<b>Age: Older People</b>	Older learners and staff will be exposed to a greater risk in educational settings or may not be able to attend for shielding or other health reasons.
	<b>Race</b>	Learners and staff from minority ethnic backgrounds may be exposed to a greater risk in the workplace.
	<b>Disability</b>	Disabled students and staff may find it harder to adhere to social distancing measures, changed physical layouts that may impact them, or they may be unable to attend school/ college/ university due to health or shielding reasons.
	<b>Socio-economic disadvantage</b>	There may be need to specialist help to maintain a reduction in the attainment gap.
<p><b>Mitigating actions:</b></p> <p>Colleges, universities and community learning settings will be required to put in place measures to enhance the safety of staff and learners, which comply with physical distancing requirements, in line with Scottish Government guidance. The impacts of a phased return to campus and blended models of learning and teaching in colleges, universities and community settings are still being understood and explored. Further mitigating actions will be considered as more evidence and detail develops and reflected in further updates and/or additions to this assessment.</p> <p>It is expected that there will be increased experience of domestic abuse and a need for support for children and young people's mental health and wellbeing.<sup>124</sup> It is also expected that there will be increased need for support in relation to child protection concerns. These may not be disclosed for some time, following the conclusion of the pandemic and the return to schools, and therefore there will be a need for sustained support for children and young people's wellbeing. Education authorities and schools are well placed to respond effectively, as part of a multi-agency approach to these concerns, and to ensure that appropriate actions are taken to support children, young people, and their families. The guidance on continuity of learning highlights these concerns and the need for these matters to be considered as part of planning for return to school and beyond.</p>		

<sup>124</sup> On 6 April, Refuge reported a 255 increase in calls to the National Domestic Abuse Helpline and online requests for help since the lockdown. It is important to note that the National Domestic Abuse Helpline is for those in England and Wales. In Scotland Scottish Women's Aid runs the helpline. Visits to the National Domestic Abuse website were also 150% higher than during the final week of February. There is no equivalent Scottish data available.

<https://www.gov.scot/publications/covid-19-health-and-social-impact-assessment/>

## 14. Phase 1: Working or Running a Business

<b>Measures</b>	<ul style="list-style-type: none"><li>• Remote working remains the default position for those who can.</li><li>• For those workplaces that are re-opening, employers should encourage staggered start times and flexible working.</li><li>• Non-essential outdoor workplaces with physical distancing resume once relevant guidance agreed.</li><li>• Construction – Phases 0-2 of industry restart plan can be implemented. (Industry to consult government before progressing to Phase 2.)</li><li>• Preparing for the safe re-opening of the housing market.</li><li>• Workplaces resuming in later phases can undertake preparatory work on physical distancing and hygiene measures.</li></ul>
<b>Impacts</b>	<p>Although the digital transformation has been rapid, many people currently working from home may be struggling with issues of isolation from colleagues.</p> <p>Mixing home working with home-schooling and childcare is a particular challenge for parents, especially women who are in most cases the primary care givers.<sup>125</sup> Many parts of the labour market cannot work from home<sup>126</sup> and some employees are furloughed.</p> <p>Before the pandemic, 4.7% of the manufacturing workforce were homeworkers, it is likely that non-essential manufacturing office staff will make up a high proportion of these homeworkers.<sup>127</sup></p> <p>Flexible working is encouraged and will help reduce congestion when commuting to work. The specific impacts will depend on how employers interpret guidance and how it fits with business processes (e.g. factory lines may not be able to operate flexibly). Staggered start times may mean shift working which may be unfavourable / challenging for those with caring responsibilities.</p> <p>Re-opening of businesses and return to work will increase the risk of infection. Although outdoors transmission is lower than indoors, this is likely to be a cause of anxiety for many</p>

<sup>125</sup> Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). Time use data for Great Britain as a whole shows that although men are spending more time doing unpaid childcare in lockdown than they did in 2014-15, women continue to spend more time doing so ([Coronavirus and How People Spent their Time under Lockdown](#))

<sup>126</sup> For example, most low earners are unlikely to be able to work from home and a large proportion also work in the hardest-hit or shut down sectors.

<sup>127</sup><https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

	<p>workers and employers. Workers responsible for hygiene and sanitation and those with customer facing roles may have particular anxieties about returning to work, risk of infection and transmission within their households.</p> <p>Many people will be unable to work as their sector of employment will remain closed. They will either be furloughed or may have already lost their jobs, potentially leading to financial problems.</p> <p>Manufacturing is predominantly an indoor industry and non-essential manufacturing was advised to cease after lockdown with only essential manufacturing continuing. Manufacturing operations and premises vary in size - a manufacturer in a large building may only require a few workers and a small building may require a lot of workers in a small space, consequently, the level and type of risk differs from business to business.</p>
Differential impacts	<p><b>Age: Children and Young People</b></p> <p>There are positive impacts on many children from having increased family time, however there will also be stresses over home-schooling with strained relationships developing with parents who are trying to juggle work and time with their family. Impact will partially depend on how supportive employer policies are.</p> <p>Data from the Resolution Foundation states that more than one in three 18 to 24 year-olds in the UK are earning less than before the outbreak.<sup>128</sup> In addition, those leaving full-time education this year can expect to find it harder to find employment, especially well-paid employment.</p>
	<p><b>Age: Older People</b></p> <p>Increased working could increase community transmission of COVID-19 which disproportionately impacts older people.</p> <p>36.5% of the manufacturing workforce are aged 50+.<sup>129</sup> Older workers have higher risk of serious illness from COVID-19. However, during Phase 1 of the Route Map, the majority of these people should be working from home or furloughed.</p>
	<p><b>Sex: Women</b></p> <p>Women are either disproportionately working already as key workers or disproportionately in sectors which will remain closed (e.g. retail and hospitality) leaving them financially vulnerable. Women take on the bulk of caring and domestic work and will need to juggle this with home-working.</p> <p>It is anticipated that COVID-19 will therefore have a disproportionate impact on women<sup>130</sup>, who are also more</p>

<sup>128</sup> <https://www.resolutionfoundation.org/publications/young-workers-in-the-coronavirus-crisis/>

<sup>129</sup> <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

<sup>130</sup> <https://www.engender.org.uk/content/publications/Engender-Briefing---Women-and-COVID-19.pdf>

	<p>likely to work part-time and in lower paid work and therefore may not have as much access to flexible working arrangements.<sup>131</sup> Women are significantly overrepresented across low-paid sectors, including care, retail, administration, and lower grades within the public sector. 19.5% of employed women (18+) earned less than the real Living Wage in 2019 – compared to 14% of men.</p> <p>Women's overrepresentation as both unpaid carers<sup>132</sup> and in health and social care jobs<sup>133</sup> is likely to put them at higher workplace risk of contracting COVID-19, which may result in a fall in earnings as well as serious health implications. Their disproportionate shouldering of caring responsibilities may also make it harder to maintain or take on employment.</p> <p>6.9% of women in the manufacturing industry have children aged 16 or under.<sup>134</sup> The majority of these women may be working from home or furloughed.</p>
<b>Sex: Men</b>	<p>Many of the industries opening up in Phase 2 employ a higher proportion of men. Men have higher prevalence of serious illness from COVID-19 (age standardised) and there is some evidence that younger men are less compliant with physical distancing measures<sup>135</sup> which could increase personal and community risk.</p>
<b>Pregnancy and maternity</b>	<p>A high proportion of the manufacturing workforce are male. Pregnant women or babies may be at risk of the disease being transmitted at home from a male who works in the manufacturing industry, should that person become infected.</p> <p>Many pregnant women will be anxious about returning to work and may be financially vulnerable if they choose to stay home because they are employed in roles that are public facing or require onsite working (so cannot be done from home).</p>
<b>Race</b>	<p>A high proportion of minority ethnic workers are key workers and already in the workplace.</p>

<sup>131</sup> <https://www.ifs.org.uk/publications/14860>

<sup>132</sup> Scottish Household Survey, 2018

<sup>133</sup> ONS, Annual Population Survey, January - December 2019.

<sup>134</sup> <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

<sup>135</sup> <https://www.ipsos.com/ipsos-mori/en-uk/perception-personal-threat-posed-covid-19-gradually-declining-scotland>

	<p>Pakistani and Bangladeshi workers have the lowest median hourly pay<sup>136</sup> and are also the least likely to work from home in the UK<sup>137</sup>. In Scotland, African women were by far the most likely to be working in either caring, leisure and other service occupations or sales and customer service occupations, where homeworking may be much less feasible.<sup>138</sup> Those who identified as 'White: Polish', 'White: Gypsy/Traveller', 'African', 'White: other' or 'Other Asian' were also more likely to be in occupations where homeworking may be less feasible than for the employed population as a whole (35%, 20%, 18%, 17% and 17% respectively, compared to 12% overall).<sup>139</sup> 44% of women who identified as 'African' and 34% of those identifying as 'Caribbean or Black' worked in human health and social work activities in 2011, which is likely to put them at higher workplace risk of contracting COVID-19 and for some therefore dropping down to statutory or contractual sick pay.</p> <p>Poverty rates are higher for ethnic minority households so if they are unable to work they could be increasingly financially vulnerable.</p>
<b>Religion &amp; Faith</b>	Poverty rates are higher for certain religions (e.g. Muslim) so if employees are still unable to work they could be increasingly financially vulnerable.
<b>Disability</b>	<p>Disabled workers may find it more challenging to attend work and undertake physical distancing but this will be dependent on their individual circumstances.</p> <p>25.6% of those working in the manufacturing industry suffer from long term illness or conditions and 11.6% of workers in the manufacturing industry are recorded as having a specific respiratory, cardiovascular, diabetes or other long term progressive illness.<sup>140</sup> These people should be working from home or furloughed.</p>

<sup>136</sup><https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/ethnicitypaygapsingreatbritain/2018>

<sup>137</sup> ONS, 2020, *Coronavirus and Homeworking*.

<sup>138</sup> Scotland's Census 2011.

<sup>139</sup> Section 9 of the Standard Occupational Classification (SOC) codes. This major group covers occupations which require the knowledge and experience necessary to perform mostly routine tasks, often involving the use of simple hand-held tools and, in some cases, requiring a degree of physical effort. Most occupations in this major group do not require formal educational qualifications but will usually have an associated short period of formal experience-related training.

<sup>140</sup> <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

	<b>Marriage and civil partnership</b>	There is a theoretical possibility that couples who are married or are in a civil partnership may work for the same employer in the manufacturing industry. This may pose a risk of slight increase in a household transmission of the virus.
	<b>Socio-economic disadvantage</b>	<p>It is likely that the sorts of jobs that cannot offer flexible working will be lower income. This may increase risks further for lower income workers who have to commute at busy times.</p> <p>The Resolution Foundation<sup>141</sup> reports that lower earners are three times as likely to have lost their job or been furloughed as high earners, and are more than twice as likely to do jobs exposing them to health risks. Another study<sup>142</sup> shows that higher earners are more likely to be able to work from home with over four-in-five workers in the top earnings quintile currently working from home some or all of the time, compared to less than half in the bottom quintile.</p>
<b>Mitigating actions:</b> Employers should be encouraged to take into account the particular needs and circumstances of their employees.		
<h3>Construction</h3> <p>In the initial stages of Phase 1 the emphasis was on ensuring that no non-essential construction works were proceeding. Initial guidance was therefore produced at pace, building on the principles of the wider physical distancing guidance for businesses. This involved rapid consultation with industry and trade union interests before its publication on 6 April. The guidance was explicit that fair work principles should be applied during the current crisis, and referred to the <a href="#">Fair Work joint statement by Scottish Government and the STUC</a>.<sup>143</sup> Refreshed Scottish Government guidance was published on 1 May to clarify some points raised by trade unions and began to set out the future approach to the sector in terms of reset and restart.</p> <p>In parallel with this work, industry developed their site operating guidelines (also first published on 6 April) and Restart Plan, consulting across industry, government and trade unions directly (including Health Protection Scotland, Health and Safety Executive and the Society of Chief Environmental Health Officers of Scotland). It also consulted via the fortnightly Construction Leadership Forum (CLF), chaired by the Housing Minister. In addition to this there were the CLF's operating procedures and weekly restart subgroups. The proposed phased approach to return was endorsed by the Scottish Government on 11 May and also agreed with trade unions.</p>		

<sup>141</sup> <https://www.resolutionfoundation.org/app/uploads/2020/06/A-new-settlement-for-the-low-paid.pdf>

<sup>142</sup> <https://www.resolutionfoundation.org/app/uploads/2020/05/The-effect-of-the-coronavirus-crisis-on-workers.pdf>

<sup>143</sup> <https://www.gov.scot/publications/coronavirus-covid-19-fair-work-statement/>

Revised Scottish Government guidance was published on 28 May reflecting the sector's move to its stage 1 – site preparation. The industry Restart Plan and revised site operating guidance were published in parallel.

Following a review of health data, and continuing in-depth work with industry and trade unions, further revised guidance was published on 11 June and the sector was able to proceed to its stage 2 – soft start within the Route Map's Phase 1.

[Scottish Government Construction Sector Guidance is available here.<sup>144</sup>](#)

[Industry guidance can be found here.<sup>145</sup>](#)

### **Manufacturing**

Due to the unusual and unprecedented circumstances of the current health crisis, and the need to provide guidance to the manufacturing sector at pace, it has not been possible to conduct the usual round of consultation that would normally take place. Version 1 of the COVID-19 Manufacturing Guidance was published on 26 May 2020. In Phase 1, non-essential businesses should remain closed and the guidance sets out how employers should use Phase 1 for planning and preparing for the safe restart of business in Phase 2, including:

- Involving the workforce, trade unions and health and safety representatives in planning
- Changing the workplace environment to protect the workforce
- Enhanced hygiene
- Physical distancing
- Shift patterns
- Emergency protocols
- Travel to work
- PPE
- Training

There is no doubt that the impact will be significant; the manufacturing guidance has been developed through a Ministerial-led Working Group, comprising business representative organisations, individual businesses, trade unions, and regulators. When creating the guidance, members of this working group considered the diversity of the manufacturing workforce and the unequal impact COVID-19 has had/will have on workers in the workplace.

This guidance highlights the importance of organisations fostering a fair and inclusive working environment, in line with the COVID-19 Fair Work joint statement by Scottish Government and the STUC, that they should take into account individual health circumstances and protected characteristics and not to tolerate the discrimination or the victimisation of those more vulnerable to COVID-19. The guidance will be reviewed on an ongoing 3 weekly basis to ensure it evolves as we progress through the Route Map out of lockdown.

<sup>144</sup> <https://www.gov.scot/publications/coronavirus-covid-19-construction-sector-guidance/pages/compliance/>

<sup>145</sup> <https://www.cs-ic.org/constructionscotland/resources/>

An EQIA specific to the COVID-19 Manufacturing Guidance is being prepared and there will be consultation with a range of organisations for each of the protected characteristic groups to ensure that we are engaging with the right people and that the right people are given the opportunity to provide feedback on how the guidance affects each of these protected characteristic groups. This will help build ongoing stakeholder relationships between the Scottish Government Manufacturing team and equality groups.

The Scottish Government's "Making Scotland's Future" programme is led by the Advanced Manufacturing Policy Team who are also responsible for the COVID-19 Guidance. The Programme brings together private and public sector partners across the manufacturing support landscape in Scotland including each of our regional enterprise and skills agencies. The lessons learned throughout this pandemic will be shared with the Programme on an ongoing basis to ensure the advancement of equality in the industry is built in appropriately to future interventions and that Scottish manufacturing remains inclusive of all people in Scottish society. This will help ensure the long term resilience of the Scottish Manufacturing Industry.

## 15. Phase 2: Working or Running a Business

<b>Measures</b>	<ul style="list-style-type: none"><li>• Remote working remains the default position for those who can.</li><li>• Indoor (non-office) workplaces resume once relevant guidance is implemented. Includes: factories, warehouses, labs and research facilities. Excludes: indoor workplaces due to open in Phase 3 (e.g. non-essential offices and call-centres).</li><li>• Construction sector can implement remaining phases of sectoral plan.</li><li>• Consistent with Phase 2, accommodation can be provided for those required to stay away from home for work purposes.</li><li>• Relaxation on restrictions on housing moves.</li></ul>
<b>Impacts</b>	<p>The risk of infection increases further with working and other contact indoors, for example when visiting homes as part of the home moving process.</p> <p>Flexible working is encouraged and will help reduce congestion when commuting to work. The specific impacts will depend on how employers interpret this guidance and how it fits with business processes (e.g. factory lines may not be able to operate flexibly).</p> <p>Certain groups of workers may not practically be able to work away from home or to stay in accommodation due to caring responsibilities and/or concerns around the health risks. This is particularly the case if they would need to travel via public transport.</p> <p>Opening up more parts of the economy will provide more jobs and income for households.</p>

<b>Differential impacts</b>	<b>Age: Children and Young People</b>	<p>There may be challenges for parents in finding suitable child care opportunities for younger children if they are returning to work during the school holiday period, which could impact on child wellbeing.</p> <p>Younger people are more likely to be working part-time or on less secure contracts,<sup>146</sup> so may not be able to secure flexible working arrangements.</p>
	<b>Age: Older People</b>	<p>Increased working could increase community transmission of COVID-19, which disproportionately impacts older people.</p> <p>Physical distancing may be more difficult to observe in smaller workplaces, which could be a particular challenge for older people with limited mobility.</p> <p>Older workers who are more at risk from COVID-19 may be placed at higher risk traveling to and staying in locations beyond their home area.</p> <p>Older workers may be less able to travel and stay in accommodation due to health concerns / risks and miss out on work opportunities.</p>
	<b>Sex: Women</b>	For women who work in sectors starting to re-open in Phase 2 the impact will be financially positive. However, women as primary carers may struggle to go to work if appropriate formal care is not in place (e.g. schools, holiday clubs, and day care).
	<b>Sex: Men</b>	Many of the industries opening up in Phase 2 employ a higher proportion of men. For example, the vast majority of the workforce in construction is male (87.4%) and 24.3% of the overall workforce have a long term health condition/illness. <sup>147</sup> Men also have higher prevalence of serious illness from COVID-19 (age standardised) and there is some evidence that younger men are less compliant with physical distancing measures which could increase personal and community risk.
	<b>Pregnancy and maternity</b>	<p>Increased working could increase community transmission of COVID-19 which could affect this group.</p> <p>Women tend to do the majority of unpaid care for children and staggered start times and flexible working may impact their ability to return to work, particularly when schools have</p>

<sup>146</sup> ONS, [EMP17: People in employment on zero hours contracts](#)

<sup>147</sup> <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

		<p>not re-opened and childcare arrangements cannot be made.</p> <p>Pregnant women might be unable to travel / stay away for work.</p>
<b>Race</b>		<p>A high proportion of minority ethnic workers are key workers and already in the workplace. Poverty rates are higher for ethnic minority households, so if they are still unable to work they could be increasingly financially vulnerable.</p>
<b>Disability</b>		<p>Workers with a disability may find it more challenging to attend work and undertake physical distancing but this will be dependent on their disability. They may be less able to travel and stay beyond their home area.</p> <p>Physical distancing may be more difficult in smaller workplaces and could be a particular challenge for some disabled people. The majority of blind and partially sighted people do not have a guide dog and rely on touch and guiding from another person, so exercising physical distancing is challenging. For people with visual impairment, physical distancing markers on floors and the introduction of one-way routes around workplaces cannot be navigated by either using long canes or by guide dog users. Some may not be able to gauge properly the required two metre distance between themselves and other workers. This is likely to be a cause of anxiety for many visually impaired people.</p>
<b>Socio-economic disadvantage</b>		<p>It is likely that socio-economically disadvantaged people will work in the types of industries returning in Phase 2, increasing personal and community risks. There is higher prevalence of serious illness amongst households that live in more deprived areas.</p> <p>Workers on low incomes or those with low skills are on the whole less likely to be able to work from home. Those on less secure contracts may find it challenging securing flexible working arrangements. Analysis by the Resolution Foundation<sup>148</sup> suggests that people who were previously on a zero-hours contract were twice as likely to have been furloughed as people with no atypical work arrangements. More than one-in-ten (12%) have lost hours and pay, compared to just 3% of workers with more secure contracts. A fifth (19 per cent) of those on temporary contracts have lost their jobs.<sup>149</sup></p>
<b>Mitigating actions:</b>		Employers should be encouraged to take into account the particular needs and circumstances of their employees.

<sup>148</sup> <https://www.resolutionfoundation.org/app/uploads/2020/06/A-new-settlement-for-the-low-paid.pdf>

<sup>149</sup> <https://www.resolutionfoundation.org/app/uploads/2020/05/The-effect-of-the-coronavirus-crisis-on-workers.pdf>

## **Construction**

Employers continue to consult with employees, trade unions, and health and safety representatives, reviewing risk assessments and the measures put in place to ensure safe working. Phase 2 of the Route Map will see further re-opening of sites and workers returning to work gradually. During the initial stages of Phase 2 non-essential works that would require workers being within 2 metres of each other and thus requiring the use of PPE will not take place.

There will be ongoing consultation with stakeholders, both directly and via the Construction Leadership Forum and its subgroups, to further develop the guidance in the light of experiences in the workplace and the practical application of the site operating guidance.

## **Manufacturing**

Employers should by now have consulted with employees, trade unions, and health and safety representatives; completed risk assessments and the required measures for safe working should be in place. Phase 2 will see the re-opening of business and those workers who can return to work gradually. Manufacturers are highly unlikely to be working at full capacity to ensure the safety of the work force. Workers with caring responsibilities or who are in a high risk category may not return to work in Phase 2; some workers may remain on furlough.

The default position is that non-essential manufacturing office staff will continue to work remotely during Phase 2.

It is anticipated the COVID-19 Manufacturing Guidance EQIA and consultation will be complete. This EQIA will be subject to regular reviews to assess and identify the ongoing impact of COVID-19 on the protected characteristics groups who work in manufacturing. Information will be shared with the “Making Scotland’s Future” team.

There will be ongoing 3 weekly reviews with the working group and consultation with stakeholder groups to further develop the guidance from feedback about their experiences in the workplace and the practical application of the guidance. Details of the EQIA and consultation will be shared with the working group and the guidance revised as necessary.

## **Moving home**

Guidance has been developed in collaboration with industry stakeholders and provides specific advice to both the public and businesses on how home moves can be carried out safely.

There will be ongoing engagement with stakeholders, both directly and via the COVID-19 Home Moves in Scotland Working Group, to review and update the guidance as necessary in the light of the experiences of home movers and associated businesses. Further mitigating actions will be considered as needed, based on evidence from business practice and household experience.

## 16. Phase 3: Working or Running a Business

<b>Measures</b>	<ul style="list-style-type: none"> <li>• Remote working remains the default position for those who can.</li> <li>• Non-essential offices and call centres can re-open following implementation of relevant guidance (including on physical distancing). (Unlikely to be before 23 July). Working from home and working flexibly remain the default.</li> </ul>
<b>Impacts</b>	<p>Workers responsible for hygiene and sanitation and customer facing staff may have anxieties about returning to work, risk of infection and transmission within their households.</p> <p>Smaller businesses may have limited staff to undertake hygiene and sanitation, which may affect the confidence of some members of the public and potentially discourage from visiting them.</p> <p>Self-employed business owners with caring responsibilities may find it challenging to open without suitable provisions for childcare, especially if they are lone parents or have no one else to help out with caring responsibilities.</p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b> There may be challenges for parents in finding suitable child care opportunities for younger children if they are returning to work during the school holiday period, which could impact on child wellbeing.</p> <p><b>Age: Older People</b> Increased working could increase community transmission of COVID-19 which disproportionately impacts older people.</p> <p><b>Sex: Women</b> Many women may also be primary carers, so returning to work could be challenging if appropriate formal care is not in place (e.g. schools and day care). Women tend to do the majority of unpaid care for children and staggered start times and flexible working may impact their ability to return to work, particularly if schools have not re-opened or childcare arrangements cannot be made yet.</p> <p>Staggered start times may mean shift working which may be unfavourable/challenging for those with children. Those working part-time or on less secure contracts may find it more challenging to secure flexible working arrangements.</p> <p>Self-employed female business owners with caring responsibilities may find it challenging to open up their</p>

		businesses without suitable provisions for childcare, especially if they are lone parents that may not have anyone else to help out with caring responsibilities. <sup>150</sup>
	<b>Sex: Men</b>	It is unlikely that these measures will have a further differential impact although parents will have to juggle childcare.
	<b>Pregnancy and maternity</b>	Increased working could increase community transmission of COVID-19 which could affect this group. Many pregnant women will be anxious about returning to work and may be financially vulnerable, if they choose to stay home because they are employed in roles that are public facing or require onsite working (so cannot be done from home).
	<b>Race</b>	A high proportion of minority ethnic workers are key workers and already in the workplace. Poverty rates are higher for ethnic minority households so if they are still unable to work they could be increasingly financially vulnerable.
	<b>Disability</b>	Indoor workers with a disability may find it more challenging to attend work and undertake physical distancing but this will be dependent on their disability.
	<b>Socio-economic disadvantage</b>	Workers on low incomes or those with low skills are less likely to be able to work from home. Those on less secure contracts may find it challenging to secure flexible working arrangements.
<p><b>Mitigating actions:</b> Employers should be encouraged to take into account the particular needs and circumstances of their employees.</p> <h3>Construction</h3> <p>Progress through the stages is evidence led and dependent on all parties working in genuine partnership. As of 22 June we expect to see more works begin to restart as the sector progresses to phase 3 of its plan. Easing restrictions will not mean returning to how things were before the virus. Physical distancing, hand hygiene and other critical behaviours will be essential in each area to ensure public and workforce confidence.</p> <p>We continue to work with business and employee representatives, seeking to learn from successful working practices on essential sites, looking for industry to develop innovative processes to support new ways of working and also learning from examples from around the world.</p> <p>An EQIA specific to the COVID-19 Construction Guidance is being prepared and there will be consultation with a range of organisations for each of the protected characteristic groups to ensure that we are engaging with the right people and that the right people are given the opportunity to provide feedback on how the</p>		

<sup>150</sup> [https://www.scotlandscensus.gov.uk/documents/analytical\\_reports/HH%20report.pdf](https://www.scotlandscensus.gov.uk/documents/analytical_reports/HH%20report.pdf)

guidance affects each of these protected characteristic groups. This will help build ongoing stakeholder relationships between the Scottish Government Construction Team and equality groups.

## **Manufacturing**

It is expected that by Phase 3 manufacturers will have been re-open for a number of weeks and those not working at full capacity may be scaling up operations if safe to do so. The practicalities of safe working and the impact on those with caring responsibilities, or who are in a high risk category, will become more obvious. Some workers may remain on furlough.

The default position is that non-essential manufacturing office staff will continue to work remotely during Phase 3.

There will be ongoing 3 weekly reviews with the working group and consultation with stakeholder groups to further develop the guidance from feedback about their experiences in the workplace and the practical application of the guidance. Information will be shared with the “Making Scotland’s Future” team.

The COVID-19 Manufacturing Guidance EQIA will be subject to regular reviews to assess and identify the ongoing impact of COVID-19 on the protected characteristics groups who work in manufacturing.

Detailed guidance on practical measures to allow schools to re-open on 11 August to enable parents to return to the work [has been published](#).<sup>151</sup> The scientific advice behind the [safe re-opening of schools and nurseries is available](#).<sup>152</sup>

---

<sup>151</sup> <https://news.gov.scot/news/schools-re-opening-guidance>

<sup>152</sup> <https://news.gov.scot/news/safe-return-to-schools-and-nurseries>

## 17. Phase 4: Working or Running a Business

<b>Measures</b>	<ul style="list-style-type: none"><li>• Remote and flexible working remains encouraged.</li><li>• All workplaces open with improved hygiene and in line with public health advice.</li></ul>
<b>Impacts</b>	The sharp contraction in economic activity, across many sectors and industries, is likely to affect business trading and labour demand with profound implications for household finances. As businesses review their staffing (through job losses, reduction in hours worked or earnings) we expect low skilled and low earner workers or those on insecure work to be more heavily impacted. <sup>153</sup> Traditionally this would impact on younger people, disabled people, minority ethnic people, women and socio-economically disadvantaged.
<b>Mitigating actions:</b>	Employers should be encouraged to take into account the particular needs and circumstances of their employees.
<b>Manufacturing</b>	<p>It is expected that by Phase 4 manufacturers will be fully operational, and office workers will return to the workplace, if safe to do so.</p> <p>There will be ongoing 3 weekly reviews with the working group and consultation with stakeholder groups to further develop the guidance from feedback about their experiences in the workplace and the practical application of the guidance. Information will be shared with the “Making Scotland’s Future” team.</p>

<sup>153</sup> <https://www.gov.scot/publications/additional-poverty-statistics-2020/>

## 18. Phase 1: Shopping, Eating and Drinking Out

<b>Measures</b>	<ul style="list-style-type: none"><li>• Gradual re-opening of drive through food outlets.</li><li>• Garden centres and plant nurseries can re-open with physical distancing. Associated cafes should not re-open at this stage except for takeaway.</li></ul>
<b>Impacts</b>	<p>Re-opening of drive through outlets will be seen as a positive move by many people who enjoy fast food, although it could have impacts on population health, depending on food choices.</p> <p>Re-opening of garden centres will be positive for people who have private garden space or those that are balcony gardeners.</p> <p>Opening both drive through food outlets and garden centres will have positive financial impacts for people returning to work in these businesses, although physical distancing will need to be maintained to reduce risks of COVID-19 transmission.</p> <p>Shielded people may feel even more isolated when compared to the general population.</p> <p>Lack of, or restricted, access to public facilities such as toilets may impede/reduce ability and willingness of some population groups from venturing out. Hence, prolonging their lockdown or restricting how far away from home they can go. Such groups may include women, pregnant women, older people, disabled people, parents with children, and those with existing health conditions e.g. bowel and bladder conditions.</p> <p>The pandemic has accelerated the decline of cash use for many people who prefer using cash, thus affecting their access and ability to pay. This might exclude some groups e.g. homeless people, those on low incomes, those without bank accounts, people not comfortable making digital payments, and older people who are more likely to be users of cash.</p> <p>In 2015, households living in the 20 per cent most deprived areas of Scotland were less likely to have a bank account than the rest of Scotland (90% compared to 94%).<sup>154</sup></p>

<sup>154</sup> <https://www.gov.scot/publications/scotlands-people-results-2015-scottish-household-survey/pages/7/>

	The impacts of cashless payment on different groups e.g. people who don't have bank accounts, people living in rural areas, or people not comfortable with making digital payments will be exacerbated by the move to contactless payment. <sup>155</sup>
<b>Differential impacts</b>	<b>Age: Children and Young People</b>  Children may be happy if they were used to going to drive through food outlets and can now return to them, but there may be impacts on child health depending on choices and quantity of food.  Young people are more likely to work in the hardest hit sectors with regards to the lockdown, including the accommodation and food sectors. The gradual re-opening of parts of this industry should positively increase their income, however it may also increase their health risk - although COVID risks are low for this group.  Around 36% of those employed in tourism, which includes accommodation and food services, are aged 16-24. This compares with around 13% in the economy overall. <sup>156</sup> These people are more likely to have lost their job or be furloughed during this time.
	<b>Age: Older People</b>  Older people may benefit from the opening of garden centres as they are more likely to own their properties and participate in gardening. Attending garden centres will carry increased health risk for older people who are more susceptible to serious illness from COVID-19.  Those that require assistance while shopping at garden centres may worry about how close people assisting them will have to be.  One way shopping systems, which may result in queueing, may also raise anxiety for some older people or deter some from going out if they are unable to stand for long periods.  Continued closure of public toilets and toilets in many other places where they are normally available, is likely to make it more challenging for some older people, including those with dementia, to spend time outside and away from their home.
	<b>Sex: Women</b>  Women are more likely than men to work in the accommodation and food sector industry, although it is not

<sup>155</sup> <https://www.accesstocash.org.uk/media/1159/interim-report-final-web.pdf>

<sup>156</sup> ONS, Annual Population Survey, April 2018-March 2019

	<p>clear if that is the case for garden centres and drive-throughs.</p> <p>As primary carers, some women's return to work could be challenging if appropriate formal care is not in place (e.g. schools). Women spent far more time than men caring for children on average in 2014-15<sup>157</sup> and were far more likely to be looking after the home or family in 2018.<sup>158</sup> Time use data for Great Britain as a whole shows that although men are spending more time doing unpaid childcare in lockdown than they did in 2014-15, women continue to spend more time doing so.<sup>159</sup></p> <p>These challenges will be ever greater for women who are lone parents and have no-one else to help out with childcare. Staggered start times may mean shift working, which may be unfavourable and challenging for those with children. However, for those that are able to work, the gradual re-opening of these industries should impact their income positively.</p> <p>Limited access to toilets is likely to make it difficult for many women to spend time outside and away from their home, for a variety of reasons (e.g. if pregnant or on their period). Women are also primary carers and are often out with small children who may need to use a toilet more regularly or with more urgency than adults.</p>
<b>Sex: Men</b>	<p>It is unlikely that these measures will have a further differential impact although parents may need to juggle work and childcare.</p>
<b>Race</b>	<p>Ethnic minority individuals are overrepresented in the distribution, hotels and restaurant industry, which encompasses food and retail sectors, although it is not clear if that is the case for garden centres and drive throughs. If so, this will increase risk of transmission and infection for this group.</p>
<b>Disability</b>	<p>Wheelchair users, or other disabled people, who require assistance while shopping may worry about how close people assisting them will have to be.</p> <p>Queuing can be difficult for some people with mobility or fatigue issues.</p>

<sup>157</sup> [Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)

<sup>158</sup> [Scottish Household Survey 2018](#)

<sup>159</sup> [Coronavirus and How People Spent their Time under Lockdown](#)

	<p>Consideration should also be given to the need for accessible toilets to be available in re-opening premises, to enable disabled people to use these facilities if they are visiting.</p>
<b>Socio-economic disadvantage</b>	<p>People who are socio-economically disadvantaged are less likely to have a garden so will see less beneficial impact from the opening of garden centres.</p> <p>There is some evidence that socio-economically disadvantaged are more likely to use fast food outlets so they may see re-opening of drive throughs as positive.</p> <p>There is no evidence to suggest that there may be a higher prevalence of socio-economically disadvantaged people working in these sectors. However, retail is still a low pay sector and low income may be an issue for those employed within these areas. The IFS estimates that low earners were seven times more likely than high earners to have worked in a sector that has shut down as a result of the lockdown.<sup>160</sup></p>
<b>Mitigating actions:</b>	
<p>A range of UK and Scottish policies were put in place to support workers and businesses through lockdown and Phase 1, such as the Job Retention Scheme.</p>	

---

<sup>160</sup> <https://www.ifs.org.uk/publications/14791>

## 19. Phase 2: Shopping, Eating and Drinking Out

<b>Measures</b>	<ul style="list-style-type: none"><li>• Street-access retail can re-open once guidance is implemented. Interiors of shopping centres/malls remain closed for non-essential shops until Phase 3.</li><li>• Outdoor markets can re-open once guidance is implemented.</li><li>• Outdoor hospitality (subject to physical distancing rules and public health advice) (6 July indicative date)</li><li>• We will review the scientific evidence on how pubs and restaurants can open outdoor spaces safely with a review point on 2 July.</li></ul>
<b>Impacts</b>	<p>As with Phase 1, opening further shops, markets, pubs and restaurants will have positive financial impacts for businesses and for people returning to work in those businesses. But, the risk of COVID-19 infection and transmission in the community will also increase being particularly detrimental to those more susceptible to severe illness. Workers responsible for hygiene and sanitation and customer facing staff may have anxieties about returning to work, risk of infection and transmission within their households.</p> <p>Smaller shops and businesses may have limited staff to undertake hygiene and sanitation, which may affect the confidence of some members of the public and potentially discourage from visiting them.</p> <p>Self-employed business owners with caring responsibilities may find it challenging to open without suitable provisions for childcare, especially if they are women (who are often primary carers) or lone parents (majority are women) that may not have anyone else to help out with caring responsibilities.<sup>161</sup></p> <p>It will also have positive impacts for people who are consoled by a return towards normal life, as opening of pubs and restaurants will allow elements of social life to resume. However, this could further raise concerns for people who are less sure about leaving their homes and may increase anxiety when deciding if they should accept invitations to meet friends and family.</p> <p>Additionally, the retail sector has a disproportionately high number of part-time workers, compared to other sectors. Some equalities groups are more likely to work part-time and therefore may not have access to flexible working arrangements. This may also increase anxieties about</p>

<sup>161</sup> [https://www.scotlandscensus.gov.uk/documents/analytical\\_reports/HH%20report.pdf](https://www.scotlandscensus.gov.uk/documents/analytical_reports/HH%20report.pdf)

	<p>returning to work and infection transmission within households.</p> <p>Lack of, or restricted, access to public facilities, such as toilets, may impede/reduce ability and willingness of some population groups from venturing out, which may prolong their lockdown or restrict how far away from home they can go. Such groups may include women, pregnant women, older people, parents with children, and those with existing health conditions e.g. bowel and bladder conditions.</p>
Differential Impacts	<p><b>Age: Children and Young People</b></p> <p>Young workers are more likely to work in both food and non-food retail sectors. Almost a quarter of people aged 16 to 24 in employment work in retail, including wholesale and repair of vehicles, accounting for 22.3 per cent of the workforce in this sector.</p> <p>The retail sector employs a high number of part-time workers and young people are particularly affected by this. They are more likely to work part-time and on less secure contracts, meaning flexible working arrangements may be unavailable to some. For young people returning to work, re-opening will therefore positively increase their income but will also increase their health risks, potentially raising anxieties about returning to work and infection transmission within households.</p>
	<p><b>Age: Older People</b></p> <p>Older people are at higher risk of infection and some have no way of obtaining food and other essentials unless they, or someone else at risk, go out to the shop. This is likely to be a cause of anxiety for many older people.</p> <p>Physical distancing may be more difficult to observe in small shops, which could be a particular challenge for older people with limited mobility. People with advancing dementia will in many cases have additional challenges adhering to distancing rules in shops.</p> <p>However, as older people are also less likely to drive and more likely to buy small quantities more often, opening local shops could potentially reduce stress experienced by some in large supermarkets, as well as minimise the need to travel.</p> <p>Older people who require assistance while shopping may worry about how close people assisting them will be.</p> <p>One way shopping systems, which may result in queueing, may also raise anxiety for some older people or deter some from going out if they are unable to stand for long periods.</p>

	<p>Continued closure of public toilets and toilets in many other places where they are normally available, is likely to make it more challenging for some older people to spend time outside and away from their home.</p>
<b>Sex: Women</b>	<p>Women are more likely to work in sectors such as retail, accommodation, and food services. Returning to work will be financially positive. However, many women will be primary carers so returning to work could be challenging if appropriate formal care is not in place (e.g. schools and day care). These challenges will be ever greater for women who are lone parents and have no-one else to help out with childcare.</p> <p>Limited access to toilets is likely to make it hard for many women to spend time outside and away from their home, for a variety of reasons (e.g. if pregnant or on their period). Women are also primary carers and are often out with small children who may need to use a toilet more regularly or with more urgency than adults.</p>
<b>Sex: Men</b>	<p>It is unlikely that these measures will have a further differential impact although parents may need to juggle work and childcare.</p>
<b>Race</b>	<p>Ethnic minority individuals are overrepresented in the distribution, hotels and restaurant industry, which encompasses food and retail sectors. Businesses re-opening will increase risk of transmission and infection for this group, potentially raising anxieties about returning to work.</p>
<b>Religion &amp; Faith</b>	<p>It is not known if there are differential impacts depending on religious or faith group in terms of employment in these sectors. Community food provision based in religious building may now be able to offer take-away provision which will be of benefit to the wider community.</p>
<b>Disability</b>	<p>Disabled people are also slightly overrepresented in the distribution, hotels and restaurant industry as a whole (which includes food and retail sectors). Disabled workers may find it more challenging, or not be able to attend work and undertake social distancing, but the severity of impacts will be dependent on individuals and specific job circumstances.</p> <p>Physical distancing may be more difficult in small shops and markets and could be a particular challenge for disabled people. The majority of blind and partially sighted people do</p>

	<p>not have a guide dog and rely on touch and guiding from another person to go shopping. For people with visual impairment who can shop, social distancing markers on floors and the introduction of one-way routes around shops and markets cannot be navigated by either long cane or guide dog users. Some may not be able to gauge properly the required two meter distance between themselves and other members of the public. This is likely to be a cause of anxiety for many visually impaired people and learning disabled adults and children.</p> <p>Some disabled people are less able to follow or adhere to physical distancing rules and so may not be able to access these spaces equally.</p> <p>Queuing can be difficult for some people with mobility or fatigue issues.</p> <p>Consideration should also be given to the need for accessible toilets to be open in premises opening up to enable disabled people to use these facilities if they are visiting.</p> <p>If food venues are changing the layout of their tables / chairs etc. they need to consider if it is easy to navigate for a disabled person, for example someone who is blind, or with sight impairment, or someone with mobility issues.</p>
<b>Pregnancy and Maternity</b>	<p>Re-opening of retail premises may increase health risks to pregnant women.</p> <p>Lack of or restricted access to public facilities such as toilets may impede/reduce ability and willingness of pregnant women or nursing mothers from venturing out.</p> <p>Women tend to do the majority of unpaid care for children and staggered start times and flexible working may impact on their ability to return to work, particularly if schools have not re-opened or childcare arrangements cannot be made yet.</p>
<b>Socio-economic disadvantage</b>	Opening local smaller shops and markets could be beneficial for people who do not own a car, reducing their need for travel and associated health risks. Markets may also offer reduced prices of benefit to people on a tight budget.

## **Mitigating actions:**

### **Retail**

Due to the unusual and unprecedented circumstances of the current health crisis and the need to provide guidance to the retail sector at pace, it has not been possible to conduct the usual round of consultation which would normally take place.

Version 1 of the COVID-19 Retail Guidance was published on 26 May 2020. The guidance will be reviewed in line with the regular three weekly review of lockdown requirements. Each revision of the guidance will reflect the most up to date information and best practice at the various stages of the Route Map phased release of restrictions, including addressing any equality concerns.

Staggered start times and flexible working are being encouraged in the Route Map for those retailers re-opening in Phase 2. This will help to address concerns over physical distancing on public transport and in public spaces, as more people begin to return to work and visit retail premises.

Physical distancing and additional hygiene measures will also help protect and minimise health risks to workers and those most at risk.

Raising awareness of the difficulties experienced by disabled people is particularly important at this time. Guidance has been consulted on with the Scottish Government Assisted Communication team and will be amended as the phases progress, including guidance for retailers and customers on catering for disabled people.

The guidance was presented to the BME Employment Steering Group, an external stakeholder, who are currently consulting on it. As soon as their comments have been received, they will be considered for inclusion.

In later phases, we plan to consult visibility and equality groups to further improve the guidance and ensure it meets the aims of being evidence-based, fair and ethical, clear and realistic, while fostering a fair and inclusive working environment. The guidance notes that Protected Characteristics in the Equalities Act should be adhered to and workers should be consulted before being asked to return to work either directly or through an industry body.

## 20. Phase 3: Shopping, Eating and Drinking Out

<b>Measures</b>	<ul style="list-style-type: none"><li>Outdoor markets (shopping malls) with physical distancing, hygiene measures and controls on numbers of people within market.</li><li>Non-essential shops located inside shopping centres and malls can re-open (following guidance and physical distancing) (13 July indicative date)</li><li>Indoor hospitality (subject to physical distancing rules and public health advice) – (15 July indicative date)</li><li>Hairdressers and barbers - with enhanced hygiene measures – (15 July indicative date)</li></ul>
<b>Impacts</b>	<p>As with Phases 1 and 2, opening further shops and services will have positive financial impacts for businesses and for people returning to work in those businesses. The Scottish Government is proposing a provisional timeframe of 15 July 2020 for the opening of the tourism and hospitality sector and unlimited travel. This has been welcomed by these sectors to allow them to operate in what typically would be the peak summer season.</p> <p>The risk of COVID-19 infection and transmission in the community could also increase, especially as this phase increases inside provision and also personal retail services. This could impact people who are more susceptible to severe illness from COVID-19 and on community confidence in welcoming visitors. Workers responsible for hygiene and sanitation, and customer facing staff, may have anxieties about returning to work, risk of infection and transmission within their households.</p> <p>Smaller shops and businesses may have limited staff to undertake hygiene and sanitation, which may affect the confidence of some members of the public and potentially discourage from visiting them.</p> <p>Self-employed business owners with caring responsibilities may find it challenging to open without suitable provisions for childcare, especially if they are lone parents or have no one else to help out with caring responsibilities.</p> <p>It will have positive impacts for people who are consoled by a return towards normal life and opening of personal retail services will be welcomed by many. On the other hand, it could further raise concern for people who are less sure about leaving their homes and may increase anxiety when deciding if they should accept invitations to meet friends and family.</p>

	<p>The re-opening of tourism and hospitality will be welcome change for many, but could raise concerns for those living in tourism hotspots. Rural communities may require reassurance that accommodation providers, the hospitality sector and tourist attractions are complying with public health and safety guidance to reduce the risk of transmission.</p> <p>Lack of, or restricted, access to public facilities such as toilets may impede/reduce ability and willingness of some population groups from venturing out, which could in some cases prolong their lockdown or restrict how far away from home they can go. Such groups may include women, pregnant women, older people, parents with children, and those with existing health conditions e.g. bowel and bladder conditions.</p>
<b>Differential Impacts</b>	<p><b>Age: Children and Young People</b></p> <p>Young people are more likely to work in retail, hospitality and tourism jobs that will positively increase their income while potentially increasing their health risk; although risks are low for this group.</p> <p>Around 36% of those employed in tourism, which contains accommodation and food services, are aged 16-24. This compares with around 13% in the economy overall.<sup>162</sup></p> <p>For much younger children, continued closure of public toilets is likely to make it more challenging for some to spend time outside and away from their home. There may also be additional infection risk related to high-chairs, play equipment, and changing tables in public spaces.</p>
	<p><b>Age: Older People</b></p> <p>Physical distancing may be more difficult in small shops and retail services, which could be a particular challenge for older people with limited mobility. Physical distancing may impact on the availability of assistance to those who need it, while queueing systems may not cater to all needs.</p> <p>As the retail sector continues to re-open and more people visit retail premises, the risks of infection will rise and this may increase anxiety for some older people when entering larger retail premises.</p> <p>One way shopping systems, which may result in queueing and a lack of observance of social distancing, may raise anxiety for some older people or deter some from going out if they are unable to stand for long periods.</p>

<sup>162</sup> ONS, Annual Population Survey, April 2018-March 2019

	Continued closure of public toilets and toilets in many other places where they are normally available, is likely to make it more challenging for some older people to spend time outside and away from their home.
<b>Sex: Women</b>	<p>Women are more likely to work in the retail and personal retail industry. Returning to work will be financially positive. However, many women will be primary carers so returning to work could be challenging if appropriate formal care is not in place (e.g. schools and day care). Staggered start times may mean shift working which may be unfavourable/challenging for those with children.</p> <p>Wholesale and retail trade, accommodation, food and beverage services and entertainment and recreation accounted for 21.6% of overall women's employment in 2019.<sup>163</sup></p> <p>Around 52% of the tourism workforce are women, compared with around 49% in the economy overall.<sup>164</sup></p> <p>These industries also accounted for a higher proportion of part-time workers - 30% of women who worked part-time were employed in these industries. Around 41% of the workforce in tourism is employed on a part-time basis<sup>165</sup>, with 55% of women employees working in part-time posts and women holding 68% of part-time posts in the sector overall.<sup>166</sup> COVID-19 presents a challenge to this group in employment as the sector returns to opening for business. Availability of labour may be an issue within the tourism industry for women with school age children and also for what may remain of the summer holiday season. The time between 20 July and 11 August may be the short window for family breaks for some.</p> <p>Limited access to toilets is likely to make it hard for many women to spend time outside and away from their home, e.g. women are also primary carers and are often out with small children who may need to use a toilet more regularly or with more urgency than adults.</p>
<b>Sex: Men</b>	Before lockdown, the industries incorporating wholesale and retail trade, accommodation, food and beverage services and entertainment and recreation accounted for

<sup>163</sup> <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

<sup>164</sup> ONS, Annual Population Survey, April 2018-March 2019

<sup>165</sup> [ONS, Tourism Employment Survey, 2019](#) and ONS Annual Population Survey, January to December 2019

<sup>166</sup> ONS, Annual Population Survey, April 2018-March 2019

	20.6% of men's employment. <sup>167</sup> These industries also accounted for a higher proportion of part-time workers - 42% of men who worked part-time were employed in these industries. <sup>168</sup> COVID-19 presents a challenge to this group in employment as the sector returns to opening for business.
<b>Race</b>	<p>A high proportion of minority ethnic workers are in the retail and catering industry. Increasing opening will increase risk of transmission and infection for this group where susceptibility to serious illness could be more prevalent.</p> <p>A higher share of the visible minority ethnic population in employment are employed in the hospitality industry (one of the most affected) compared with the white population (31.7% vs 18.6%).<sup>169</sup></p> <p>Around 11% of those working in the Accommodation and Food Services Sector were from minority ethnic backgrounds, compared with 4% in the economy overall.<sup>170</sup> Around 22% of those working in the Food services sector were non-UK nationals, as were over 20% of those working in the Accommodation sector, and 17.5% in the tourism sector overall. This compares with around 8% of workers in the economy overall being non-UK nationals.<sup>171</sup></p> <p>Gypsy/Travellers were also most likely to be employed in hospitality<sup>172</sup> at the time of the last Census in 2011 (31% of all those who were employed, compared to 21% for the employed population as a whole).<sup>173</sup> Asian men and women were particularly likely to be working in wholesale and retail and accommodation and food services in 2011.<sup>174</sup></p>
<b>Disability</b>	Physical distancing may be more difficult in small shops and markets and could be a particular challenge for disabled people. Physical distancing may impact on the availability of

<sup>167</sup> <https://www.gov.scot/publications/scotlands-labour-market-people-places-and-regions-background-tables/>

<sup>168</sup> ONS, Annual Population Survey, January to December 2019

<sup>169</sup> ONS, Annual Population Survey, Oct 2018 – Sept 2019.

<sup>170</sup> ONS, Annual Population Survey, January to December 2019

<sup>171</sup> Scottish Government, 2019, Non-UK Nationals in Scotland's Workforce

<sup>172</sup> Census category is distribution, hotels and restaurants.

<sup>173</sup> Distribution, Hotels and Restaurants', please note findings are based on a small sample.

[Gypsy/Travellers in Scotland - A Comprehensive Analysis of the 2011 Census](#).

<sup>174</sup> Of those aged 16 to 74 who were in employment the week before the census. 'Asian' includes those who identified as Asian, Asian Scottish or Asian British. Note that the numbers for some groups are fairly small. [Scotland's Census 2011 - National Records of Scotland](#). Table DC6216SC - Industry by ethnic group by sex.

	<p>assistance to those who need it, while queueing systems may not cater to all needs.</p> <p>Tactile markings are required for blind / visually impaired people as a result of the virus, the lack of which may affect their confidence going out to the shops. Similarly, those who are deaf / have hearing impairments may miss audio announcements about the two metre distance rule or new directions for shoppers in shopping centres or stores; this can affect their confidence when shopping. Learning disabled or autistic adults and children may also struggle to understand and/or comply with new measures.</p> <p>The accessible tourism market represented 15% of all overnight trips and 19% of all day visits to Scotland in 2015 – ensuring appropriate distancing and accessibility will be important.</p>
<b>Socio-economic disadvantage</b>	<p>There may be a higher prevalence of socio-economically disadvantaged people working in the retail sector.</p> <p>Low income is an issue for those employed within the retail and tourism sectors, with lower earnings than other employment sectors. Although pay per hour has been steadily rising, retail is still a low paid sector. Similarly, in 2019 53% of people employed within the tourism sector were characterised as low paid, compared with 15% for Scotland as a whole. However, the re-opening of those sectors will have a positive impact on income for people employed in these industries.</p> <p>Accommodation and Food and Beverage Service Activities (UK Standard Industry Classification 55<sup>175</sup> &amp; 56<sup>176</sup>) over a three year average (2015-2018) from the Family Resources Survey<sup>177</sup> provide an understanding of the impact of low pay in the sector on family life.</p> <p>On average, a higher proportion of employees in these sectors were in relative poverty after housing costs (27%) than workers in Scotland as a whole (11%). The difference was more pronounced for children, with 42% of children who had a family member in one of these sectors living in poverty, compared to 18% of children with a family member working in any sector. This represented 9% (20,000 children) of the 240,000 children in poverty in Scotland.</p>

<sup>175</sup> <http://www.siccodesupport.co.uk/sic-division.php?division=55>

<sup>176</sup> <http://www.siccodesupport.co.uk/sic-division.php?division=56>

<sup>177</sup> <https://www.gov.uk/government/collections/family-resources-survey--2>

**Mitigating actions:**

Mitigating actions from Phases 1 and 2 apply.

**Retail:** COVID-19 Retail Guidance (which will be appropriately revised to respond to learning and new situations). The key difference is the greater proportion of women in this workforce compared to the wider retail sector. In addition to the process noted in Phase 2, there will be engagement with equalities groups representing gender.

## 21. Phase 4: Shopping, Eating and Drinking Out

<b>Measures</b>	<ul style="list-style-type: none"> <li>• All open with improved public health advice</li> <li>• Shop local still encouraged</li> </ul>
<b>Impacts</b>	<p>As with previous phases, there will be a balance between welcoming of increased normal life while raising anxiety about transmission of the virus. Workers responsible for hygiene and sanitation and customer facing staff may have anxieties about returning to work, risk of infection and transmission within their households.</p> <p>Positive impacts on businesses and household finances will be welcomed.</p> <p>The sharp contraction in economic activity across many sectors and industries is likely to affect business trading and labour demand with profound implications for household finances. As businesses review their staffing (through job losses, reduction in hours worked or earnings) we expect low skilled and low earner workers or those on insecure work to be more heavily impacted.<sup>178</sup></p>
<b>Differential impacts</b>	<b>Age: Children and Young People</b>
	<p>Young people are more likely to work in retail jobs that will positively increase their income while potentially increasing their health risk; although risks are low for this group.</p> <p>Young people are also more likely to socialise in pubs and restaurants so re-opening of this sector will be welcome.</p>
	<b>Age: Older People</b>
	Older people without a car are more likely to shop locally. It is unlikely that these measures will have a further differential impact.
<b>Sex: Women</b>	Women are more likely to work in the retail and catering industry. <sup>179</sup> Returning to work will be financially positive provided that formal care has returned to allow women into the workplace. Attention needs to be paid to the impact of COVID-19 on job losses for women and the gender pay gap.
<b>Disability</b>	Physical distancing may be more difficult in smaller shops and restaurants and could be a particular challenge for disabled people.

<sup>178</sup> Scottish Government, 2020 Income and Poverty Additional Statistics

<sup>179</sup> Scottish Government, 2020 Economic Impact of Coronavirus on Households and Individuals

**Mitigating actions:**

Guidance on physical distance.

COVID-19 Retail Guidance (which will be appropriately revised to respond to learning and new situations).

## 22. Phase 1: Sport, Culture and Leisure Activities

<b>Measures</b>	<ul style="list-style-type: none"> <li>• Consistent with the rules and guidance that are applicable to any activity in this phase:</li> <li>• Unrestricted outdoors exercise adhering to distancing measures.</li> <li>• Non-contact, outdoor activities in your local areas e.g. golf, hiking, canoeing, outdoor swimming, and angling.</li> </ul>
<b>Impacts<sup>180</sup></b>	<p>It is recognised that lack of access to outdoor space is a significant issue in terms of wellbeing, mental and physical health. Outdoor exercise has a positive effect on social and some health harms and medical advice is that outdoors transmission risks with physical distancing are very low.</p> <p>Impacts of unrestricted outdoors exercise are generally positive across the population. However, there are some equalities considerations to take account of. People have been using golf courses as green spaces for walking/running so re-introducing golf could reduce the green spaces available within urban areas causing more crowding in the city parks, particularly affecting those with no private garden space. In addition, measures to open certain outdoor sport without opening up other types of outdoor activity may also be viewed as unequal, as indicated by public opinion on the Scottish Government's Dialogue Platform.</p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>In 2016, only 76% of children met the physical activity recommendations (including school-based activity). With school based activity currently stopped, the chance to be able to exercise more outdoors will be beneficial to children and young people if taken up.</p> <p>Most of the activities released in this phase are not commonly undertaken by children and young people. The restrictions on the grassroots sports they frequent has not yet been relaxed</p>
	<p><b>Age: Older People</b></p> <p>Bowls is played by 2% of the population but is played more by those over 65 years old. This will be positive in allowing older people to return to their sport although there is a small heightened risk of infection amongst a highly susceptible group.</p>

<sup>180</sup> Data on physical activity levels is from the Scottish Health Survey and data on participation in different sports is from the Scottish Household Survey

<https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>

<https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

	<p><b>Sex: Women</b></p> <p>Recent international research has found that women generally engage in less physical activity than men, with some of the highest levels of inactivity found amongst women in high-income Western countries. Data from the Scottish Health Survey in 2018 shows that this is also the case in Scotland with only 62% of Scottish women meeting the guidelines for Moderate or Vigorous Physical Activity compared to 70% of men. Some of this is explained by a lack of time to participate, which data suggests may not have improved in recent months.</p> <p>Opening up golf courses and other non-contact sport predominantly played by men in the early phases of exiting lockdown could mean that there are potential impacts on women in terms of the sharing of the time spent on childcare and housework.<sup>181 182</sup></p>
<b>Sex: Men</b>	Golf tends to be played by small numbers of population (5%) and to be played by mostly men (9% of men play golf compared to 1% of females). Angling/ fishing is undertaken by 1% of the population and mostly by men. Opening these activities first will benefit men.
<b>Race</b>	There is little evidence on sports participation by Scotland's ethnic groups although this gap has been recognised by sportscotland <sup>183</sup>
<b>Disability</b>	Disabled people may face barriers to undertaking physical activity outdoors. Data from the Scottish Household Survey (SHS) shows that, in 2018, 62% of disabled people lived within a 5-minute walk of their local green or blue space compared with 67% of non-disabled adults.
<b>Socio-economic disadvantage</b>	Outdoor activity should be particularly beneficial for those without access to a private garden from lower socio-economic groups. This increase the possibilities of social contact, and therefore could potentially reduce isolation and help to rebuild social capital. However, some activities, such as golf, canoeing, angling, hiking, are more likely to be undertaken by those on higher incomes/lower deprivation who are likely to already have access to garden space and are more likely to be able to meet the costs of the additional equipment required for these sports and activities and other associated costs.

<sup>181</sup> <https://www.gov.scot/publications/centre-time-use-research-time-use-survey-2014-15-results-scotland/>

<sup>182</sup> <https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/bulletins/coronavirusandhowpeoplespenttheirtimeunderrestrictions/28marchto26april2020>

<sup>183</sup> <https://sportscotland.org.uk/media/2596/learning-note-race-and-sport.pdf>

	<p>Hiking/ hillwalking/ rambling is undertaken by 13% of the population and recognised differences by household income with greater proportions of the highest income households participating compared to those in households with less income. In the most deprived areas of Scotland, 45 per cent of adults visited the outdoors at least once a week, compared to 68 per cent of adults in the least deprived areas.<sup>184</sup></p> <p>For the other activities mentioned, there are few differences in the proportions of individuals playing bowls by income level or area of deprivation. There are no significant differences in angling/fishing by income level or area of multiple deprivation.</p> <p>Several respondents to the online Dialogue Platform also felt that people who engage in such activities e.g. golf, tennis, sailing etc., were more likely to be of higher income groups and as such tend to have access to personal gardens. These respondents suggested that lifting restrictions on these sports and activities 'excludes much of population' and was 'certainly not going to benefit the majority'.</p>
<b>Mitigating actions:</b>	<p>There are positive impacts on the protected characteristics of disability and sex (men) but care needs to be taken to ensure that relaxation of restrictions does not adversely affect individuals of a particular sex (women), ethnicity or disability and to also particularly ensure the accessibility of sites for disabled and older people. The key for all the protected groups is the invitation to take part and a clear welcome when they do.</p> <p>sportscotland is supporting Scottish governing bodies of sport and local partners to plan for the return of sport. This has included facilitating scenario planning based on the Scottish Government Decision Making Framework and Route Map. In facilitating this, sportscotland provide sports with a template with a number of prompts for them to plan against for each phase of the Route Map, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed.</p> <p>To encourage the participation of disabled and older people in tourism and events, the Scottish Government has provided VisitScotland with support to deliver a suite of guides and other tools to boost accessibility.<sup>185</sup></p>

<sup>184</sup> Scottish Household Survey 2018

<sup>185</sup> <https://www.visitscotland.org/supporting-your-business/marketing-toolkits/accessible-inclusive-tourism>

There are clearly particular challenges for disabled people returning to sport under the physical distancing and other restrictions in place during the Route Map. The partners worked with include Scottish Disability Sport (SDS), who have been involved in planning sessions with all sports. For this purpose, SDS have developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which they are discussing with sports in these planning sessions.

We have also supported SDS to [publish guidance for Phase One](#) (and will do so for future phases).<sup>186</sup>

We've also worked with the Children 1st Safeguarding in Sport service to produce guidance on '[Child wellbeing and protection considerations in the return of children and young people to sport](#)'.<sup>187</sup>

---

<sup>186</sup> <https://www.scottishdisabilitysport.com/sds-guidance-paper-phase-1-extension-to-exercise-outdoor-sport>

<sup>187</sup> <https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf>

## 23. Phase 2: Sport, Culture and Leisure Activities

<b>Phase 2</b>	<ul style="list-style-type: none"><li>• Outdoor sports courts can re-open.</li><li>• Playgrounds can re-open.</li><li>• Professional sport can resume – with public health restrictions remaining in place.</li><li>• Zoos and garden attractions can open for local access only (broadly within five miles) in this phase.</li><li>• Self-catering accommodation and second homes (without shared facilities) permitted (3 July indicative date)</li></ul>
<b>Impacts</b>	<p>Sport has health benefits for individuals and society. Physical and mental wellbeing benefits to sports professionals from both a training aspect but also because it is, in effect, a return to work - particularly in relation to football. There will also be physical and mental wellbeing benefits to those who work with sports professionals as part of the wider support industry. Mental wellbeing benefits for members of the population who enjoy following professional sports.</p> <p>Re-opening zoos and gardens provides a safe, controlled way of increasing the capacity of green spaces available to the general public, which would help reduce the density of the general public in unmanaged public spaces such as parks, footpaths and beaches. Zoos offer a mainly outdoor experience where fresh air is available and research has shown that the green/blue space enjoyed while visiting zoos can positively impact an individual's mental and physical wellbeing.</p> <p>Allowing non-essential, non-office indoor workplaces to re-open (see the Working and Running a Business Category) will help many parts of the creative industries to return to work, especially those that are studio-based.</p>

<b>Differential impacts</b>	<b>Age: Children and Young People</b>	<p>Resuming professional sport would have positive impact on children and young people keeping them involved within their sporting communities through continuing to showcase sporting role models. However, benefits will only be realised if sporting role models will be available from all aspects of the community including women, para-athletes and sportspeople from different ethnicities.</p> <p>Tennis is played by 3% of the population and tends to be played by younger age groups. Younger people report taking part in sport in general more than older people.</p> <p>Playgrounds are likely to be used more by younger people and families with children. Zoos are also very popular with families with children.</p>
	<b>Age: Older People</b>	<p>Older people take part less in sports compared to younger people. 70% of those aged 5-15 years report taking part compared to 60% for ages 16-64 and 31% for those aged over 65 years.</p>
	<b>Sex: Women</b>	<p>Teenage girls are at particular risk of low participation in sport so will not see any benefit from this phase.</p> <p>Women are under-represented as coaches and in key leadership positions in high performance sports.<sup>188</sup></p>
	<b>Sex: Men</b>	<p>More men than women report taking part in sport in Scotland (64% of men compared to 55% of women in 2018); male dominated sports are in Phase 1 of the relaxation to lockdown.</p>
	<b>Race</b>	<p>The reintroduction of professional sport, particularly football and rugby within Phase 2, and others such as cricket, basketball will have a positive impact on BME allowing players and staff to return to their workplaces and provide visibility of BME role models.</p>
	<b>Disability</b>	<p>There are particular challenges for disabled adults and children returning to sport under physical distancing rules, such as wheelchair rugby or wheelchair basketball.</p> <p>Zoos are expected to take disabled visitors into account when putting their standard operating procedures in place.</p>

<sup>188</sup> <https://www.gov.scot/publications/active-scotland-outcomes-indicator-equality-analysis/> (2015)

	<b>Sexual Orientation</b>	<p>LGBT groups report experiencing discrimination and intimidation when participating in sport.</p> <p>The Equality Network conducted research into LGBT participation in sport and found that homophobic and bi-phobic bullying continues to be a major problem. Its survey results show that 79 per cent of LGBT people felt that there was a problem with homophobia in sport.<sup>189</sup></p>
	<b>Socio-economic disadvantage</b>	<p>Non-contact, outdoor activities in local areas could be particularly beneficial for those without access to a private garden from lower socio-economic groups. These activities increase the possibilities of social contact and, therefore, potentially reduce isolation and help to rebuild social capital.</p> <p>Professional sport in the early stages will be spectator-free and only be able to be viewed on screens, often requiring a subscription that people may not be able to afford.</p> <p>Zoos are also likely to be more accessible to those from more advantaged backgrounds due to the price of tickets; however, this was the case before COVID-19 restrictions were put in place.</p>
<p><b>Mitigating actions:</b></p> <p>There will be careful consultation with stakeholder groups with specific engagement between sportscotland and the bodies mentioned above under Phase 1 with specific focus on engaging with protected characteristics and poverty stakeholders.</p> <p>Measures in mitigation will ensure disabled people will be able to attend football matches if they are in essential supporting roles. That will apply in future phases too.</p> <p>Guidance will be issued to support safe working in studio spaces.</p>		

---

<sup>189</sup> Equality Network (2012) *Out for Sport: tackling homophobia and transphobia in sport*

## 24. Phase 3: Sport, Culture and Leisure Activities

<b>Measures</b>	<ul style="list-style-type: none"> <li>Museums, galleries, libraries, cinemas open, subject to physical distancing and measures (15 July indicative date)</li> <li>Gyms open subject to physical distancing and hygiene measures.</li> <li>All holiday accommodation permitted (following relevant guidance) (15 July indicative) date</li> <li>Organised outdoor contact sports can resume for children and young people (subject to guidance) (13 July indicative date)</li> <li>Live events permitted with restricted numbers and physical distancing restrictions.</li> </ul>
<b>Impacts</b>	<p>Positive impacts of sport returning for anyone who participates but particularly children and young people.</p> <p>Limits risk of spread of virus.</p> <p>With fewer clientele, there is a potential decrease in numbers of employees.</p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>The tourism sector employs a high share of young workers, with around 40 per cent of the workforce aged between 16 and 24. The relaxation of restrictions on accommodation providers indicates more opportunities for young people to go back to jobs in the hospitality and tourism sector, where it is safe to do so.</p> <p>According to SHS 2018 data, the activity most young people aged 16-24 reported having done in the last 12 months was going to the cinema (80%). 44% reported having attended a live music event during the same timeframe, while about a quarter visited a library or a museum (25% and 28% respectively), and 21% went to the theatre. Opening of these services, but particularly cinemas will be beneficial for young people.</p> <p>As mentioned, 25% of young people aged 16-24 went to the library in the 12-month period analysed (SHS, 2018). A recent sampling of current user data shows that 34% of library users are children/young people up to the age of 15/16. (SLIC, 2020). No, or limited, access to books and learning resources, can make it difficult for children who want to learn. Children from households with limited internet and PC access and/or no e-readers will also be unable to access online learning resources without access to library services. Developing a love of reading in the early years is crucial in helping to support learning in both literacy and numeracy. A lack of access to libraries could impact educational opportunities and widen the attainment gap. Additionally, mobile services are no longer running</p>

	<p>which could widen the attainment gap in rural areas. Restoring some library services in Phase 3 will help mitigate against these impacts.</p> <p>Gyms – younger age groups are more likely to participate in multi-gym/weight training than older age groups (28% of 16-24 year olds compared to 6% of those aged between 60-74) and in keep fit/aerobics (15-19% of those aged 16 to 44 compared to 11% of those aged 60-74) (SHS 2018 data). These facilities remain closed which will have a negative impact.</p>
<b>Age: Older People</b>	<p>According to SHS 2018 data, the activity most older people aged 75 or over reported having done in the last 12 months, was going to the theatre (23%). This was closely followed by libraries (22%), cinema (18%) and museums (17%). Opening of these services could be beneficial to older people.</p> <p>22% of over-75s went to the library in the 12 month period analysed (SHS, 2018). 25% of library users are 60-74 year olds and 22% of those users are 75 years and over (SHS, 2018). Older people are more likely to have limited access to the internet at home and no access to public libraries may impact their ability to access the internet, if they normally use library computer services. Libraries also provide a social setting for older people and play a massive part in tackling social isolation and loneliness. No or limited access to public libraries may result in older people becoming more socially isolated.</p> <p>Particular attention should be paid to the safety of those over-70s who have been advised to shield. Restoring some library and other cultural services in Phase 3 will help mitigate negative impacts, although some may be in shielding groups, or be impacted by other factors that do not allow access to the restored services in the same way as before the pandemic.</p>
<b>Sex: Women</b>	<p>Overall, women are more likely to attend cultural events and places than men (82% of women vs. 79% of men).<sup>190</sup></p> <p>In the 12 month period analysed, 30% of women reported going to the library, compared with 23% of men (SHS, 2018)<sup>191</sup>; and 52% of library users are women (Shine a</p>

<sup>190</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>: Most women reported having gone to the cinema (57%) while 37% had been to the theatre and 33% to a live music event and historic places respectively in the last 12 months.

<sup>191</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

	Light, Carnegie UK). SLIC notes that libraries offer a space for single mothers to visit and therefore potentially reduce social isolation, and help to rebuild social capital within a community. <sup>192</sup> The latter activity may not be in the library services restored in Phase 3.
<b>Sex: Men</b>	The Scottish Household Survey data shows that the activity most men reported having done in the last 12 months was going to the cinema (55%) followed by historic places (35%) and live music events (34%). 48% of library users are male (Shine a Light, Carnegie UK). This means that the resumption will benefit a wide range of men. <sup>193</sup>
<b>Race</b>	Scottish Household Survey (SHS) cultural participation data are not currently broken down by ethnicity due to low base sizes for non-white minority ethnic groups.
<b>Religion &amp; Faith</b>	Only overall attendance figures are available from the 2018 SHS. <sup>194</sup> Cultural attendance was highest for those who said their religion was 'Other Christian' (86%), and lowest for those who said 'Church of Scotland'. For those who said 'No Religion' the figure is 83%; for Roman Catholic 81%, and 'Another Religion' 77%.
<b>Disability</b>	The 2018 SHS data show that cultural attendance was lowest among adults with a physical or mental health condition that caused long-term major reduced daily capacity. 52% of those with a condition that caused long-term major reduced capacity attended or visited a cultural event or place compared with 86 per cent attendance for those with no condition. Of those with a condition that causes long-term major reduced daily capacity, most respondents reported going to the cinema (26%), the library (19%) and the theatre (18%) in the last 12 months. 30% of those with a minor physical or mental health condition attended a library in the 12 month period analysed. Wheelchair users may be positively impacted if, through the adaptation of these premises, there was more room for wheelchair use. On the other hand, smaller venues may lack space. Physical distancing requirements may impact on wheelchair users for the need to keep two metre distancing; disabled customers in wheelchairs may have issues with existing space in premises.

<sup>192</sup> <https://scottishlibraries.org/>

<sup>193</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

<sup>194</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

	<p>Some libraries offer support for disabled people, such as support groups which provide a social environment. Disabled people may not have access to e-readers and may struggle to access digital resources without the re-opening of public libraries.</p> <p>Many Scottish public library services provide a way for people to pick up hearing aid batteries in library branches. However, because of COVID-19, this usual service has been disrupted and library services are now providing alternative ways for members of the public to receive hearing aid batteries.</p> <p>Restoring some library services in Phase 3 will help mitigate these impacts, although some may be in shielding groups, or be impacted by other factors that do not allow access the restored services in the same way as before the pandemic. Physical changes to libraries will need to ensure they do not provide a barrier to access.</p>
<b>Sexual Orientation</b>	SHS cultural participation data are not broken down by sexual orientation due to the small numbers of respondents self-identifying as lesbian, gay, bisexual or other in the survey, the likelihood of under-reporting and the associated degree of uncertainty around the data. <sup>195</sup>
<b>Socio-economic disadvantage</b>	<p>2018 SHS data show there was a 19 percentage point difference in cultural attendance (including cinema) between the 20 per cent most and 20 per cent least deprived areas (71% compared with 90%). When cinema attendance is excluded, the difference is even greater, with 61% in the most deprived areas and 86% in the least deprived areas attending a cultural event or place.</p> <p>According to these data, the activity most of those in the 20% most deprived group reported having done in the last 12 months was going to the cinema (48%). This was followed by going to the library, museum and a live music event (all 23%). In comparison, of the 20% least deprived group 68% had been to the cinema, 31% to the library, and 44% to a live music event in the last 12 months.</p> <p>A recent sampling of current library user data shows that 43% of users are from SIMD areas (SLIC, 2020).</p> <p>Individuals from lower income backgrounds often rely on public libraries to access learning resources, gain internet access and/or simply books to read for pleasure. Internet</p>

<sup>195</sup> [Scottish Household Survey Annual Report Annex 2](#)

		<p>access is often essential to work, study and access essential goods and services. No or limited access to public libraries may mean that individuals have little to no access to these services. Restoring some library services at phase 3 will help mitigate against these impacts.</p>
		<p><b>Mitigating actions:</b> The sector has been a recipient of UK and Scottish business grant support that was announced after lockdown.</p> <p>Positive impact on children and young people, older people and people living with disability can be identified from opening of cultural services but care needs to be taken to ensure that relaxation of restrictions does not adversely affect over-70s. There will still be barriers around accessibility for older and disabled people and these might be greater due to physical distancing requirements. Further engagement is needed to identify any issues in terms of ethnicity, religion and sexual orientation where data gaps exist.</p> <p>Officials are working with sector leads to develop safe workplace guidance to ensure risks are mitigated. There will be careful consultation with stakeholder groups. Any measures in mitigation will ensure disabled people are able to attend and given equitable access of opportunity for tickets to football matches.</p>

## 25. Phase 4: Sport, Culture and Leisure Activities

<b>Measures</b>	
<ul style="list-style-type: none"> <li>Further relaxation of restrictions on live events in line with public health advice.</li> </ul>	
<b>Impacts</b>	
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>According to data from the 2018 SHS, in the last 12 months 44% of young people aged 16-24 went to a live music event, 8% to a dance show event, 21% to the theatre and 6% to listen to classical music. Relaxation would allow some live events to take place.</p> <p>The relaxation of restrictions on live events would allow for events such as Bookbug and Storytelling session to resume. Such initiatives help encourage an early love of books among children while also providing great opportunities for parents and children to spend time together, having fun and learning. Bookbug is delivered in all 32 local authorities in Scotland and has a strong fit with education, social care and health-related strategies for families and children. The Bookbug Sessions run by local libraries and community groups with free story and rhyme sessions for babies to 4-year-olds are attended by more than 640,000 parents and children a year.</p>
	<p><b>Age: Older People</b></p> <p>According to data from the 2018 SHS, in the last 12 months 10% of over-75s went to a live music event, 23% to the theatre, 5% to a dance show event, and 8% to listen to classical music.</p> <p>Libraries are also a social setting for older people and play a massive part in tackling social isolation and loneliness. No or limited access to public libraries may result in older people becoming more socially isolated. Resuming live events such as Macmillan Cancer Support and Reminiscence groups will have a huge impact on health and well-being of older people.</p>
	<p><b>Sex: Women</b></p> <p>According to data from the 2018 SHS, in the last 12 months 33% of women reported going to a live music event, 37% to the theatre, 13% to a dance show event, and 8% to listen to classical music.</p> <p>SLIC notes that libraries offer a space for single mothers to visit and therefore potentially reduce social isolation, and help to rebuild social capital within a community. Restoring groups such as Single Mothers Meet Ups and Bookbug can offer these benefits.</p>

	<b>Sex: Men</b>	According to data from the 2018 SHS, in the last 12 months 34% of men reported going to a live music event, 27% to the theatre, 7% to a dance show event, and 7% to listen to classical music. They will see lower benefits from opening of these venues than women.
	<b>Race</b>	SHS cultural participation data are not broken down by ethnicity due to low base sizes for non-white minority ethnic groups.
	<b>Religion &amp; Faith</b>	Only overall attendance figures available for the 2018 SHS. Cultural attendance was highest for those who said their religion was 'Other Christian' (86%), and lowest for those who said 'Church of Scotland'. For those who said 'No Religion' the figure is 83%; for Roman Catholic 81%, and 'Another Religion' 77%.
	<b>Disability</b>	<p>Of those with a condition that causes long-term major reduced daily capacity, 12% reported going to a live music event, 18% to the theatre, 5% to a dance show event, and 3% to listen to classical music in the last 12 months (SHS 2018).</p> <p>By contrast, of those who reported no long-term physical or mental health condition, 39% went to a live music event, 34% to the theatre, 12% to a dance show event, and 8% to listen to classical music in the last 12 months (SHS 2018).</p> <p>The relaxation of restrictions on live events would allow for events and support groups to resume, providing further opportunities for social engagement.</p>
	<b>Sexual Orientation</b>	SHS cultural participation data are not broken down by sexual orientation due to the small numbers of respondents self-identifying as lesbian, gay, bisexual or other in the survey, the likelihood of under-reporting (see <a href="#">Annex 2 of SHS Annual Report 2018</a> ) <sup>196</sup> , and the associated degree of uncertainty around the data.
	<b>Socio-economic disadvantage</b>	<p>According to data from the 2018 SHS, in the last 12 months those in the 20% most deprived (SIMD) group reported the following: 23% went to a live music event, 7% went to a dance show event, 21% went to the theatre, and 3% to listen to classical music (SHS, 2018).</p> <p>This is in contrast to the 20% least deprived group: 44% went to live music event, 44% went to the theatre, 14%</p>

<sup>196</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/15/>

	<p>went to a dance show event, and 13% went to listen to classical music (SHS 2018). Allowing some of these events to go ahead could have positive impacts.</p> <p>Relaxing of restrictions on attending grassroots and semi-professional sport e.g. junior football, which is prevalent in former mining communities and could have a positive impact on these communities.<sup>197</sup></p>
<b>Mitigating actions:</b>	<p>Positive impact on children and young people, older people and women. Officials are working with sector leads to develop safe workplace guidance to ensure risks are mitigated. There will be careful consultation with stakeholder groups.</p> <p>The main mitigating action is engaging older and disabled people and making sure they are welcomed to live events where there could be opportunities to further enhance accessibility in the context of the Route Map. Good practice from previous sporting events like the Commonwealth Games, Ryder Cup, European Championships and Solheim Cup provide helpful <a href="#">reference points</a>.<sup>198</sup> Anecdotal evidence from representative groups consistently highlights that accurate and well promoted information setting out the accessibility of sites, including transport arrangements, is vital.</p>

<sup>197</sup> <https://www.scottishjuniorfa.com/scottish-junior-fa/resources/club-directory/>

<sup>198</sup> <http://www.changing-places.org/>

## 26. Phase 1: Communities and Public Services

<b>Measures</b>	<ul style="list-style-type: none"><li>• Gradual resumption of key support services at the community level with physical distancing and hygiene measures.</li><li>• Restarting face to face Children's Hearings with physical distancing.</li><li>• Greater direct contact for social work and support services with at risk groups and families with physical distancing and hygiene measures.</li><li>• Access to respite/day care to support unpaid carers and for families with a disabled family member.</li><li>• Household Waste Recycling Centres open.</li><li>• Re-opening of court and tribunal buildings, with limited business and public access.</li></ul>
<b>Impacts</b>	<p>There have been significant impacts on a wide range of community and public services. The relevant impact assessments have already been completed for underpinning emergency legislation.</p> <p>Resumption of a range of these services will be welcomed, especially where they provide support to people in at risk groups or their carers. As public bodies re-open services, they are required to consider equality impacts and ensure that actions are in place for mitigation.</p> <p>The significant impacts of delays to court business in particular are recognised and an evidence base is being developed with stakeholders. There is evidence from other parts of the UK<sup>199</sup> that victims are losing confidence in the justice system due to delays which prolong trauma and increase attrition rates – views which have been repeated by victims organisations in Scotland</p> <p>While adjustments have been made, there may be further implications e.g. the use of remote hearings may make it more challenging for the court to identify vulnerability and put in place reasonable adjustments to ensure effective participation and consideration will need to be given as to appropriateness in some types of cases.</p> <p>Crime victimisation varies across the population and therefore any changes in offending patterns as restrictions are eased may have a disproportionate impact on different groups.</p>

<sup>199</sup> <https://victimscommissioner.org.uk/news/vc-writes-on-how-victims-are-let-down-by-the-justice-system>

	<p>The Scottish Government gathers information on crime victimisation via the Scottish Crime and Justice Survey.<sup>200</sup> As this is a face-to-face survey, field work has been suspended due to the restrictions which have been in place. We are therefore exploring alternative methods to monitor victimisation during the pandemic.</p> <p>While we know that not all crimes are recorded by the police, the conditions of lockdown have had a significant impact on the number of crimes and offences recorded by the police in Scotland.<sup>201</sup></p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>Children are affected significantly by justice decisions through, for example, parental imprisonment, involvement in child contact cases, and as victims of certain crime types. The restarting of face to face Children's Hearings will have a positive impact in enabling children and young people to have their voice heard in decisions that may affect their rights.</p> <p>There are particular issues relating to 16/17 year olds within the justice system and those held in detention. <a href="#">Research by the Centre for Youth and Criminal Justice</a> into the views of young people involved in the justice system revealed that they are feeling increasingly isolated in lockdown.</p> <p>It has been reported that isolation may lead to increase in instances of neglect, physical abuse, emotional abuse or sexual abuse to children.</p> <p>Increased direct contact for social work and support services is expected to have a positive impact on the safety and wellbeing of children at risk of neglect and domestic abuse.</p>
	<p><b>Age: Older People</b></p> <p>Older people are less likely to experience crime than other adults<sup>202</sup> so may have been less affected by some of the issues associated with changes in the justice system than younger people (e.g. delays to court business).</p> <p>Consideration needs to be given to those who might be older who may, in line with wider public health advice, still be advised to avoid indoor gatherings or</p>

<sup>200</sup> <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

<sup>201</sup> <https://www.gov.scot/publications/recorded-crime-scotland-april-2020/>

<sup>202</sup> <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

	<p>may be shielding. This could mean higher risks for older individuals who have to attend court or being less willing to participate.</p> <p>Older people are less likely to use online communications and make up a large proportion of people who live alone. The resumption of community services may have positive impacts in addressing social isolation and increasing support available to older people.</p> <p>Many older people either provide unpaid care or receive care and support - including support from unpaid carers - and will benefit from greater availability of respite and day care.</p>
<b>Sex: Women</b>	<p>A disproportionate number of victims of certain crimes including stalking and harassment, partner abuse and sexual victimisation<sup>203</sup> are women. The resumption of paused justice services is positive but it is recognised that significant impacts arising from ongoing delay will persist.</p> <p>There are concerns that the childcare burden will fall disproportionately on women and therefore limit their participation in the justice system.</p> <p>A greater proportion of women are known to provide unpaid care than men<sup>204</sup> and so may particularly benefit from increased access to day care and respite.</p> <p>Women are less likely to own a car and therefore less likely to use Household Waste and Recycling Centres.</p>
<b>Sex: Men</b>	<p>Those within the justice system come disproportionately from certain groups, e.g. a high proportion of those convicted are male<sup>205</sup> – resumption of justice services will begin to impact on delays in bringing cases to court, however impacts arising from ongoing delay may persist.</p> <p>Men are more often the non-resident parent – they may be disproportionately affected by the closure of courts in relation to applications to enforce contact and residence orders.</p>

<sup>203</sup> <https://www.gov.scot/collections/scottish-crime-and-justice-survey/>,

<sup>204</sup> Scotland's Carers, Scottish Government, 2015 - <https://www.gov.scot/publications/scotlands-carers/>

<sup>205</sup> <https://www.gov.scot/publications/criminal-proceedings-scotland-2018-19>

	<b>Race</b>	<p>Racially aggravated crimes are the most commonly reported hate crime.<sup>206</sup></p> <p>Evidence of disproportionate health impacts for minority ethnic communities may also limit participation, or heighten the risk of participation in the justice system.</p>
	<b>Disability</b>	<p>Disabled people are more likely to be the victims of crime<sup>207</sup> and also of requiring help with civil justice issues. Changes to justice building use following COVID-19 may raise access issues which need to be considered.</p> <p>In relation to remote hearings consideration needs to be given to the impact on parties with cognitive impairment. In addition, evidence from England suggests particular consideration should be given regarding mental health implications.<sup>208</sup></p> <p>It is important to consider the impact of technology on disabled people. A <a href="#">report<sup>209</sup></a> published by the EHRC demonstrated the importance of ensuring that the introduction of technology is done in an accessible way.</p> <p>Consideration needs to be given to those who might be older who may, in line with wider public health advice, still be advised to avoid indoor gatherings or may be shielding.</p> <p>Disabled people and their families are expected to benefit from increased access to day care and respite. Disabled people are more likely to require health treatment and social care and are therefore likely to be impacted by disruptions to existing care arrangements. In addition, people with a long-term condition or disability are themselves more likely to be providing unpaid care to a sick, disabled or frail person than other people.<sup>210</sup></p> <p>Disabled people are less likely to own a car and therefore less likely to use Household Waste and Recycling Centres.</p>

<sup>206</sup> <https://www.copfs.gov.uk/publications/equality-and-diversity>

<sup>207</sup> <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

<sup>208</sup> <https://www.judiciary.uk/wp-content/uploads/2020/05/remote-hearings-rapid-review.pdf>

<sup>209</sup> [https://www.equalityhumanrights.com/sites/default/files/inclusive\\_justice\\_a\\_system\\_designed\\_for\\_a\\_II\\_interim\\_report\\_0.pdf](https://www.equalityhumanrights.com/sites/default/files/inclusive_justice_a_system_designed_for_a_II_interim_report_0.pdf)

<sup>210</sup> Scotland's Carers, Scottish Government, 2015 - <https://www.gov.scot/publications/scotlands-carers/>

	<p><b>Socio-economic disadvantage</b></p>	<p>The likelihood of experiencing crime is higher for those living in deprived areas.<sup>211</sup> Those in contact with the justice system come disproportionately from disadvantaged groups and therefore may well have been impacted by lack of face-to-face access to advice services, victim support and post-prison release.</p> <p>Digital exclusion is greater for people from lower socioeconomic groups<sup>212</sup> and their needs should be considered in relation to digital justice solutions.</p> <p>Socio-economically disadvantaged people are less likely to own a car and therefore less likely to use Household Waste and Recycling Centres.</p>
<p><b>Mitigating actions:</b> Emergency legislation has been put in place to ensure that the justice system can continue to operate and to introduce flexibility to address the impacts of physical distancing and the need for self-isolation where possible. There is a potential positive impact from increased use of digital in resuming justice services. The digital impact has already been considered for underpinning emergency legislation. Increasing the capacity for digital access will help to mitigate inequalities relating to the ability to physically attend court and mitigates against growing delays which would otherwise heighten inequalities. As further digitisation of services is likely to be a key feature of the response, this will require to be reviewed on an ongoing basis and existing mechanisms and procurement processes are currently being considered for this purpose. Support for victims of crime, including support specifically for those impacted by gender-based violence, has been augmented and third sector support providers have adjusted their operating models to ensure continued access and availability.</p> <p>The management of contact with at risk groups is continually assessed on a needs-led basis. The actions on respite care and day services are expected to focus on helping support providers navigate guidance on the wide variety of models of respite and day care; identifying principles to support local re-establishment and adapting of services; and sharing good practice. Given the requirements of physical distancing will impact on the numbers able to access building-based support, there will be renewed emphasis on creative and non-traditional modes of supporting respite where possible.</p> <p>The re-opening of Household Waste Recycling Centres (HWRC) is an important step in supporting householders to dispose of the waste they generate, delivering wider public health benefits and improving the environment in which we live. However, it is recognised that some groups are less likely to be able to access these services and that others who may previously have utilised HWRCs with assistance from site operatives may no longer find this possible. It is for this reason that the Scottish Government has worked in partnership with COSLA to ensure that the re-opening of sites should not impact on wider efforts to recover</p>		

<sup>211</sup> <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

<sup>212</sup> <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

other waste services on which households are reliant and which represent an alternative to the services offered at HWRCs. The Scottish Government has also worked closely with COSLA to ensure the co-ordinated re-opening of sites, ensuring that no members of the public are disadvantaged as a result of their location.

## 27. Phase 2: Communities and Public Services

### **Measures**

- Public services will continue to resume and scale-up during Phase 2, continuing those set out in Phase 1.
- In addition to the services set out elsewhere in this phase, resuming activity includes services such as visiting support to Housing First Tenants and the resumption of area-based energy efficiency schemes.

### **Impacts:**

Impacts will build on Phase 1. As public bodies re-open services they are required to consider equality impacts and ensure that mitigation activity is in place where needed.

### **Mitigating actions:**

Scottish Government will continue to engage and reassess as required.

Phase 2 actions on planning and (where needed) reviewing social care services in the Health and Social Care chapter of this document are also relevant to re-opening of respite and day care.

## **28. Phases 3 and 4: Communities and Public Services**

### **Measures**

Phase 3: Further resumption and scaling-up of public services and justice system processes and services.

Phase 4: Public services operating fully, in line with public health advice, with modifications and changes to service design, including increasing use of digital services where appropriate.

### **Impacts:**

Impacts will build on Phases 1 and 2. As public bodies re-open services they are required to consider equality impacts and ensure that mitigation activity is in place where needed.

### **Mitigating actions:**

Scottish Government will continue to engage and reassess as required.

## 29. Phase 1: Gatherings and Occasions

<b>Measures</b>	<ul style="list-style-type: none"> <li>No public gatherings permitted except for meetings of two households, outdoors and with physical distancing.</li> </ul>
<b>Impacts</b>	<p>Family occasions such as weddings and civil partnerships continued to be effectively halted during lockdown. Other ceremonies, such as baptisms and christening, were also affected. Families could not register the birth of a child.</p> <p>Funeral attendance continued to be restricted to close family members or close friends with strict physical distancing and hygiene requirements, making them particularly difficult for bereaved people.</p>
<b>Differential impacts</b>	<b>Age: Children and Young People</b> Lack of birth registration facilities <sup>213</sup> could impact on a child's right to be registered immediately after birth under article 7 of the UNCRC. It could also affect a child's right to be known and cared for by his or her own parents as joint birth registration is one of the main ways that unmarried fathers and second female parents obtain parental responsibilities and rights.
	<b>Age: Older People</b> Given that older people are, on average, at a higher risk of contracting COVID-19 and more likely to be shielding, they are likely to have had to miss attending funeral services in person to avoid placing their health at risk. As they are less likely to be digitally aware, they may also not be able to watch funerals through live links.
	<b>Sex: Women</b> Unmarried second female parents not able to obtain parental responsibilities and rights through joint birth registration.
	<b>Sex: Men</b> Unmarried fathers not able to obtain parental responsibilities and rights through joint birth registration (whereas birth mother will acquire parental responsibilities and rights automatically and this is not affected by the reduction of registration service levels).  In 2018, around 46.7% of live births in Scotland were to unmarried parents who jointly registered the birth. <sup>214</sup>

<sup>213</sup> Information on registration has been grouped in Gatherings and occasions. Registration and the work of local authority registrars in processing registration events like births, marriages and civil partnership, is closely associated with weddings and civil partnerships where gatherings occur for the ceremony or registration, usually with subsequent receptions.

<sup>214</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2018/section-3-births>

	<b>Religion &amp; Faith</b>	<p>In 2018, there were 2,789 Church of Scotland, 1,079 Roman Catholic, and 3,672 other religious marriage ceremonies.<sup>215</sup> Couples with faith, such as those who do not wish to cohabit until married, are largely unable to enter a marriage or civil partnership as a result of lockdown restrictions on gatherings (some couples are able to get married where there is a very pressing need but their ceremony is required to meet the requirements of the health protection regulations).</p> <p>Faith communities are unable to attend places of worship (POW) for ceremonies, services or prayer (except for very limited purposes, including funerals, to broadcast an act of worship or to carry out essential voluntary services).</p>
	<b>Mitigating actions:</b>	<p>Emergency registrations have taken place when there is a clear pressing need (e.g. marriages when one of the parties is seriously ill).</p> <p>Guidance on funeral services was issued setting out who can attend a funeral, so attendance can be planned according to individual circumstances and raise awareness of the need for physical distancing and other public health measures. We have also encouraged members of the funeral industry to make provision or arrangements for livestreaming or broadcasting funerals to allow a greater number of people to attend virtually in order to protect health and help mitigate not being able to attend in person. This will be helpful for all people who have access to suitable digital equipment and Wi-Fi so may be less helpful for some older people.</p> <p>The Scottish Government has engaged closely with faith and belief stakeholders to support them during a time when places of worship have been unable to open, except for very limited purposes. This has strengthened relationships and communications between stakeholders and policy teams. It has also allowed for their requirements in relation to marriage and civil partnerships to be considered in relation to Phase 2 changes.</p> <p>The Scottish Government has provided funding to faith and belief organisations that has allowed equipment and software to be purchased to facilitate online worship services. This has facilitated access to prayer, worship, and funeral services, with persons able to watch from home.</p>

<sup>215</sup> [Scotland's Population 2018 - The Registrar General's Annual Review of Demographic Trends](#)

## 30. Phase 2: Gatherings and Occasions

<b>Measures</b>	<ul style="list-style-type: none"> <li>• Registration offices open for high priority tasks.<sup>216</sup></li> <li>• Places of worship open for individual prayer or contemplation under physical distancing rules and hygiene safeguards.</li> <li>• Marriages &amp; civil partnerships allowed with minimal attendees – outdoors only.</li> </ul>
<b>Impact</b>	<p>Opening registration offices will reduce backlogs; provide reassurance to new parents; provide parental responsibilities and rights to unmarried fathers and second female parents who are not in a registered relationship; and allow more marriages and civil partnerships to take place.</p> <p>In 2018, there were 51,308 live births registered in Scotland<sup>217</sup>.</p> <p>In 2018, there were 27,525 marriages solemnised in Scotland and 65 civil partnerships registered in Scotland.<sup>218</sup></p> <p>According to 2011 census data, over 2.9 million people in Scotland affiliate themselves with a religious group. Opening places of worship for individual prayer will allow more people to attend a place of worship for this purpose, and exercise their Article 9 ECHR right.</p> <p>As re-opening places of worship for congregational/communal prayer or worship is still not occurring at this phase, allowing opening for individual prayer or contemplation only will still significantly limit the number of people who can attend a place of worship to exercise their religious rights.</p> <p>Funeral attendance continues to be restricted to close family members or close friends. The impact remains the same as for Phase 1.</p>
<b>Age: Older People</b>	Those aged 70 and over are advised to stay at home and minimise contact, and people who may be shielding are strongly advised not to attend public places. This may impact on ability to attend a place of worship for individual prayer or contemplation.

<sup>216</sup> This action concerning access a local authority service in a registration office, has been grouped with the action at Phase 2 on weddings and civil partnerships which concern gatherings.

<sup>217</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2018/section-3-births>

<sup>218</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2018/section-7-marriages>

	<p>Those aged 70 and over are advised to stay at home and to minimise contact and those shielding are also strongly advised not to attend gatherings. This will particularly impact older parents who may be unable to attend their child's wedding. This may also impact for those older people who wish to marry - data from NRS for 2018 indicates that around 3,500 people aged 55 and over got married in Scotland.</p> <p>Restricted numbers at funerals and the higher risks for older people from COVID-19 mean that they are still likely to have had to miss attending funeral services in person, which will be difficult for the bereaved.</p> <p>Any increase in risk of contracting COVID-19 due to attending mass gatherings would disproportionately affect older people. Up to 7<sup>th</sup> June 2020, 76% of COVID-19 fatalities were aged 75 and over.<sup>219</sup></p>
<b>Sex: Women</b>	Data from NRS suggests that in 2018, 27% of live births were to women between the ages of 25 -29; 33% were to women between the ages of 30 -34; 19% to women between 35 and 39 and 4% to women between 40 and 44. <sup>220</sup> Opening up of birth registration offices will allow some of the backlog to be reduced.
<b>Race</b>	For people who do not have English as a first or foreign language, interpreters may be needed at marriage ceremonies and civil partnership registrations. People of minority ethnicities in Scotland are more likely to say that they speak English 'not well or not at all' compared to people who identify as White Scottish, White other British or White Irish. Those who identified as Chinese or White: Polish were the most likely to say that they did not speak English well or at all in 2011. <sup>221</sup> COVID-19, furloughing and physical distancing may affect the availability of interpreters for these tasks.
<b>Religion &amp; Faith</b>	<p>Members of faith communities will be able to attend places of worship for individual prayer or contemplation for the first time since lockdown.</p> <p>Not all faith communities have a need for individual prayer or contemplation, which can be done at home, for some.</p> <p>Faith and belief communities are unable to access wider, communal ceremonies or services at their place of worship as restrictions will remain in place until later phases. The</p>

<sup>219</sup> Deaths involving coronavirus (COVID-19) in Scotland: Week 23 report

<sup>220</sup> <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2018/section-3-births>

<sup>221</sup> [Analysis of Equality Results from the 2011 Census.](#)

	<p>exception to this is for funeral services, where a decision to offer those is made by a place of worship.</p> <p>Persons with faith who are shielding are unable to attend places of worship, including for individual prayer or contemplation, which could cause them concern.</p> <p>Allowing marriages allows people with faith to exercise this right. In 2018, there were 2,789 Church of Scotland, 1,079 Roman Catholic, and 3,672 other religious marriage ceremonies.<sup>222</sup> The inability to formalise a relationship impacts particularly on those people whose faith disallows cohabitation before marriage.</p> <p>The limitation to outdoor public gatherings and to limit numbers at marriages and civil partnerships will impact on some religious and belief groups. For these groups, a marriage must or should take place in a place of worship. There are also religious or belief requirements in relation to who should attend in addition to those required for a valid ceremony or registration.</p>
<b>Disability</b>	<p>For people who have a hearing impairment, a BSL interpreter may be needed at marriage ceremonies and civil partnership registrations. Under the usual arrangements, a celebrant or registrar can use the services of an interpreter. In 2011, 12,533 people aged 3 years and over in Scotland indicated in the census that they used BSL at home (0.24% of the population).<sup>223</sup> COVID-19, furloughing and physical distancing may affect the availability of BSL interpreters for these tasks.</p> <p>Some disabled people may find it harder to attend outdoor marriage ceremonies and civil partnership registrations.</p> <p>Any increase in risk of contracting COVID-19 due to attending mass gatherings would disproportionately affect some disabled people. Of those who died with COVID-19 in April, 91% had at least one pre-existing condition.<sup>224</sup></p>
<b>Socio-economic disadvantage</b>	<p>Any increase in risk of contracting COVID-19 due to attending mass gatherings would disproportionately affect people in the most deprived areas. In March and April, 3,200 deaths occurred among people living in the 20%</p>

<sup>222</sup> [Scotland's Population 2018 - The Registrar General's Annual Review of Demographic Trends](#)

<sup>223</sup> [Analysis of Equality Results from the 2011 Census](#)

<sup>224</sup> The most common pre-existing condition was dementia and Alzheimer's disease (31% of all deaths involving COVID) followed by ischaemic heart disease (13%). Source: [Deaths involving coronavirus \(COVID-19\) in Scotland: Week 19 report](#)

		<p>most deprived areas compared with 2,042 in the least deprived areas.<sup>225</sup></p> <p>People have less access to devices, data and the internet to be able to utilise options to live stream funerals or worship.</p>
<b>Mitigating actions:</b>		
<p>The configuration of registration services locally is a matter for each council. Local authorities will need to pick up the backlog of postponed registrations in a way that allows the continuing registration of deaths and still-births; the gradual reintroduction of high-priority activities such as the registration of live births; the processing of marriage and civil partnership notices; and the issuing of marriage and civil partnership schedules.</p> <p>This means each Council is likely to adopt different patterns of registration services, designed to meet local need within existing staff resource and physical distancing. The Registrar General, working with the Scottish Government, is likely to issue guidance to registrars on re-opening registration services. The Scottish Government, working with the Registrar General, is likely to issue public-facing guidance on the re-opening of registration services.</p> <p>Allowing more marriages to take place is in line with the Article 12 ECHR right that men and women of marriageable age have the right to marry and to found a family, according to the national laws governing the exercise of this right.</p> <p>Permitting places of worship to open for individual prayer or contemplation is considered to mitigate against some of the interference with individuals' rights to manifest their religion or belief in worship, teaching, practice and observance. We will publish guidance in consultation with faith and belief groups to support places of worship to re-open for individual prayer or contemplation at Phase 2. We will also publish guidance to support places of worship that are considering providing funeral services, in line with attendance requirements. Both pieces of guidance will include references to guidance on physical distancing, cleaning and hygiene.</p> <p>Careful research and consultation with stakeholder groups has been undertaken, including around religious requirements for events and attendance at places of worship for individual prayer or contemplation. Continued restrictions are justified on health protection grounds.</p> <p>Under the arrangements at Phase 2 for marriages and civil partnerships, the celebrant or registrar and any interpreter required (including a BSL interpreter) will not count towards the limitation specified in the restrictions.</p> <p>The Scottish Government has provided funding to faith and belief organisations that has allowed equipment and software to be purchased to facilitate online worship services. This has facilitated access to prayer, worship, and funeral services, with persons able to watch from home.</p>		
<hr/> <p><sup>225</sup> Deaths involving coronavirus (COVID-19) in Scotland: Week 19 report</p>		

### 31. Phase 3: Gatherings and Occasions

<b>Measures</b>	<ul style="list-style-type: none"> <li>• People can meet in extended groups subject to physical distancing.</li> <li>• Easing of restrictions on attendance at funerals, marriages, civil partnerships, with physical distancing (limited numbers). (Unlikely to be before 23 July)</li> <li>• Places of worship can re-open for congregational services, communal prayer and contemplation with physical distancing and limited numbers. (Unlikely to be before 23 July)</li> </ul>
<b>Impact</b>	<p>(Ref: Seeing friends and family for meeting in extended groups.)</p> <p>Easing of restrictions on funeral attendance will open up to groups and extended family units the opportunity to attend a funeral service in person. However, the number able to attend a specific ceremony will still be subject to physical distancing requirements and hygiene safeguards.</p> <p>Easing of restrictions on outdoor marriage and civil partnerships will allow family members and others to take part in marriage ceremonies and civil partnership registrations.</p> <p>Easing of restrictions around gathering for services and ceremonies within a place of worship will enable more individuals to exercise their religious rights within a place of worship.</p> <p>Some form of restrictions will still remain and numbers are likely to be restricted due to physical distancing.</p> <p>Increasing attendance may allow more children and young people the opportunity to attend the funerals of their loved ones.</p>
	<b>Age: Older People</b>
	Consideration needs to be given to older people who may, in line with wider public health advice, still be advised to avoid indoor gatherings.
	<b>Race</b>
	Interpreters are more likely to be available at ceremonies. This may particularly benefit people of minority ethnicities in Scotland who are more likely to say that they speak English 'not well or not at all' compared to people who identify as White Scottish, White other British or White Irish.
	<b>Religion &amp; Faith</b>
	Members of faith communities will be able to attend places of worship for communal or congregational worship and/or prayer, wider activities, ceremonies and services. This includes those particular groups for whom individual prayer or contemplation is less significant.

	<p>There will still be limits on numbers of people who can attend a place of worship to exercise their religious rights in order to ensure physical distancing and hygiene safeguards can be met.</p> <p>Easing of restrictions on funerals will allow more people who are not close family to attend funeral ceremonies held in places of worship. However, the number able to attend a specific ceremony will still be subject to physical distancing and hygiene safeguards.</p> <p>Easing of restrictions on outdoor marriage and civil partnership will allow people of faith to enter a marriage or a civil partnership.</p>
<b>Disability</b>	<p>Consideration needs to be given to those disabled people who may, in line with wider public health advice, still be advised to avoid indoor gatherings.</p> <p>Some disabled people, for example wheelchair users or those with limited mobility, may face barriers to attending services if special arrangements are not made to ensure they are able to access, circulate and use all necessary facilities while maintaining physical distancing and hygiene requirements.</p> <p>The easing of restrictions on outdoor marriage ceremonies and on civil partnership registrations should make it easier for more disabled people to attend.</p>
<p><b>Mitigating activity:</b> We have engaged closely with faith and belief communities on re-opening places of worship and on ceremonies, including around faith specific requirements and the content of supporting guidance. This ongoing commitment to engagement with stakeholders will ensure any new or emerging concerns are addressed and that communities continue to feel supported. We are working with Scottish Government teams and UK Government to ensure clarity within any guidance; any continuing restrictions are justified on health protection grounds.</p> <p>We will continue to work closely with the Registrar General on guidance for registrars and on public-facing guidance on registration services.</p> <p>Restrictions that remain for public health reasons (e.g. numbers still controlled in order to maintain physical distancing) will need to be clearly communicated. For example, at a crematorium service room where a funeral service is being held. Online streaming, broadcasting or recording of services will continue to help facilitate involvement for higher risk groups who may continue to be advised or decide not to attend to help protect their health.</p> <p>The Scottish Government has provided funding to faith and belief organisations that has allowed equipment and software to be purchased to facilitate online worship services. This has facilitated access to prayer, worship, and funeral services, with persons able to watch from home. Online worship will be</p>	

encouraged to continue once services in places of worship resume, particularly for older and shielding congregation members who may still be advised against or disinclined to return to places of worship.

## 32. Phase 4: Gatherings and Occasions

<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• Mass gatherings could resume in line with public health advice.</li> <li>• All ceremonies could now take place with any necessary precautions.</li> </ul>		
<b>Impact</b>		
	<b>Race</b>	Any increase in risk of contracting COVID-19 due to attending mass gatherings may disproportionately affect minority ethnic people.
	<b>Religion &amp; Faith</b>	More members of faith communities will be able to attend a place of worship to allow for more communal/congregational acts of worship/prayer and to exercise their religious rights. It is anticipated that all regular services and ceremonies can resume provided this is in line with public health advice.
	<b>Disability</b>	Some disabled people, for example wheelchair users or those with limited mobility, may face barriers to attending services if special arrangements are not made to ensure they are able to access, circulate and use all necessary facilities while maintaining physical distancing and hygiene requirements.
<p><b>Mitigating activity:</b> We will continue to engage closely with faith and belief communities on re-opening places of worship and on ceremonies, and the content of any supporting guidance. This ongoing commitment to engagement with stakeholders will ensure any new or emerging concerns are addressed, and communities feel supported. We will continue to work with Scottish Government teams and UK Government to ensure clarity within any guidance; any restrictions will be justified on health protection grounds.</p> <p>We will continue to work closely with the Registrar General on guidance for registrars and on public-facing guidance on registration services.</p> <p>Restrictions that remain for public health reasons (e.g. numbers still controlled in order to maintain physical distancing) will need to be clearly communicated. Our guidance will be developed in consultation with stakeholders to ensure that all attendees can participate safely in organised mass gatherings and be confident as to their personal safety and wellbeing.</p>		

### 33. Phase 1: Health and Social Care

<b>Measures</b>	<ul style="list-style-type: none"><li>Beginning to safely restart NHS services, covering primary, and community services including mental health.</li><li>Phased resumption of some GP services supported by an increase in digital consultations.</li><li>Roll out the NHS Pharmacy First Scotland service in community pharmacies.</li><li>Increase care offered at emergency dental hubs as practices prepare to open.</li><li>Restart, where possible, urgent electives previously paused.</li><li>Resumption of NHS IVF treatment has now been approved in Scotland and we are working with the 4 centres to resume services quickly and safely.</li><li>Increase provision of emergency eyecare in the community.</li><li>We will consider the introduction of designated visitors to care homes.</li></ul>
<b>Impacts</b>	<p>In Phase 1 a wide range of acute and urgent dentistry services were expanded to see more patients, according to clinical need. Capacity has been doubled, either within existing facilities or commissioning additional premises: there are currently 70 urgent dental care centres.</p> <p>In optometry, community practices remained closed for face to face care - patients may have been discouraged from seeking help and advice. Getting to Emergency Eyecare Treatment Centres (EETCs) and gaining safe access to these service could have been potentially problematic for disabled people. While the suspension of routine eye examinations is considered low risk, the risk for some groups, particularly older patients (who are at greater risk of falls) and those with underlying medical conditions, increases the longer these are unavailable.</p> <p>General Practices have remained open for urgent care during the pandemic with most non-routine services suspended and consultations delivered through 'Near Me'<sup>226</sup> or telephone. A phased resumption of routine services coupled with infection control procedures means patients will have to wait longer to get (non-urgent) appointments, potentially increasing the risk of health complications due to delayed presentations/checks.</p>

<sup>226</sup> [Near Me: NHS video consulting service](#)

<b>Differential Impacts</b>	<b>Age: Children and Young People</b>	<p>Where some Health Boards did not have a 6-8 week health check for babies as a clinical priority during lockdown, resumption of services from Phase 1 will restore parity.</p> <p>Some children and young people develop myopia (nearsightedness). Optometrists cannot cure this but can help slow the progression of myopia.</p> <p>Some children develop squints at a young age and early intervention can prevent significant amblyopia (lifelong reduced vision in affected eye). These would not be considered emergencies, so would not be examined during Phase 1.</p>
	<b>Age: Older People</b>	<p>The prevalence of health issues, frailty and loss of independence increases with age. Delayed access to health services, such as General Practices and NHS Pharmacy First for routine care may accelerate deterioration in older people increasing demand for services in the social care sector, so older people are likely to benefit from resumption of any NHS services.<sup>227</sup></p> <p>Only 38% of people aged 75 and above use the internet. Therefore, older people may be less able to make effective use of digital GP consultations despite having a higher likelihood of needing to access GP care.</p> <p>The vast majority of care home residents are older people (91% in 2017), including between 70-90% of residents with dementia, who will be impacted by changes to care home arrangements.<sup>228</sup></p> <p>People with dementia and their carers rely heavily on commissioned and non-commissioned services for day services and respite. Alzheimer Scotland are planning the collection of evidence of the impact of the temporary closure of those services.</p> <p>Domiciliary eyecare has been suspended so older people in care homes or at home are disproportionately affected as they may be less able to travel to appointments. Some older people may have difficulty with submitting information online e.g. photos of their eye condition. Increased risk to the</p>

<sup>227</sup> [Scottish Government \(2020\) Equality and Fairer Scotland Duty Assessment of Health and Social Impacts of Coronavirus](#)

<sup>228</sup> [Scottish Government \(2020\) Equality and Fairer Scotland Duty Assessment of Health and Social Impacts of Coronavirus](#)

	<p>elderly and those with underlying health conditions with the suspension of routine eyecare.</p>
<b>Sex: Women</b>	<p>Women are often in caring roles, as well as requiring or using social care support themselves.</p> <p>The NHS workforce and social care workforce is comprised predominantly of women.</p> <p>The majority of care home residents are women (68% in 2017) and will be experiencing the impacts noted under Age</p>
<b>Minority Ethnic</b>	<p>Language barriers and therefore miscommunication may be exacerbated through using video consulting services such as Near Me, as it is more difficult to confirm patient understanding. This may be further compounded by access issues to interpreters due to furloughing.</p> <p>Phone consultations can be frustrating because it becomes more difficult to confirm understanding in the absence of non-verbal cues as part of face to face interactions.</p> <p>Traditionally, many people from minority ethnic groups may not actively seek help or support. Services and supports must be relevant to their needs and it is recognised that these may need to be delivered differently due to physical distancing.</p> <p>There is a higher prevalence of some sight-threatening conditions in some ethnic groups (e.g. glaucoma in people of African, Caribbean or Asian origin), so the continued suspension of routine eye examinations might result in lower incidences of early detection of this condition.</p>
<b>Disability</b>	<p>Disabled people may be less able to make effective use of digital consultations since they are less likely to be online than the wider population.</p> <p>Disabled people may have been disadvantaged during this phase due to having to phone/video call rather than visit their local optometry practice for help.</p> <p>Disabled people, particularly those with underlying health conditions, may be more worried about physically visiting places where they may pick up the virus and so avoid attending appointments.</p> <p>Patient transport services need to be resumed in a safe way so people without access to a private car can still access services without feeling they are being put at risk.</p>

	<b>Socio-economic disadvantage</b>	<p>People living in deprived areas:</p> <ul style="list-style-type: none"> <li>• may be less able to make effective use of digital consultations due to lower access to internet.<sup>229</sup></li> <li>• are at greater risk of health issues so are most likely to benefit from resumption of any services.<sup>230</sup></li> </ul>
<b>Mitigating actions:</b>		
Practices should be able to offer alternatives to digital consultations, face-to-face if necessary, with appropriate disease transmission mitigation measures in place.		
Services should continue to adhere to standard national clinical guidance, using the expanded range of treatment now available. <sup>231</sup> The Urgent Dental Care Centres are open 7 days per week, during normal working hours as a minimum, NHS 24 continue to handle calls out of hours.		
All urgent care centres have the appropriate infection control measures in place and full protective equipment. Existing mitigations remain in place, as the centres expand the range and volume of treatments that they may deliver.		
The capacity within the EETCs has been increased by NHS Boards to meet the demand and new sites have been opened in a number of areas to meet geographical needs (currently 59 EETCs). Patient transport for those who require it has been put in place to help patients get to the EETCs. In some Health Boards, new tele-ophthalmology technology has been trialled to establish live video and audio feeds between optometrists in the EETCs and ophthalmologist consultants in hospitals, enabling more patients to be immediately diagnosed and treated.		
Scottish Government officials and staff from NHS Boards have been liaising with and updating RNIB Scotland on progress and contributing to blogs on their website.		
Phase 1 takes place prior to formal implementation of these remobilisation plans. NHS Boards when delivering their services are required to comply with Equalities and all other legislation.		

<sup>229</sup> Scottish Government (2020) Equality and Fairer Scotland Duty Assessment of Health and Social Impacts of Coronavirus

<sup>230</sup> Scottish Government (2020) Equality and Fairer Scotland Duty Assessment of Health and Social Impacts of Coronavirus

<sup>231</sup> Management of Acute Dental Problems During COVID-19 Pandemic: NES, 30 March 2020

## 34. Phase 2: Health and Social Care

<b>Measures</b>	<ul style="list-style-type: none"><li>Increasing health care provision for pent-up demand, urgent referrals and triage of routine services.</li><li>Reintroducing some chronic disease management.</li><li>Continue phased resumption of any suspended or postponed GP services supported by digital consultation.</li><li>Continued GP support for shielded patients, including home visits where clinically necessary.</li><li>Dental practices can re-open to see patients with urgent care needs.</li><li>Priority referrals to secondary care begin.</li><li>Continue to plan with COSLA and Scottish Care and other partners to support and, where needed, review of social care and care home services.</li><li>Phased resumption of some screening services.</li><li>Community optometry practices re-open for face-to-face emergency and essential eye care. Consideration to be given to a phased resumption of visiting care homes starting with outdoor visiting where it is clinically safe to do so.</li></ul>
<b>Impacts</b>	<p>During lockdown Dental Practices have been unable to provide treatment in surgeries but have remained available by telephone for all patients to offer advice, pain relief or antibiotics, before onward referral. In Phase 2, practices may re-open with revised patient flows to ensure physical distancing to see NHS patients for face-to-face consultation, especially for urgent care, using non-aerosol generating procedures. Where the treatment involves an aerosol, these will be provided by an Urgent Dental Care Centre, with appropriate PPE.</p> <p>The phased resumption of services not only relies on PPE being distributed but also on practices being adapted to support physical distancing and them complying fully with infection control measures. There are potential financial issues for practices if numbers are low and need for continued support from the SG.</p> <p>During lockdown, many people have had their social care support reduced or changed for a number of different reasons - this may be due to family members who are not at work being able to provide more support, some people not feeling comfortable about carers coming into their homes at this time, or staff absences or changes. Sustainability of the sector has also been put under pressure.</p> <p>In care homes, social isolation and loneliness are catalysts for problems such as sleeplessness, low mood, reduced motivation, boredom, anxiety, and emotional distress.</p>

	<p>Visiting within care homes brings comfort to both those who are visited and to those visiting. For people with advancing dementia the impact will be even more significant, with the increased risk of heightened confusion, stress and distress</p> <p>During lockdown health services have been restricted to essential and urgent care. Most face-to-face outpatient activity was paused, with alternative consultations provided by video or telephone where possible. Treatment services delivered in the community and primary care were also paused if non-urgent.</p> <p>Patients with chronic diseases are considered to be particularly susceptible to direct and indirect harms from the COVID-19 pandemic. This includes the impact of existing health conditions if they have had the virus and their subsequent rehabilitation needs. It also includes the psychological and physical impacts of the inability to access their usual treatments and support during lockdown and the impact as a consequence of the lockdown restrictions (this will include people who have been shielding).</p> <p>With regard to digital innovations for patients and NHS staff to use in the absence of face-to-face appointments, there may be a risk that older people, disabled people and those living in areas of socio-economic disadvantage may not have access to the required technology or the relevant skills, experience or support to use it. They may also be reliant on others for transport to any centralised services where a face-to-face appointment is available.</p>
<b>Differential Impact</b>	<b>Age: Children and Young People</b>
	<p>According to the Scottish Health Survey 2018, 46% of all adults (16+) and 18% of Children and Young People aged under 16 have a longstanding illness so may benefit from the resumption of services for chronic conditions.</p>
	<b>Age: Older People</b>
	<p>There will be health benefits from the resumption of some screening services, particularly those targeting the older age group.</p> <p>People are more likely to have a longstanding illness as they grow older and therefore require medical treatment.</p> <p>Shielded people are more likely to be older (51% are over 65) so may particularly benefit from continued GP support for shielded patients.</p>

	<p>There is expected to be a positive impact on those concerned about any eye condition which has been slowly getting worse during Phase 1 or causing concern.</p> <p>Some care home residents are living with dementia and have limited understanding of and insight into events, including the COVID-19 pandemic. They may experience distress and confusion – all of which can be modified by the presence of familiar faces, family and friends who visit. We also know that visits can have a positive effect on diet and nutrition.</p>
<b>Sex: Women</b>	<p>There will be health benefits in Phase 2 from the resumption of some screening services, particularly the breast and cervical cancer programmes.</p> <p>More women than men have a longstanding illness (48% compared to 43%) so may particularly benefit from the resumption of treatments for chronic conditions and other supports.</p> <p>Shielded people are more likely to be female (55%)</p> <p>Unpaid carers are more likely to be women (59% of unpaid carers are women).<sup>232</sup> Working with partners to support social care services to ensure people have the right support as we transition out of lockdown will include support and respite for unpaid carers.</p>
<b>Sex: Men</b>	<p>There are health benefits from the resumption of some screening services (the Abdominal Aortic Aneurysm screening programme applies specifically to older men).</p>
<b>Disability</b>	<p>There is a positive impact for those who require to visit a practice for assistance.</p>
<b>Socio-economic/disadvantage</b>	<p>Shielded people are more likely to be from more disadvantaged backgrounds (26% are living in the most deprived quintile).</p> <p>56% of people from most deprived areas have a longstanding illness compared to 39% of people from the least deprived areas so people living in the most deprived areas may benefit from the resumption of treatment for chronic conditions and other supports.</p> <p>People living in deprived areas tend to have lower levels of health literacy, the consequences of which may be further exacerbated as most consultations with health care providers move to digital. It is important that information is clear and accessible to ensure people</p>

<sup>232</sup> Scotland's Carers, Scottish Government, 2015 - <https://www.gov.scot/publications/scotlands-carers/>

		have the skills, confidence, knowledge and understanding to be meaningfully involved in decisions about their health care.
<b>Mitigating actions:</b>		
<p>A Communications Action Plan for screening programmes is being developed for the resumption of the screening programmes, led by Public Health Scotland. This will include a focus on providing reassurance that it is safe to attend screening appointments when they restart and include channels to communicate with vulnerable audiences. Printed inserts will be posted out with screening invitation letters to explain the changes that have taken place in the light of COVID-19 – these will be made available in Polish, Arabic, Simplified and Traditional Chinese, BSL, audio, and Easy Read. Requests for translations into additional languages will also be considered upon request. Translated versions of all new and updated materials will be made available and will also be promoted through social media channels.</p> <p>Dentistry practices will open for patients needing urgent dental care and treatments that do not require an aerosol generating procedure. All patients requiring an aerosol generating procedure will be referred to their local urgent dental care centre; transport may be arranged if required. Allocation of PPE is coordinated nationally to ensure adequate stocks of appropriate PPE for urgent care in practices. Practices to adhere to the ‘practice recovery toolkit’, initially preparing a single surgery for urgent cases. Practices are required to certify to their NHS Board that they are fully compliant with the guidance.</p> <p>For optometry, re-opening must be undertaken with considerable changes to practice layouts and to the way patients are looked after; the priority is safety. A declaration form is being issued to all community optometry practices to complete in advance of resuming face-to-face emergency and essential eye care. Regular communications continue to be issued to NHS Boards and professionals. The Scottish Government provided a substantial package of financial support measures during lockdown and Phase 1 to protect practices and practitioners. This has enabled patients to be managed safely - remotely where possible and, where face-to-face emergency eye care was required, in EETCs. The Scottish Government will continue to provide financial support to practice premises and mobile practices during Phase 2 and will review this financial support again ahead of Phase 3. For communications, as each stage in the lockdown eases and services begin to return to the new ‘normal’, further information will be directed to patients with regard to their care within hospital eye services. In terms of Primary Care services, updated information will be posted on the NHS Inform website and social media.</p> <p>In Phase 2, there is expected to be an increase in availability of services based on local as well as national clinical priorities, so there is scope for Health Boards to be flexible to suit local requirements for protected groups. While there may be risk of certain groups feeling that they are not getting the same access to services as before, sound local decision making informed by clinical guidance (associated with urgent and elective care) will ensure that prioritisation decisions are driven only by clinical risk assessments. The current plans are intended to cover the period to</p>		

the end of July. NHS Boards are expected to have appropriate procedures and policies in place when planning or developing services, including an EQIA. The Scottish Government will continue to engage with Boards as they refine and develop their mobilisation plans.

In considering NHS remobilisation plans, it will be important for Health Boards and Health and Social Care Partnerships to ensure that a shift towards technological solutions includes access to translation services where appropriate and that language is not a barrier to care and/or treatment.

### **Visiting in care homes**

In care homes, a phased re-introduction of visiting will mitigate against the impacts of having no visits during this pandemic. Visiting should adopt a person-centred approach; responses to the measures will also be highly individual.

The individual views and needs of each resident, and in the case of someone lacking capacity, the views of their Power of Attorney or Guardian, should be central to decisions. “Blanket” policies for all care homes, or all residents with particular characteristics, should be avoided.

An evidence-based approach requires to be used for both national and local implementation of visiting practice. Current strategies include the provision of PPE to staff and visitors, isolation of new admissions and reduced usage of communal areas.

For Chronic Disease Management, telephone/video consultation is different to traditional face-to-face consultation and staff must be sufficiently experienced and trained prior to undertaking telephone or video consultation with appropriate supervision.

Telephone and video consultations can take longer than traditional face-to-face consultations, including the consent process, dealing with IT and record keeping. Therefore, Health Boards should consider the number of consultations per session.

Traditional multi-disciplinary meetings may take place if in line with physical distancing guidance or via virtual platforms to allow for sharing of confidential information, documents, and video conferencing.

Hospital facilities and equipment such as treatment rooms, diagnostic services including radiography and theatres will be subject to additional safety guidelines introduced during COVID-19 that will mean they operate at reduced capacity in the context of increased demand when services resume.

Over-65s form the largest group of those receiving formal social care in Scotland.<sup>233</sup> Working with partners to support, and where necessary, reviewing, social care services will ensure people have access to the right social care support

---

<sup>233</sup> <https://www.gov.scot/publications/social-care-services-scotland-2017/pages/2/>

as we transition out of lockdown. This will support people's wellbeing, greater independence, help address social isolation and loneliness and contribute towards rehabilitation where necessary.

Ensuring people have the right support as we transition out of lockdown will also support good relationships between people using support and unpaid carers, e.g. family members. For remobilisation plans and supporting social care services, it will be important for Health Boards and Social Care PPE Hubs to ensure that no individual is disadvantaged by lack of access to PPE of the correct size and specification.

Working with partners to support, and, where necessary, review, social care and care home services will include:

- maintaining up-to-date guidance on infection prevention and control in care home and care at home settings;
- maintaining up-to-date guidance on use of PPE by health and social care workers, and unpaid carers and personal assistants;
- considering evidence gathered by Disabled People's Organisations, carer organisations and others on the specific impacts of lockdown on disabled people and people of other protected characteristics, including around access to day care and respite;
- engaging regularly with all parts of the social care sector and beyond to ensure that learning from COVID-19 and the voice of lived experience is captured and informs actions that are taken;
- co-developing principles to help guide local resumption of key social care supports (including day care and respite), considering specific impacts of COVID-19 and lockdown for protected characteristics and making incremental progress as we move through the phases;
- continuing enhanced support for care homes, through strong leadership by Directors of Public Health, Nurse And Medical Directors and Chief Social Work Officers while ensuring very close working with partners in Local Authorities (which retain statutory responsibility for the provision of social care) and Integration Authorities;
- national support for access to PPE for social care to ensure social care support can be provided safely;
- establishing the Social Care Staff Support Fund to ensure that eligible social care workers do not experience financial hardship due to a reason relating to coronavirus, for example, being ill with confirmed or suspected coronavirus or self-isolating. The Fund will ensure that social care workers receive an amount that is equivalent to their expected income in these circumstances; fully restarting the fair work in Social Care Group, which will examine the issues in fair work in social care (including learning from the pandemic) and provide a report later in the year;
- funding carer centres and local young carer services to adapt to supporting carers remotely;
- continuing to fund the BME unpaid carers forum for the third and statutory sector to share practice; and
- providing priority testing for unpaid carers, alongside other key workers.

- All of these actions will help ensure that social care services and supports as we transition out of lockdown are safe for both people and staff.
- Learning from COVID-19 and the impact on specific protected characteristics (such as on sex – for example, women who are more likely to be unpaid carers<sup>234</sup>) will inform our priorities at a later stage for restarting the reform of adult social care programme that was developed before the pandemic.<sup>235</sup> It will also help inform a broader consideration of how social care is organised, delivered, funded and regulated into the future.

---

<sup>234</sup> Scotland's Carers, Scottish Government, 2015 - <https://www.gov.scot/publications/scotlands-carers/>

<sup>235</sup> <https://www.gov.scot/policies/social-care/reforming-adult-social-care/>

### 35. Phase 3: Health and Social Care

<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>Emergency and planned care services delivered</li> <li>Expansion of screening services.</li> <li>Adult flu vaccinations including in care homes and care at home.</li> <li>All dental practices begin to see registered patients for non-aerosol routine care. Work will begin to return aerosol generating procedures to practice safely (13 July indicative date)</li> <li>Increasing capacity within community optometry practices for emergency and essential eye care (13 July indicative date)</li> <li>Some communal living experience can be re-started in homes where it is clinically safe to do so, all earlier assessments still apply.</li> </ul>	
<b>Impacts</b>	<p>In Phase 3, we will safely expand the range and scope of routine dental services that high street dental practices can provide to their local communities.</p> <p>Domiciliary eyecare provision will still be limited at this stage and will be subject to strict patient and staff safety controls.</p>
<b>Differential impacts</b>	<p><b>Age: Children and Young People</b></p> <p>More children and young people will be seen for emergency and essential eyecare.</p>
	<p><b>Age: Older People</b></p> <p>There will be health benefits from the expansion of screening services and adult flu vaccinations, particularly those targeting the older age group and in care homes.</p> <p>In care homes, there are wellbeing benefits of reinstating some communal living in care homes. Communal activities with opportunities to connect with others, for example through meal times and other activities, provide meaning and structure to everyday living. This is even more important for the high proportion of residents with advancing dementia to help avoid or alleviate stress and distress.</p> <p>For optometry, if safe, some older patients will now be able to be seen again in their own homes. This will address the most urgent needs of this group (emergency and essential eyecare) but will also help with basic requirements such as new prescriptions for failing eyesight.</p>
	<p><b>Sex: Women</b></p> <p>Health benefits from the expansion of screening services, particularly the breast and cervical cancer programmes.</p>
	<p><b>Disability</b></p> <p>If some domiciliary eyecare is resumed in Phase 3, more disabled people will be able to access eyecare if they have an emergency or essential eye problem (some disabled patients may be unable to access eye care in a practice premises setting).</p>

**Mitigating actions:**

- introducing a planned approach to emergency care to avoid crowding and minimise footfall in Emergency Departments.
- engagement with wide range of partners to ensure support and successful implementation of system redesign to ensure compliance with physical distancing guidelines.
- development of guiding principles to form the basis of a safe, person-centred system redesign for emergency care.

Phase 3 remobilisation plans are likely to at least partly take place during the next stage of mobilisation, when new plans will be in place covering the period to the end of the financial year. As part of the commissioning process, we will have the opportunity to engage with Boards to ensure that EQIA takes place where appropriate.

Dentistry Services will be based on ensuring that the oral health needs for each patient are balanced against the requirement to reduce the risk of community transmission and protect both patients and dental teams.

We will continue to work closely with NHS National Services Scotland to ensure that optometry teams have an adequate supply of appropriate PPE during the remobilisation and will keep practices briefed on the supply. Regular communications will continue to be issued to NHS Boards and professionals throughout this period, with links to guidance issued by the leading professional bodies.

Increasing opportunities for communal activity in care homes will be considered where it is safe to do so. Advice and guidance will be provided for doing so in a safe way.

## 36. Phase 4: Health and Social Care

<b>Measures – to be updated as Route Map progresses</b>	
<ul style="list-style-type: none"><li>Full range of health and social care services provided and greater use of technology to provide improved services to citizens</li></ul>	
<b>Impacts</b>	There is likely to be a backlog of cases waiting to be seen in hospitals for services such as optometry and for patients who have decided not to go ahead with elective surgery e.g. cataract. This could create additional pressures in community services.
<b>Mitigating actions:</b> Services should be able to offer alternatives to digital consultations, face-to-face if necessary or more appropriate for the individual.  In dentistry, later phasing will gradually introduce a greater level of routine care, regardless of personal circumstances for high street dental practices under strict infection control measures, with adequate PPE and social distancing measures.  For remobilisation plans Phase 4 is likely to take place during the next stage of mobilisation, when new plans will be in place, covering the period to the end of the financial year. As part of the commissioning process, we will have the opportunity to engage with Boards to ensure that EQIA takes place where appropriate.  Some elective procedures will recommence in optometry. Patients previously sent to secondary care will now be seen within Primary Care by Community Optometrists, e.g. patients with cataracts, glaucoma or diabetic retinopathy. This will result in fewer patients needing to be seen by hospital eye services.	