COVID-19 – Framework for Decision Making

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

July 2020

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1. Introduction

The COVID-19 pandemic has led to unprecedented calls on the health system, as well as policy and financial decisions that have made fundamental changes to everyday life for people in Scotland. While it has been necessary to take these extraordinary measures to protect public health – indeed, it has been vital, given the Scottish Government's duty to protect the right to life, the proportionality of the measures taken and their differential impacts on the Scottish population have been an intrinsic part of the decision making during this emergency situation.

The [Coronavirus (COVID-19): Framework for Decision-Making](1) [1] and [Scotland's Route Map through and out of the crisis,](2) [2] along with the updates published on [28 May](3) [3] and [18 June,](4) [4] make clear that COVID-19 is first and foremost a public health crisis and the measures to combat it have been necessary to save lives. The Framework for Decision-Making identified four main categories of harm: direct health impacts, non-COVID-19 health harms, societal impacts and economic impacts. These harms are deeply inter-related: health harms impact on society and the economy, just as the societal and economic effects impact on people's physical and mental health and wellbeing. The Route Map sets out the range and phasing of measures proposed for Scotland as it moves out of lockdown. Like the initial response to the crisis, navigating the right course out of lockdown involves taking difficult decisions that seek to balance these inter-related harms and risks.

Harms may be felt over different time horizons. Some harm may not be fully understood for many months or even years, such as long term impacts on people's physical and mental health and on school attainment. However, even in these initial stages, it is clear that impacts are not being felt equally across the population and that the most negative impacts fall on those least able to withstand them. Consideration of the continued but differential impacts, as lockdown is lifted in careful phases, will continue to be critical to the decision making process.

Scotland's Route Map recognises that estimates of the reproduction number R are uncertain and that room for manoeuvre is limited. The phases, although they seek to restore as much normality as possible when it is safe to do so, are therefore gradual and incremental and will be accompanied by careful monitoring of the virus. Proposed activities are grouped into categories and divided into four key phases (preceded by the Lockdown phase). The Route Map sets out criteria on which progress from one phase to the next is assessed. Decisions on the correct time to progress through the phases are being taken depending on the transmission of the virus in the population, the balance of harms and an informed understanding of the impact of measures across the diverse population, including, the impacts on equality

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[1] https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/
[2] https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/
[3] https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-phase-1-update/
[4] https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-phase-2-update/

groups, on the realisation of human and children's rights, and on those people who are the most socio-economically disadvantaged in our society.

New evidence is continually being produced and this evidence, alongside the views of partners in the public, private and third sector and the views of Scottish citizens will be important in taking the next steps.

2.   Background to Equality and Fairer Scotland considerations for the Route Map

Recognising the extraordinary impact of the measures, Scottish Ministers have put in place a statutory requirement to review the restrictions every three weeks to ensure they remain proportionate and necessary. The Framework for Decision Making makes clear that these reviews will be informed by assessments of options for relaxation in relation to their impact on the 'four harms', their viability, and broader considerations.

As we implement the Route Map, the Scottish Government is mindful of its obligations under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. Section 149 of the Equality Act 2010 places a general duty (known as the Public Sector Equality Duty (PSED)) on public authorities to have due regard to: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations between persons who share a protected characteristic and those who do not.

In the decisions that we make we must consider how they will meet the three needs in the general equality duty. We are also required by the Fairer Scotland Duty (which forms part of the Equality Act 2010) to actively consider ('pay due regard' to) how to reduce inequalities of outcome caused by socio-economic disadvantage. In order to address those needs and requirements, and to fulfil our legal duties, we have sought to assess impacts across the range of protected characteristics as specified in the Equality Act 2010 based upon existing and developing evidence.

The Scottish Government considered from the outset whether the lockdown provisions were consistent with the Equality Act 2010 and also considered whether the provisions could constitute indirect discrimination. The Act states that indirect discrimination occurs when a policy which applies in the same way for everybody has an effect which particularly disadvantages people with a protected characteristic, unless the person applying the policy can justify the differential treatment.

Where potential indirect discrimination has been identified we are mindful that this must be a proportionate means of achieving a legitimate aim to comply with equality law. This will be kept under close review. While in many cases, the provisions have applied to all persons irrespective of protected characteristic, we recognise that not all people or communities are affected in the same way or to the same degree. Therefore, the evidence we have gathered and ongoing dialogue with stakeholders, including equality stakeholders, will help to inform thinking as to how the proposals may need to be adjusted or mitigated to remove barriers or disadvantages for

particular equality groups, to better advance equality; to foster good relations; or to reduce socio-economic disadvantage.

From the start, measures were put in place to support people as they complied with lockdown guidance, alongside maintaining vital services to continue to support the health and wellbeing of the population. New measures included:

- £350 million of community funding announced on 18 March[5] to support access to food when people are unable or cannot afford to go to the shops; and provide general funding for local community or third sector groups to develop appropriate support in their local area.
- The Scottish Government's national helpline, which is designed for those people who may be at risk but not shielding and who don't have community support available, as well as those who cannot get online, puts them in touch with their local authority to access essential help.
- The Scottish Government's COVID-19 guidance for those who are at risk or need additional support provides additional information. For example, Ready Scotland's additional support page provides information for disabled people, linking to Disability Information Scotland.
- The Scottish Government's COVID-19 guidance also provides a link to domestic abuse support, while Ready Scotland's additional support page also provides links to support for anyone experiencing domestic abuse, forced marriage or anyone affected by sexual violence.
- Although schools and early learning and childcare (ELC) settings were closed to most children and young people during lockdown, critical provision remained in place for children of key workers and more vulnerable children to support the national response to the pandemic and in recognition of the harm that could come to vulnerable children without ELC or school structure and resources.
- To meet immediate priorities, £1.5 million has been allocated to Scottish Women's Aid and Rape Crisis Scotland to ensure that these vital services are maintained during the crisis and that they remain open and available to victims. In addition, the Scottish Government's COVID-19 guidance on domestic abuse makes it clear that anyone who is experiencing domestic abuse, or any form of harm, can leave home to seek help from support services, family or friends, to report it to the Police or take measures to stay safe and provides sources of support (online and via helplines).
- The Scottish Government's COVID-19 Transition Fund helps organisations respond to the changing needs of their members in a sustainable way. This can mean help in accessing food and sustenance, help in getting online and setting up online networks or creating local networks to engage with key services.

The general equality duty is applicable to the ongoing operation of policies, even where they have been subject to impact assessment at the outset, and the Scottish Government is mindful of this. Therefore, measures which form part of the Route Map will be reviewed to ensure that their effect on people with one or more of the protected characteristics or socio-economic disadvantage is central to our thinking.

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[5] https://www.gov.scot/news/helping-communities-affected-by-covid-19/

The evidence alongside ongoing dialogue with stakeholders will help to inform thinking as to how the proposals may need to be adjusted to remove barriers or disadvantages for particular equality groups or people in poverty, to better advance equality or to foster good relations.

As Scotland emerges from lockdown, following the Route Map, some changes are delivered through regulations, such as the opportunity to take part in outdoor recreation. Other measures are delivered through changes to guidance, such as the opportunity to take part in some non-contact sporting activities. However, all measures are considered on the basis of their impact on tackling inequality.

3.   Scope of this Document

This document sets out the evidence we have gathered in relation to the actual or likely impacts of the proposed activities on different groups, based on protected characteristics and socio-economic disadvantage, as well as describing a range of activities that we have put in place to mitigate negative impacts or promote positive impacts and advance equality or good relations. The Route Map is the collation of measures from a wide range of sectors that have been brought forward quickly during an emergency situation in unprecedented times. Publication of this document does not mark the starting point of equality and socio-economic consideration, however it provides an overview of the evidence that has been gathered. Impact considerations are being, and will continue to be, taken forward by individual policy areas working with stakeholders whenever possible. However, given the importance of the Route Map itself, and given the fast paced environment required to respond to the health crisis, and protect the right to life, this document provides the first overview of the range of considerations and activities in place, being planned, or to be developed which aim to eliminate discrimination, advance equality of opportunity, foster good relations between people; and reduce socio-economic disadvantage.

The re-opening of the economy and society, as well as limiting damage, will in the medium to longer term provide an opportunity to do things differently to address long standing structural inequalities. The Social Renewal Board has, as one of its core principles, the commitment to embed equality and human rights throughout, so that across the work of the Board there is a structured approach to considering how issues and proposed responses will impact differently for those who share one or more protected characteristics. The Report of the Advisory Group on Economic Recovery also included that tackling inequality was one of the key challenges of the recovery.

It is understood that COVID-19 has highlighted existing structural inequalities in society and economy. Tackling inequality is already central to Scottish Government policies, with many actions already taken forward or planned and as set out in documents including the Race Equality Action Plan; the Gender Pay Gap action plan; A Fairer Scotland for Disabled People; A Fairer Scotland for Disabled People: Employment Action Plan; our British Sign Language (BSL) National Plan; A Fairer Scotland for Older People; A Connected Scotland (our strategy for tackling social isolation and loneliness); Equally Safe (our strategy for tackling violence against

women and girls); Tackling Child Poverty Delivery Plan; and the Fair Work Action Plan.

Many impacts deriving from structural inequality are too large and complex to be mitigated by a specific activity as part of a measure in the Route Map. But this document still identifies issues and includes mitigating actions that are designed to eliminate discrimination where possible, and confirms the intention that our equality duties will be fundamental to the strategic approach to social and economic renewal.

Given the breadth of activity covered in the Route Map, this document provides a strategic overview for the measures to release from lockdown. For each section of the Route Map (e.g. 'Getting around') it identifies key measures over the phases, and summarises the likely impacts of the change and the differential impacts, where they are known. It also identifies any mitigating actions that have been put in place for Phases 1 and 2 or are being considered to help reduce negative impacts or reinforce positives in later phases. This assessment is based on existing analysis and supporting evidence and research, including that from stakeholders, for each measure as well as an analytical understanding of where impacts are likely to fall.

Where more evidence is needed, we are seeking, through ongoing engagement with the public and organisations representing poverty and equality groups across the range of protected characteristics, to update the content for later phases as it becomes available. We are mindful that our duty to assess policy for impact is an ongoing commitment and not about a 'tick box' exercise.

The Route Map is being updated as more is known about the progression of the virus and our understanding of the outcomes of measures from previous phases improves. There will be no easy decisions as various risks and harms need to be balanced. However, this continued focus will enable consideration of the implications of positive and negative impacts which could result in each case in one of four responses:
- Deciding not to move forward with the measure at a specific time (or at all)
- Moving forward with the measure but putting in place specific mitigation activities
- Moving forward with the measure without mitigation activity on the judgement that the balance of overall risk, harm and impact (whether positive or negative) justifies the activity
- Further encouraging, enhancing and promoting measures that will advance equality or foster good relations

4. Summary of the Impact of COVID-19 on Protected Characteristics and Socio-Economic Disadvantage

This section sets out a summary of the social, health and economic impacts of COVID on protected characteristics and people living in socio-economic disadvantaged circumstances. Full details have been published in two reports: Equality and Fairer Scotland Duty Assessment of the Health and Social Impacts of Covid-19[6] and Economic Impact of Coronavirus led Labour Market Effects on Individual and Households[7]. In addition, four slide packs have been provided to summarise information on age, sex, race, and disability. These reports are based on a range of published statistics, literature, research evidence and views identified through stakeholder engagement. Full references for points made in the summary below can be found in these published documents, which are available on the Scottish Government Equality Analysis webpage[8]. Additional evidence on the impact of COVID on vulnerable children and young people has also been published with further evidence due in July[9].

Given the unprecedented nature of the pandemic there are gaps in knowledge and in the evidence base. We are developing data, research and understanding of lived experience as we move forward.

COVID-19 is an extreme shock to normal life that has affected everyone but, as described below, the harms caused by the pandemic are not felt equally by all groups in society. The impacts of COVID-19 build on top of structural and systemic problems which mean that some adults and children are more likely to have segregated, precarious, impoverished, unsafe life experiences than others; and which may have been made worse by COVID-19. A return to the pre-COVID-19 world is unlikely to be the optimal result. Likewise, implementation of the Route Map can only be part of the answer: it will take longer term economic and social renewal from COVID-19, centred on the principles of equality and human rights, to tackle deep seated structural changes.

The analysis below gives a summary of the impact of COVID-19 by protected characteristic and socio-economic disadvantage. But it is important to remember that people do not neatly fit into single boxes. Every adult, child and every family will display a combination of different protected characteristics and household income. Although the analysis below focuses on each of the protected characteristics and socio-economic disadvantage, we do not underplay this variation. It is important for us to remember both the intersectionality of protected characteristics and the wide range of family circumstances that influence the barriers people face and their lived experience of poverty, inequality and/or discrimination.

Poverty has higher prevalence across protected characteristics. For example, risk of poverty is much higher for women, disabled people, minority ethnic people, lone parents, and children and young people. We know that work does not fully protect

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[6] https://www.gov.scot/publications/covid-19-health-and-social-impact-assessment/
[7] https://www.gov.scot/publications/additional-poverty-statistics-2020/
[8] COVID-19 Equality Analysis https://www.gov.scot/collections/equality-evidence/
[9] https://www.gov.scot/publications/vulnerable-children-report-15-2020-scottish-government-solace/pages/impact-of-the-outbreak-on-children-and-families/

against poverty, with 60% of adults in poverty being in work[10]. The effects of COVID-19 will layer on top of existing structural imbalances and are predicted to be particularly severe for people on low incomes, who are more likely to have poorer health and are also more likely to be in insecure work without financial reserves. The roles of people actively employed as key workers since lockdown measures were introduced include many that are characterised by low and/or unstable income. In addition, the Institute for Fiscal Studies 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[11]. This, coupled with the cramped accommodation without private outdoors space and more frequent smaller purchases that are common to households experiencing poverty, could significantly increase the chances of infection during lockdown and early release phases. Figures from National Records of Scotland show that people in the most deprived areas were 2.1 times more likely to die with COVID than those living in the least deprived areas[12].

People on low incomes often lack the space, resources and/or flexible working arrangements needed to meet the unexpected childcare requirements resulting from school and Early Learning and Childcare (ELC) closures. This creates a risk that the education attainment gap could widen as parents do not have the financial or other resources to support children. Fuel poverty levels may increase and be exacerbated by the current crisis, as those staying home every day will require greater use of domestic energy. Lower income households are also less likely to have a broadband connection, may lack access to smart devices (phones or tablets) or sufficient data, and may rely on libraries and other community resources now closed to make use of the internet. This may leave them without access to home learning materials, justice procedures, advice, information, job or benefits applications, shopping, and entertainment.

Women across the range of protected characteristics face multiple discrimination, including disabled women, women from Black and Ethnic Minority (BME) communities, refugee and asylum seeking women, lesbian, bisexual and trans (LGBT+) women, and older women[13]. In the pre-COVID-19 labour market, women were unequal in terms of pay, participation and progression due to a variety of drivers including occupational segregation, job valuation, discrimination, and time available to work[14].

Women are overrepresented in health and social care jobs and unpaid caring roles, and COVID will have increased their workplace risk. However, death rates are similar for men and women, and much higher for men after age differences are taken into account. Domestic abuse may increase as a result of lockdown and it may be harder for some to access the usual routes to support and safety. The vast majority of lone parents are women; three-quarters of lone parent households were already

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[10] https://www.gov.scot/collections/poverty-and-income-inequality-statistics/
[11] https://www.ifs.org.uk/publications/14791
[12] NRS Deaths Involving Coronavirus Week 24
https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-24.pdf
[13] https://www.engender.org.uk/content/publications/Engender-Briefing---Women-and-COVID-19.pdf
[14] https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2019/03/fairer-scotland-women-gender-pay-gap-action-plan/documents/analytical-annex/analytical-annex/govscot%3Adocument/analytical-annex.pdf

financially vulnerable in 2016-18 and more likely than average to be in unmanageable debt.

As a result of COVID, women are disproportionately impacted in terms of employment[15]. Women are the majority of those employed in many 'shut down' sectors and are over-represented in many of the sectors where median hourly pay will fall below the current rate of the real living wage if employers do not bridge the 20% shortfall for furloughed staff. Women earn less than men on average and are less likely to be eligible for sick pay. Caring responsibilities may make it harder to maintain or take on employment. Research by the Institute for Fiscal Studies has found that mothers are more likely than fathers to have quit or lost their job, or to have been furloughed, since the start of the lockdown. Compared with fathers, mothers are spending less time on paid work but more time on household responsibilities. The differences in work patterns between mothers and fathers have grown since before the crisis. In 2014/15, mothers were in paid work at 80% of the rate of fathers; now this is 70% of the fathers' rate. Mothers in paid work used to work an average of 73% of the hours that fathers worked; this has fallen to 68%. Mothers and fathers used to be 'interrupted' during the same proportion of their work hours; now mothers are interrupted over 50% more often[16].

Mental health in the UK worsened substantially as a result of the Covid-19 pandemic – by 8.1% on average and by much more for young adults and for women which are groups that already had lower levels of mental health before Covid-19[17].

Pregnant women, particularly those over 28 weeks pregnant, are deemed to be of higher risk of severe illness and are asked to strictly follow physical distancing guidance[18]. For some women this may lead to increased anxiety and loneliness at a crucial life-stage[19]. We know from previous research that employment-related difficulties disproportionately affect pregnant women in the work place, and we can assume that this has continued to be the case during COVID. Maternity services have continued throughout the pandemic, although the way that some of those services are delivered has changed. While it is too soon to fully understand the clinical impact of the changes to lifestyle and services, both positive and negative, that may have resulted from this, it is likely that for some pregnant women the reduced socialisation and added stress during the COVID period caused by concerns about health and employment will likely have had a negative impact on their physical and mental health.

We already know that mental distress and illness are common in pregnancy and the first postnatal year, affecting up to one in 5 women, and the period after childbirth is

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[15] https://scvo.org.uk/policy/evidence-library/2020-disproportionate-disruption-the-impact-of-covid-19-on-womens-labour-market-equality

[16] https://www.ifs.org.uk/publications/14860

[17] Pre and post comparisons using Understanding Society data suggest a sizeable deterioration in mental health (for example analysis by the IFS): https://www.ifs.org.uk/uploads/The-mental-health-effects-of-the-first-two-months-of-lockdown-and-social-distancing-during-the-Covid-19-pandemic-in-the-UK.pdf

[18] https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice

[19] https://www.medrxiv.org/content/10.1101/2020.04.16.20068031v1.full.pdf

a uniquely vulnerable time for development of severe mental illness for certain groups of women (Jones et al, 2014). There has also been a review looking at pregnant women during infectious disease outbreaks which suggests they are more vulnerable to anxiety and disruption. In the context of COVID-19, we know that women's mental health is more likely to be negatively impacted by COVID-19, and women as a group already had lower levels of mental health before the pandemic. Those with high childcare duties have shown noticeable deteriorations in well-being, with women more affected than men[20]. New mothers and single parents, in particular, are most likely to have been impacted by the isolation and reduced social contact driven by the pandemic. Loneliness is also a risk factor for poorer mental health[21] and wellbeing, which might be particularly relevant for single parents.

Older people are more likely to have underlying health conditions, making them more susceptible to the severe negative health effects of COVID-19. Nine in ten deaths involving COVID-19 in Scotland have been among those aged 65+ and two-fifths have been among those aged 85+. Around half of people in the shielded group are aged 65+. Older people are also more likely to live alone, less likely to have internet access and less likely to use it even if they do have it, which has potentially significant implications for their wellbeing during lockdown. They are also more likely to live in care homes or be receiving care at home, both of which have seen significant service changes during lockdown. Many older people have faced disruptions as family members are unable to visit or provide unpaid informal care and support.

Children and young people: many families will experience increased financial hardship with impacts for the current and longer term health and wellbeing of children. Some children and young people may be at a greater risk of neglect, physical abuse, emotional abuse or sexual abuse in the home and increased experience of domestic abuse as a result of increased family pressures and school and ELC closures. This has implications for their current health and wellbeing, but also without the support, we know such adverse experiences can impact their long-term health and wellbeing into adulthood. Some children and young people may have experienced poorer mental health and wellbeing as a result of ELC and school closures and as they return to these settings.

The increased time spent at home using the internet for digital learning also allows young people to stay in touch with their friends but, if unsupervised, some may find themselves at risk of online harms and interacting with strangers. Without effective remote schooling interventions and effective mitigating actions to support continuity in learning, long school closures could risk a long-term negative impact on the development and attainment of some pupils, especially those from a disadvantaged background, or those with additional support needs, or those who depend on school to develop their language skills in either English or Gaelic. This may be particularly felt by young people in families that lack access to resources such as home

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[20] The role of substantial childcare (based on data from Understanding Society – large scale UK longitudinal study): https://www.iser.essex.ac.uk/research/publications/working-papers/iser/2020-08.pdf

[21] Importance of loneliness (ONS social impacts of coronavirus) https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusandanxietygreatbritain/3april2020to10may2020

computing and internet access. Younger adults in employment are more likely to be working in hard-hit sectors, such as retail and leisure and entertainment, than older workers and to be working part-time or on less secure contracts (based on UK data). Younger people were more likely to be financially vulnerable and in unmanageable debt before the pandemic; recent surveys are indicating that under-35s are already resorting more than older people to overdrafts, borrowing and using up savings, and are more concerned about paying their rent.

The needs of all children and young people are likely to have been affected during this period, and for some, will be long lasting. Secondary health impacts, including mental health and wellbeing needs are likely to occur in the short, medium and long term and will require varying levels of support to address them[22]. The continuation of universal health services, such as health visiting and school nursing, has provided a lifeline for some families to prevent them escalating into requiring statutory input, whilst containing the increased anxieties at this time[23]. More families will have new or additional needs as a result of the pandemic. Mitigating against longer term health impacts, through supporting children and families at the earliest stage, will be crucial to minimise the potential health burden over time and improve health and wellbeing outcomes for all.

Disabled people: around a third of adults report a limiting longstanding health condition or illness[24]; 29% of men and 34% of women in Scotland. According to Inclusion Scotland, disabled people face barriers across four dimensions: physical or environmental; attitudinal; communicational; and organizational[25]. During the pandemic, disabled people are potentially at increased risk of health harm from COVID due to difficulties implementing measures to reduce transmission, as well as potentially increased risk of severe health effects due to pre-existing health conditions. The Scottish Government is aware that disabled people may face more difficulties accessing food and other essential supplies than the wider population and this may be further exacerbated as they are less likely to be online[26], further compounding negative physical and psychological health effects. Individuals in receipt of social care may also be at greater risk of non-COVID related health harms if they have faced disruptions to formal health and social care arrangements as well as potentially losing the informal care and contact of family members.

Families with disabled members are more likely to be in poverty, meaning that the impact of any reduction in income is likely to be particularly harmful. There are also slightly higher proportions of disabled people working in some of the areas experiencing damaging impacts from COVID-19-related restrictions such as retail and hospitality and a slightly higher proportion of disabled people in employment are self-employed.

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[22] https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf
[23] https://www.mentalhealth.org.uk/coronavirus/returning-school-after-lockdown
[24] Scottish Government (2018) Scottish health survey 2017: volume one - main report
[25] http://inclusionscotland.org/who-we-are/
[26] 27% per cent of adults who have some form of long-standing physical or mental health condition or illness reported not using the internet, although not all of these will be disabled (SHS, 2018) and ONS data shows lower recent internet use among disabled adults (ONS 2019).

Being asked to stay at home and avoid face-to-face contact may be particularly hard for disabled people given that they were more likely than the general population aged 16+ to say they regularly stopped and talked with people in the neighbourhood[27] pre-COVID. Scottish Commission for Learning Disability has specifically referred to how people with learning/intellectual disabilities[28] are experiencing increased loneliness and social isolation during this time.

Some disabled people may have specific needs in relation to communication. The importance of accessible communication was highlighted during the pandemic and this has been raised by a range of Disabled People's Organisations.

Children with complex healthcare needs are likely to require specific considerations as they move back into school and other social settings. Their healthcare needs have continued to be met routinely during the period of lockdown, and this learning should be shared with other settings to ensure that equity of access is not reduced or limited due to their condition.

Minority ethnic people are disproportionately employed in the NHS and other key worker industries[29] and in some cases have a higher likelihood of living in multi-generational families[30], both of which may increase the risk of COVID transmission and infection. They also have higher rates of certain underlying health conditions, such as diabetes and cardiovascular disease, which can increase the risk of severe health effects of COVID-19. Public Health Scotland has undertaken analysis to investigate whether COVID-19 outcomes vary by race or ethnic group and will continue to refine this work as additional data becomes available.

Prior to the pandemic, minority ethnic workers tended to be disproportionately employed in lower paid work, to experience higher prevalence of poverty[31] and live in the most deprived areas[32]. Previous economic recessions have disproportionately impacted minority ethnic employment and this may be repeated especially given that a higher share of the visible minority ethnic population work in the wholesale, retail, accommodation and food services[33].

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[27] 64.6% for people with limiting long term illness compared to 62.2% for those without). This was especially true for disabled people aged 70+ (74.8%).[27] ONS (2020) Coronavirus and social relationships and support for vulnerable groups: 2017 to 2018 and 2018 to 2019

[28] According to the Scottish Commission for Learning Disability (SCLD), in 2019 there were 23,584 adults with learning disabilities known to local authorities across Scotland.

[29] https://wbg.org.uk/analysis/uk-policy-briefings/briefing-social-care-and-covid-19/ and https://www.nrscotland.gov.uk/files/statistics/rgar2014/rgar-14-invited-chapter.pdf

[30] Of those living in households, around 1 in 7 (15%) of 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.

[31] In 2014-19 the poverty rate was 39% for the 'Asian or Asian British' ethnic groups, and 38% for 'Mixed, Black or Black British and Other' ethnic groups compared to 25% for White 'Other' and 18% for White British (Poverty and Income Inequality in Scotland 2016-19)

[32] In 2018, SHS, this was particularly apparent for 'White: Polish' and 'All other ethnic groups', which included 'African, Caribbean and Black' groups. 'Asian' people were slightly more likely than 'White: Scottish' people to live in the most deprived areas

[33] 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%).

According to Close The Gap's recent report[34], Black and Minority Ethnic women are more likely to work in a sector that has been shut down; more likely to be in insecure work which puts them at increased risk of loss of hours and earnings; and are concentrated in low-paid service sectors which are more susceptible to redundancies over the course of the crisis. This has the potential to further entrench labour market inequality for BME women who already face multiple barriers to good quality employment.

Recent reports, including from the Equalities and Human Rights Commission, have highlighted abuse against certain communities[35] [36] during the current crisis. It has also been indicated that the crisis is being used as a justification for online hate crime[37]. The Tackling Prejudice and Building Connected Communities Action Group and other stakeholders have consistently raised concerns about the perceived increase in hate crime in Scotland, on and offline, against all characteristics, but particularly against minority ethnic communities, since the onset of the COVID-19 crisis. Police Scotland have indicated that reports of hate crimes have been reducing in number, which they would partially expect as there is less physical interaction between people during lockdown measures, but that there is not the level of reporting of online hate crime that they would be expecting. Stakeholders have advised that this reduction in reporting is due in part to a reluctance to take up police time during the crisis.

It is suggested that online hate speech is a predictor for religious and racially aggravated hate crimes offline[38]. This has been limited during Phase 1 when there has been a lower number of people outdoors. It is expected that that there may be an increase in the incidence of hate crime, particularly towards minority ethnic communities, as physical distance measures are relaxed[39].

The issues mentioned above (disability, age, lone parenthood, race) are all linked to higher **child poverty** risk and hence to the 'priority families' that are the focus of Scottish Government child poverty programmes. Child poverty, already affecting one in four children in Scotland, is likely to be an even more pressing concern in the post-pandemic period. There will be a need to consider the range of harms and impacts that affected children and young people before COVID-19, as well as those that have emerged during the pandemic, particularly the ones with the potential to have lasting impacts.

Impacts related to **sexual orientation** are less understood. Evidence[40] is mixed as to whether lesbian, gay, bisexual and people of other sexual orientation are more or

[34] https://www.closethegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf

[35] https://www.equalityhumanrights.com/sites/default/files/ehrc_submission_-_ehric_cv_inquiry_-_may_2020.docx

[36] https://cst.org.uk/data/file/d/9/Coronavirus%20and%20the%20plague%20of%20antisemitism.1586276450.pdf

[37] https://hatelab.net/news/

[38] https://academic.oup.com/bjc/article/60/1/93/5537169

[39] https://www.equalityhumanrights.com/sites/default/files/ehrc_submission_-_ehric_cv_inquiry_-_may_2020.docx

[40] https://www.gov.scot/publications/sexual-orientation-scotland-2017-summary-evidence-base/pages/5/

less likely to be unemployed and/or more or less likely to be earning median incomes and as to their relationship to COVID impacted sectors. But evidence suggests that some existing inequalities, such as restricted access to healthcare and housing, may deepen and there may be issues if young people are forced to return to family homes with difficult or unsafe relationships or if previously high prevalence of poor mental health increases during the pandemic[41].

Trans people are also likely to experience a number of specific health and social impacts including reduced access to **gender-reassigning** (affirming) health care including hormone prescriptions, and abuse from unsupportive families or partners. This could increase mental health problems such as depression and anxiety, which are already prevalent in the trans population.

The COVID-19 pandemic has impacted **religious and belief communities** in various ways, including the closure of places of worship leading to the cancellation of the worship services of various faiths and the closure of study groups and out-of-school settings such as Sunday schools, madrassas and yeshivas. Religious groups have been forced to forgo communal celebration of major festivals that are important to their practice over the year. For example, Christians were unable to attend Holy Week and Easter services; the Jewish community experienced Passover away from the Synagogue and the traditional Seder meals without close family and friends; Muslims have experienced Ramadan and Eid al-Fitr unable to gather together to pray and break the fast; and Sikhs were unable to mark the festival of Vaisakhi.

Although many challenges presented by COVID-19 are shared across Scotland, some communities will face particular **disadvantages linked to place**. People living in rural and island communities, for example, may be disadvantaged in terms of access to public and health services, maintaining food and supply chains, a higher cost of living, fuel poverty, a high reliance on tourism, part-time work or 'portfolio careers', an ageing population and more complex and expensive transport links. People living in areas of multiple-deprivation have a higher risk of poverty, fewer opportunities for social mobility and, in places, poor transport links. People living in some densely populated urban areas may have limited local greenspaces for exercise. Some of these differences have been intensified by the pandemic while some may ease as lockdown restrictions are lifted.

As noted above, people's lives combine a wide range of protected characteristics and family circumstances which will be lived out in different ways in different places. All of these elements can layer benefits and challenges, which can create inequality of outcome for individuals. This complexity illustrates the importance of engaging and understanding lived experience as a crucial element of understanding impact.

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[41] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-lgbt-people

5. Public Engagement

A public engagement exercise was launched by the Scottish Government following the publication of the Coronavirus (COVID-19): Framework for Decision Making – Further Information on 5 May 2020. This dedicated digital platform[42] was designed for immediate engagement with the public on the decision-making process concerning the lockdown restrictions and provided an initial route to hear about people's views and experiences. Outputs from the dialogue directly fed into the development of the Route Map and have influenced the consideration of this document.

The platform was available from 5 May until 11 May and during that period 4122 ideas were published and 17,966 comments posted. These came from 11,692 registered users. Members of the public also engaged with the Scottish Government through email. An analysis report from the engagement[43] was published on 21 May.

There were a number of wider health impacts of the lockdown highlighted by respondents, with mental health strains being consistently described across topic areas. This included difficulties of isolation and not being able to see friends and family and how social restrictions had negatively affected health behaviours.

Of particular regard for this document was a focus on protecting and supporting those who are most at risk. Evidence gathered has highlighted the concerns for individuals and families that the lockdown exacerbated existing inequality; this included shielded groups and others who are more vulnerable to the virus.

There were also a number of specific comments in relation to how movement was being restricted for over-70s. It was highlighted that there are a variety of health situations for older people, with many healthy people well able to look after themselves as well as the more frail requiring support.

A common theme across the discussions was the mental and physical health benefit of outdoor exercise. For example, some respondents highlighted that golf courses were now being used by the public during lockdown for exercising - there was a mix of opinion on the re-opening of golf courses.

Some respondents highlighted that a higher priority should be given to those people living in flats and from lower income backgrounds. Some felt that these groups were being disproportionately disadvantaged by restrictions on outdoor activity.

The use of face masks/coverings was also highlighted, including a concern about the impact on some people, for example those who use the face and lip patterns for communication and interactions, or those with existing conditions affecting their ability to breathe.

Some respondents commented on re-opening places of worship, highlighting the mental and emotional health value of such religious settings to them and to others,

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[42] https://www.ideas.gov.scot/covid-19-a-framework-for-decision-making
[43] https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-overview-public-engagement/

including some elderly and at risk people. Some views were expressed that it would be discriminatory to re-open leisure activities but for places of worship to remain closed. Other views were expressed that faith could be practised safely at home.

Concerns were also expressed about the impact of lockdown measures on pregnant women and new parents. This included not being able to get support from wider friends and family but also concerns that pregnant women would not get access to the routine support usually available such as midwifery services and health visitors. There were also views expressed that partners should be able to attend routine scans, appointments, and labour wards with PPE in place.

A variety of views were expressed about the impact of school closures on children, including around social contact with friends and how to re-open schools for the benefit of children. Concerns were raised about the impact of restrictions on the future education of children and life chances, as well as on the mental health of children, young people and parents. Some also suggested that mental health support should be in place for children returning to school, including training for teachers and school staff on how to spot early warning signs.

This phase of public engagement has now ended but Scottish Ministers have made a commitment to involve people in Scotland in an open and transparent conversation about the way Scottish Government acts to respond to the crisis and sets out a recovery plan which will lead to a renewal programme. A range of public engagement work will be required, deploying a range of techniques, skills and expertise. Our work here will build on significant experience in engaging with the public through the Social Security Experience Panels, Scotland's Citizens Assembly, the Fairer Scotland conversation, our work with Transport Focus, and the COVID dialogue platform.

6. Stakeholder Engagement

<u>Overview</u>

The Scottish Government has worked, and is continuing to work, with a wide range of partners and stakeholders to understand the impact of COVID-19 on different communities and to help shape future actions. Some of these discussions have directly influenced the development and implementation of the Route Map and associated measures. This has been undertaken in a number of ways:

- Stakeholders have shared research conducted by their own organisations into the impact of the pandemic, allowing further insight into the experiences of a range of communities. For example, many women's organisations have published useful reports, such as Engender's briefing on Women and COVID[44]. Disability Equality Scotland is regularly polling its membership, for example, undertaking a snap poll to provide responses to inform the consideration of mandatory face coverings on transport. The Institute of Fiscal Studies has published reports on the impact on young people and Edinburgh University's Usher Network for COVID-19 has published an evidence review on the association between COVID and ethnicity. These are only a few examples of a body of helpful research.
- Stakeholders have undertaken and published reviews of lived experience which have been important inputs into deliberations. These include, amongst others: Children's Parliament; The Scottish Youth Parliament; YouthLink Scotland; Young Scot; Carers UK; Edinburgh Poverty Commission; Inclusion Scotland; Glasgow Disability Alliance; and the Poverty Alliance.
- Working with SOLACE, the Scottish Government has established a weekly data collection from the 32 Chief Officer Groups and national agencies and delivery partners including the third sector, Police Scotland, and the Health Service to provide intelligence on what is happening across children's services partnerships to support children and young people on the child protection register, those looked after and on the edge of care, those affected by poverty and disabled children and young people. A second data set covering a range of aspects of adult protection has also been established.
- We are in regular contact with stakeholders in Race Equality. In light of recent events, both COVID-19 and Black Lives Matter protests, this engagement has increased. Race Equality officials regularly attend the Ethnic Minority Resilience Network meetings. This is a network established by BEMIS, with funding support from the Scottish Government, which is a collective of over 40 grassroots organisation that share expertise and resource to support minority ethnic communities in Scotland through the COVID-19 pandemic. We've also established the Expert Reference Group on COVID-19 and Ethnicity – this group is made up of experts in race equality and health from across government, academia and third sector.

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[44] https://www.engender.org.uk/content/publications/Engender-Briefing---Women-and-COVID-19.pdf

- We have produced reports or documents asking for stakeholders to share views such as the [strategic framework for the reopening of schools](#)[45] and [Shieland - A Way Forward for Scotland](#)[46]. These documents have provided clarity on our emerging policy position throughout as well as plans for the future, so that our decisions and the evidence-base that underpins them is available for public scrutiny and comment.
- We have continued, or in some cases expanded, our normal stakeholder engagement meetings to concentrate on COVID-19. For example, regular engagement with the faith community has continued throughout the lockdown period to discuss impacts on places of worship, including weekly meetings with faith leaders and representatives from a broad range of faith groups. We have continued regular engagement with a range of asylum and refugee stakeholders to ensure we are listening to the challenges that they face.
- Research from over 40 organisations involved in supporting people experiencing or perpetrating domestic abuse or other forms of violence against women and girls (VAWG) was gathered to provide qualitative evidence on the impact of COVID-19 restrictions on people experiencing domestic abuse and other forms of VAWG in Scotland during COVID-19 lockdown for the first 8 weeks; this has now been published[47]. A weekly conference call was established with stakeholders across the justice sector and organisations supporting victims of crime, including women experiencing domestic abuse, to understand the impact of COVID-19, monitor trends, share best practice and assess where additional support was required.

Engagement

Included here are some examples of how this engagement has made an impact on the Route Map and broader mitigating measures to offset the impacts of lockdown.

Equality stakeholders

The Scottish Government is committed to promoting equality and values the input of a range of stakeholders to the development of policy responses. We recognise that there is huge value to hearing both from individuals with lived experience and organisations who are experts in their respective fields – those who can represent and share that lived experience of people from a range of backgrounds and characteristics, including people with intersecting protected characteristics.

Throughout the period of this crisis, the Scottish Government has been in regular contact with a wide range of organisations across the range of protected characteristics and also with statutory bodies. This engagement, and the results of equality and rights focused organisations' own research, has been used to support a better understanding of how the current crisis is affecting a range of people. It is

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[45] https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/
[46] https://www.gov.scot/publications/coronavirus-covid-19-shielding-way-forward-scotland/
[47] https://www.gov.scot/publications/domestic-abuse-forms-violence-against-women-girls-vawg-during-covid-19-lockdown-period-30-3-20-22-05-20/

also used to inform decision making around our response to COVID-19 going forward, including aspects of the Route Map through and out of the crisis.

We are maintaining this ongoing dialogue with equality stakeholder organisations and this will continue to inform thinking as Scotland plans its route out of lockdown. The newly established Advisory Board on Social Renewal will be particularly keen to learn from lived experience and to have dialogue with equality stakeholders.

Poverty and food insecurity stakeholders

Scottish Government has engaged very closely with local authorities on their delivery of the Food Fund, as well as with national and local food insecurity organisations, throughout the pandemic. Through these relationships our food insecurity team has been able to provide support and advice on any challenges as they have arisen since March as well as sharing good practice.

We communicate regularly with our mailing list of over 600 community food organisations, providing information on the Scottish Government's coronavirus response, updates on funding, and health and safety guidance. We will continue to do so as Scotland transitions out of the pandemic, looking to share good practice learning and ensure clear messaging on when it is safe to resume activities such as community meals.

We have close partnership working in place with national food aid organisations, holding weekly calls with FareShare, Trussell Trust, and Independent Food Aid Network.

The Cabinet Secretary for Local Government and Communities has held a series of stakeholder group calls with food insecurity partners since the start of the pandemic to understand the situation on the ground, to help resolve any difficulties, and ensure support was in place where needed.

The Cabinet Secretary also held roundtable calls with poverty stakeholders and met separately with the Poverty Alliance and the five poverty truth organisations in Scotland to discuss the impacts of the pandemic, where she heard first-hand from those with lived experience about the challenges they face and their concerns for the future.

Boards and Expert Groups

Specific stakeholder Boards are established at a national level to lead the renewal programme. The Social Renewal Advisory Board, the Expert Reference Group on COVID-19 and Ethnicity and the Advisory Group on Economic Recovery all provide a helpful challenge function to the Scottish Government, as does the National Advisory Council for Women and Girls. They also provide creativity, which is essential in an unprecedented time in which Scottish Government is reliant on the collaboration, ingenuity and enthusiasm of a wide range of partners to move safely through the pandemic and into a Scotland that can fulfil its purpose of a greener, fairer country based on social and economic wellbeing for all.

Transport

The following detailed example from the transport sector gives a flavour of stakeholder engagement related specifically to protected characteristics and socio-economic disadvantage within one sector, with some other summaries further below.

Transport plays an important part in delivering the fully inclusive society we want. There has been significant engagement across the transport sector and close working with local authorities since the start of the crisis and we continue to work with a range of stakeholders.

Transport Scotland published the Transport Transition Plan[48] on 26 May 2020, which set out how the transport system was being prepared for the transition through and out of the COVID-19 crisis. 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[49], which was produced following engagement and remains under regular review with engagement on any significant changes.

A Transport Transition Plan National Advisory Group has been established to align approaches and share knowledge across national, regional and local transport planning activity as we transition out of lockdown. National stakeholder representatives include COSLA, RTPs, Poverty Group(s), Mobility and Access Committee for Scotland (MACS), business umbrella groups and academia.

We have further established the Transport Scotland Transport Transition Plan Equality Network to engage and seek evidence to inform the iterative Transport Transition Plan and Equality Impact Assessment (EQIA). Membership of this group includes Poverty and Inequality Commission, Poverty Alliance, Equality and Human Rights Commission, Mobility Access Committee for Scotland (MACS), Disability Equality Scotland, Young Scot, Engender, Age Scotland, and we have also reached out to BEMIS.

To ensure that the guidance is relevant to the needs of operators, their staff and the users of their services, this engagement has been undertaken with transport operators, trade unions, transport associations, local authorities and passenger interest groups. MACS were fully engaged when compiling the keeping public transport safe guidance. Additionally, they produced their own guidance to operators when assisting disabled passengers[50].

Transport Scotland and Sustrans Scotland have also been engaging closely with MACS on the 'Spaces for People' fund. This is a new, temporary, infrastructure programme in Scotland that offers funding and support to make it safer for people

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[48] https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/
[49] https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/advice-on-how-to-travel-safely/
[50] https://www.transport.gov.scot/media/47623/macs-guidance-for-disabled-passengers-transition-plans.pdf

who choose to walk, cycle or wheel for essential trips and exercise during COVID-19. MACS have produced guidance[51] that is available to Local Authorities bidding for the fund, to assist with consideration of the impacts on disabled people during the development of proposals.

In addition, the Cabinet Secretary for Transport, Infrastructure and Connectivity invited MACS' engagement on the Transport Transition Plan to ensure the plan could be informed by needs of disabled people. The Cabinet Secretary has also had a virtual meeting with the Poverty Alliance to hear from them on the lived experience of the transport challenges exacerbated by COVID-19.

We are also convening the Transport Accessibility Steering Group in mid-July to keep our key stakeholders and accessibility groups engaged during the period of the phased transition out of lockdown. Memberships of this group includes Transport Scotland, Regional Transport Partnerships (RTPs) operators and also includes membership from MACS, PAMIS, People First, Disability Equality Scotland, Scottish Consortium for Learning Disabilities, Spinal Injuries Scotland, National Deaf Children's Society, Whizz Kid, Scottish Youth Parliament, RNIB Scotland, Disability Shetland, and Guide Dogs Scotland.

We are also undertaking a public attitudes survey on transport, which has run for three waves since early May, with key findings that are published routinely, are shared with stakeholders, and that inform policy. The survey covers a range of topics to ask respondents about the current impact COVID-19 is having on travel behaviour and attitudes. It provides the opportunity to ask questions on emerging issues as we progress through the Route Map and Transport Scotland's Transition Plan. The survey is carried out with a sample of 1000 people across Scotland and is designed to ensure that the sample is representative of the Scottish population in terms of age, sex, region, and socioeconomic classification. Other demographic data is collected and analysis is undertaken on race and disability.

Transport Scotland is also contributing to a number of key partners' survey work and keeping abreast of other public attitudes surveys on transport that are carried out Scotland. This includes Transport Focus, who specialise in carrying out transport attitudinal and behaviour surveys and the Disability Equality Scotland polls.

Border health measures

As part of the development of the Equality Impact Assessment in relation to the new border health measures that have been introduced, the Scottish Government has sought the views of external organisations where possible. These include Disabled People's Organisations such as Inclusion Scotland, Disability Equality Scotland, British Deaf Association Scotland, the Chair of the Scottish Independent Living Coalition, VOX Scotland, Scottish Commission for Learning Disability, and Deaf Scotland. In addition, they have sought the views of organisations concerned with women's equality in the workplace and society, such as Engender and Close the Gap.

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[51] https://www.transport.gov.scot/media/47546/temporary-street-measures-during-the-coronavirus-crisis.pdf

Connecting Scotland

The Cabinet Secretary for Health and Sport announced the Connecting Scotland programme on 7 May 2020, which will support 9,000 low income individuals across Scotland that are clinically at risk to COVID-19. The £5 million programme will offer an internet connection, training and support, and a laptop or tablet to people who are clinically at risk, on a low income and are not already online during the response to COVID-19. The Connecting Scotland programme ran pilots prior to the announcement:

- Glasgow Disability Alliance (GDA) and Govan Housing Association (GHA) - The Scottish Council for Voluntary Organisations (SCVO) has procured tablets and pay as you go SIM cards for 40 disabled adults supported by the GDA and 15 tenants within the GHA. Digital Buddy training will be tested with a half-day training session with GDA using a test and learn approach with 40 users. GHA tested the model that will be rolled out in future phases. All users have no digital literacy and are in the 'offline' group.

- Children 1st and Aberlour took part in the Connecting Scotland test pilot. It provided laptops suitable for education purposes and six months data via a sim card to families highlighted by Children 1st and Aberlour as being particularly in need. Children 1st and Aberlour identified 199 families in Glasgow who were to be part of the pilot. The pilot will provide important intelligence on the needs of families for the programme going forward.

- Connecting Scotland also carried out a small scale pilot with young parents through the support of the Family Nurse Partnership. This will help families become digitally included and provide important intelligence on the needs of young parents, one of the Priority Families, in relation to digital access.

The lessons learned from the first and second pilots, initial distribution to local authorities, and the emerging user insights, highlighted where things are working well and where they can improve for the full roll out. User research interviews will be included in future reports.

The feedback received so far is positive. One user in pilot 2 (with children and families through Children 1st and Aberlour) got in touch with their digital champion to say that the device was making a huge difference to their child, who was now able to take part in school lessons.

To date, Connecting Scotland has undertaken user research with service users and providers (digital champions) to understand people's experiences of Digital Exclusion in COVID-19, gather feedback on the current service pilots, and make sure that support meets evolving user needs.

Scottish Government have undertaken in-depth interviews with some service users and digital champions, with additional sessions planned. Through SCVO we have also undertaken a survey with service users and service providers. All research

sessions have been undertaken remotely, by telephone or online, and we provide additional support e.g. interpreter to ensure all those that want to participate can.

We are also utilising existing policy research and COVID-19 user centred design response work, which includes user research work on the shielding programme. This work involved interviewing 32 people by telephone who are shielding, or are caring for someone who is shielding, and draws on six proxy users from third sector and support organisations to help understand the common issues for the shielding people that they support.

Work to provide digital devices and connectivity solutions to disadvantaged children and young people for the purposes of home learning is now also being taken forward as part of the Connecting Scotland programme.

Children and Families

A COVID-19 Children and Families Collective Leadership Group has been established to regularly review quantitative and qualitative data on children, young people and families with vulnerabilities, identify issues requiring action and to provide local and national leadership in delivering a response. The focus is on addressing the range of concerns about how children and young people (CYP) and families are being affected by the pandemic and the associated mitigation measures, in particular CYP who are experiencing the greatest adversity and challenges. The Leadership Group includes members from SOLACE, COSLA, Police Scotland, Health, Education, Social Work, Scottish Children's Reporter Administration (SCRA), Children's Hearings Scotland, the third sector, Scottish Government and other key organisations. The Leadership Group will also work with a range of organisations to ensure the experiences of children, young people, and families inform the work.

The Scottish Government has published two evidence reports on the impact of COVID-19 on children and families - in particular those in the most vulnerable circumstances. These reports were published in April and May, and a further report is in production for publication in July.

Schools and Early Learning and Childcare

The COVID-19 Education Recovery group[52] (CERG) was established in April 2020 to provide insight and expertise from professionals working across the education and childcare sectors. It aims to bring decision makers and key influencers together to ensure that the delivery of childcare, early learning, and education maintains a strong focus on excellence and equity for all, within the necessary constraints of the COVID-19 response. The group has been meeting regularly since April to support the Scottish Government with the development of the Strategic Framework for Reopening Schools and Early Learning and Childcare Provision in Scotland[53] and will continue to advise on supporting guidance.

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[52] https://www.gov.scot/groups/covid-19-education-recovery-group/
[53] https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/

The Scottish Government has engaged closely with representatives from universities, colleges, community learning, staff and students, as well as the Scottish Funding Council and other agencies throughout the Covid-19 crisis, in particular through the COVID-19 Response: Further and Higher Education Ministerial Leadership Group[54]. The group was initially established to deal with the immediate crisis and now meets to consider issues, agree actions and communicate the approach for recovery. We will continue to work with stakeholders in partnership as we progress through the Route Map.

On student accommodation and travel, the Scottish Government has met regularly throughout the lockdown with key stakeholders, including Universities Scotland, Colleges Scotland, the Association for Student Residential Accommodation, College and University Business Officers, NUS Scotland, Emilytest, the Scottish Funding Council and AMOSSHE, the Student Services Organisation. This group of interested parties continue to meet on a fortnightly basis and have worked alongside the Scottish Government to inform guidance on travel and wider student accommodation matters.

Shielding

On the issue of shielding, which affects many people with protected characteristics, we have engaged closely with stakeholders across Scotland, particularly local authorities and third sector organisations, to understand the concerns of the people they represent, to ensure they can feed into decision-making, and that they are kept informed of changes so that they can best support people who have been asked to shield.

We have conducted qualitative research to understand the experiences and concerns of those people who have been asked to shield, as well as carrying out an online survey designed to capture the views of larger numbers of people asked to shield; both have helped and will continue to shape our advice on shielding.

Health and Social Care

Health and Social Care stakeholder engagement has involved regularly updating a wide range of stakeholders since the beginning of lockdown:

- Engagement with Local Authority Chief Executives through SOLACE (and NHS Chief Executives) on a range of matters, including provisions in emergency legislation for care homes.
- Continuous contact with social care provider representatives through Scottish Care and Coalition of Care and Support Providers in Scotland (CCPS) in formal forums and informal engagement.
- Weekly call with social care stakeholders, including the Scottish Trades Union Congress (STUC), Fair Work representatives, Scottish Care, COSLA, and CCPS.

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[54] https://www.gov.scot/publications/further-and-higher-education-covid-19-ministerial-leadership-group/

- Engagement with Glasgow Disability Alliance and Inclusion Scotland on insights gathered of impacts on disabled people during the pandemic.
- Regular contact, and co-production of guidance, with national carer organisations, including MECOPP (Minority Ethnic Carers of People Project) and Shared Care Scotland, with a specific focus on respite/short breaks.
- Engagement with Social Work Scotland Adult Social Care Committee and Chief Social Work Officers.
- Regular contact with independent support organisations, many of them user-led Disabled People Organisations, who work directly with people using social care. This includes organisations funded through Support in the Right Direction funding, Self-Directed Support Scotland and Scottish Personal Assistant Employers Network.
- Engagement with provider representatives, COSLA and trade unions on sick pay for social care workers and Living Wage agreement.
- Engagement with Hospice providers on a range of issues, including guidance and funding support during the pandemic.
- Engagement with National Advisory Committees for some long-term health conditions, extensive range of third sector organisations and clinical networks to take account of the impact and support needs for these populations.
- There has been significant engagement with the care homes sector on visiting arrangements. This includes a clinical and professional advisory group with membership drawn from Scottish Government, Public Health Scotland, care home provider representatives including Scottish Care, care home providers, Alzheimer Scotland, health and social care partnerships for example. The group has considered the scientific advice on the reintroduction of visiting.

Active Scotland

There has been ongoing stakeholder engagement between the Scottish Government and the sector throughout the lockdown, which is welcomed by all parties. sportscotland has been working closely with Sports Governing Bodies (SGBs) to understand and mitigate negative impacts. A phased approach to discussions between the Scottish Government, sportscotland and Sports Governing Bodies has been taken since early May and a great deal of work continues to support the engagement.

This has included facilitating scenario planning based on the Scottish Government decision making framework and Route Map and developing detailed guidance where appropriate. In facilitating this, sportscotland have provided sports with a template with a number of prompts for them to plan against for each phase of the Route Map.

The partners we have worked with include Scottish Disability Sport (SDS), which has been involved in planning sessions with all sports. For this purpose, SDS has developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which it is discussing with sports in these planning sessions. We have also supported SDS to publish guidance[55] for phase one, and will do so for future phases.

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[55] https://www.scottishdisabilitysport.com/sds-guidance-paper-phase-1-extension-to-exercise-outdoor-sport/

We have also worked with the Children 1st Safeguarding in Sport service to produce guidance[56] on 'Child wellbeing and protection considerations in the return of children and young people to sport'.

Economy

We have engaged with a broad range of stakeholders to develop sectoral guidance for the measures in the 'Working or running a business' and 'Shopping, eating and drinking out' categories and will continue to do so throughout the phases.

Specifically, we established a small sub-group with representatives from COSLA, the Scottish Environment Protection Agency, Zero Waste Scotland and individual local authorities, including island authorities, to support national planning for the re-opening of Household Waste Recycling Centres (HWRCs) and engaged with trade unions via STUC. As local authorities are responsible for the operation of individual HWRCs, site management arrangements were developed locally in partnership with relevant stakeholders.

Food Standards Scotland has issued guidance and a supporting risk assessment tool for Food Business Operators and their employees which aims to support those involved in food manufacturing, processing and service in implementing physical distancing measures, as well as other mitigation measures that will help them to adhere to government advice for preventing the spread of COVID-19.

This guidance had been shared with Scottish food and drink industry bodies, and Trades Union representatives. The guidance was reviewed by Health Protection Scotland officials who are content that it is consistent with public health messaging issued in Scotland and UK wide. Local authorities, trade unions and the Health and Safety Executive have also responded positively to the risk assessment tool.

We also consulted with members of the Manufacturing Working Group, who are representative of manufacturers, trade unions and regulators, and worked with industry, trade unions and regulators on sectoral guidance.

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[56] https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf

7.   Key Findings

The Scottish Government's [Coronavirus (COVID-19): Framework for Decision-Making](#) and [Scotland's Route Map through and out of the Crisis,](#) along with the updates published on [28 May](#) and [18 June](#), make clear that COVID-19 is first and foremost a public health crisis, and the measures to combat it have been necessary to save lives – indeed they have been vital to protect the right to life.

The Route Map sets out the range and phasing of measures proposed for Scotland as it moves out of lockdown. Recognising the extraordinary impact of the measures, Scottish Ministers have put in place a statutory requirement to review the restrictions at least every three weeks to ensure they remain proportionate and necessary. The phases, although they seek to restore as much normality as possible, are gradual and incremental. Decisions on the correct time to progress through the phases will be taken depending on the transmission of the virus in the population, the balance of harms and an informed understanding of the impact of measures across the diverse population.

Given the fast paced environment required to respond to the health crisis, this publication is the first overview of equality and socio-economic considerations for the measures in the Route Map[57], but, such considerations have been part of the Scottish Government's work to respond to the crisis since the start.

A series of measures were put in place at the start of lockdown to offer some protection to people who would be most at risk from the virus or from the impacts of the lockdown provisions. This included funding, a national phone line, as well as guidance, support and provisions for specific groups including the shielded population, vulnerable children, disabled people, older people, children of key workers, homeless households, pregnant women, women at risk of domestic abuse and Gypsy Travellers.

As attention has turned to the exit from lockdown, in formulating the Route Map and in its implementation, individual Scottish Government policy teams have been working with stakeholders to understand the effect each measure will have upon people and communities. Therefore, this document is based on existing Impact Assessment related material, stakeholder consultation and research, analysis and supporting evidence brought together by those policy teams for each measure. However, given the importance of the Route Map as a whole, it is important to bring these considerations together. For each sector identified in the Route Map, this document identifies key measures over the phases and summarises the likely impacts of the change and any differential impacts, where they are known. It also identifies any mitigating actions/actions to eliminate discrimination that have been put in place for earlier phases or that are being considered to help reduce negative impacts or reinforce positive impacts in later phases.

COVID-19 is an extreme shock to normal life that has affected everyone; but it is clear that the harms caused by the pandemic are not felt equally by all of society.

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[57] Although more general analytical papers have been published including supporting evidence to the framework itself https://www.gov.scot/publications/covid-19-framework-decision-making-supporting-evidence/

People with lived experience of poverty or disadvantage due to one or more protected characteristics are more vulnerable to negative impacts from the virus itself or from the resultant social, economic or non-COVID health harms. For these people, the impacts of COVID-19 exacerbates structural and systemic disadvantages - commitments have been made to build back better. Implementation of the Route Map can only be part of the rebuilding process: it will take longer term economic and social renewal, centred on the principles of equality and human rights, to bring about meaningful, long-term structural changes.

The following summarises the mitigating action/actions to eliminate discrimination from the first two phases of the Route Map.

Summary of Phase 1 and Phase 2 impacts

Protections: The protections of hand washing, physical distance and cough hygiene have been in place from the start of lockdown. As the release progresses, there is more emphasis on wearing masks in indoor public spaces and Phase 2 makes this mandatory on public transport. The protection measures in place throughout all phases rely on all people being able to understand and comply with the regulations. The document identifies groups who may find it difficult to understand these provisions including young children, people suffering from dementia, people who may not have English as a first language and do not have other support and people who might struggle to comply because they do not have access to suitable facilities such as homeless households, Gypsy Travellers, and people experiencing poverty. Support has been provided to help people gain access to suitable facilities and a detailed assessment of impacts has led to identified exemptions for people wearing masks. Public marketing campaigns have been used to disseminate protection messages to ensure that adults understand the message and can help children. These are provided in various forms across traditional and social media including easy-read, audio, and translations into different languages to be as accessible as possible

Seeing friends and family: Initial lockdown restricted most movement and prevented households from mixing. Although the measures were supported by the public as a necessary response to COVID-19, they did have negative impacts across the population[58] [59]. Young people, lone parents and single pensioners were particularly impacted by isolation and loneliness during lockdown. Evidence also highlighted that before COVID women were more likely to meet socially; and that women were also more likely to experience anxiety during COVID, partly because they have increased responsibility for childcare and other unpaid work. The phased releases have allowed households to start to mix with other households initially outside and then inside. In Phase 1, households were allowed to meet with one other household outdoors, permitting friends and families to reunite up to a maximum group size of eight. In Phase 2, households are allowed to meet two households outdoors and form an extended household with one other household indoors. Shielded people are also allowed to exercise, and to meet others, outdoors. On the whole, the impact assessment shows that being able to meet friends and family is

[58] https://www.gov.scot/publications/coronavirus-scotland-bill-equality-impact-assessment/
[59] https://www.gov.scot/publications/coronavirus-scotland-no-2-bill-equality-impact-assessment/

good for mental health and wellbeing across all groups, although it can also carry some additional anxiety about transmitting or catching the virus and about complying with rules.

Specific impacts identified in Phase 1 related to lack of access to private gardens for socio-economically disadvantaged people and some ethnic groups; access to toilets for women, young children, older people and disabled people; and potential issues around household size limits for some ethnic groups and religious groups who may live in larger or multi-generational households. Although these impacts were understood, the balance of health risk supported the measures at that time. Phase 2 measures aim to reduce these negative impacts where possible. The extended household that can meet indoors will be beneficial for older people and disabled people who may have felt less confident about meeting outdoors, as well as single people and lone parents who can seek additional support. Allowing people who are visiting the outdoors of a private property to use the toilet indoors from Phase 2 is beneficial to a number of groups with protected characteristics such as young children, pregnant women, disabled people, and older people.

Schools, Early Learning and Childcare (ELC) and other educational settings: the closure of all schools, ELC, colleges, community learning, and universities has impacted across the workforce and children and young people. It has also negatively impacted on parents, particularly mothers, who are required to juggle child care, home schooling, and paid work. Phase 1 provided for school staff to return to schools and increased the number of children accessing critical childcare provision. It also signalled that transition support should be made available to P1 and S1 students, where possible, while Phase 2 releases some preparation phases and research facilities.

Over the first phases of the Route Map, only critical provision remained in place for the children of keyworkers and children identified as more vulnerable. Negative impacts were therefore identified for children and young people not attending early learning or school hubs because of the loss of learning and experiences school and ELC typically provides, including the opportunity to associate with their peers. Negative impacts were also identified for some children not accessing critical provision for whom their school or ELC setting was a place of safety and consistency, where home does not present the same stability.

Many schools, colleges, community learning services and universities have moved learning on-line to mitigate impacts for children, young people and adult learners. However, evidence shows that disabled children, those with additional support needs, and those who are socio-economically disadvantaged, remain negatively impacted because they may not have the same range of resources and parental support for home learning; while boys are generally less willing or able to home learn than girls.

Evidence suggests that children and young people will experience poorer mental health and wellbeing and are likely to experience anxiety as they prepare to return to school. Other wellbeing impacts may also have occurred, including increased exposure to domestic abuse, and potentially increased child protection concerns. To reduce negative impacts from these closures, vulnerable children, as well as the

children of key workers, have continued to have the opportunity to attend school in person throughout the summer term; free school meals have been continued through the school summer holidays until August. In addition, ELC settings can re-open from 15 July, so some settings might be available prior to 11 August.

Devices and data are being made available to socio-economically disadvantaged and care experienced children to ensure they can participate in blended learning from home in the short term. Transition support will aim to reduce anxiety for children moving to a new phase of school education. The return to schools will enable support to be provided for the wellbeing of children and young people. The opening of research labs will benefit young people and researchers, many of whom are international students.

Women are particularly impacted because they comprise the majority of the education workforce. As they return to the workplace, the risk of transmission or catching the virus increases. For women who are also parents, any return to the school or ELC workplace in Phase 2 will require them to juggle work with care and home schooling. In addition, evidence shows that as women in society tend to be the primary carers, mothers have experienced a much harder time balancing work and caring, which could have long term impacts on gender equality in the workforce. The extended household may help lone parents if they previously used this type of relationship to obtain additional support.

It has been announced that 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. The table in the Annex provides further detail on these later phases.

Getting Around: During Phase 1, public transport maintained essential infrastructure for key workers but public or private travel was generally not available for other purposes. As restrictions on going outside for exercise were eased, private travel was permitted for a restricted range of purposes within the local area (roughly five miles from home). At all times, active travel was encouraged. In Phase 2, as some businesses start to open, public transport increases but with restricted capacity due to physical distancing and with mandatory wearing of masks. Public transport is usually used more by socio-economically disadvantaged people, young people, women[60], disabled people, and minority ethnic people. All of these groups will be impacted by these changes. Transport Scotland has developed a Transport Transition Plan[61] to keep the public in Scotland safe when travelling during the COVID-19 pandemic. Contained within the Transport Transition Plan is guidance for operators and guidance to assist the public to travel safely during the COVID-19 pandemic[62]. The Mobility and Access Committee for Scotland (MACS) were fully

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[60] https://www.engender.org.uk/content/publications/Engender-response-to-the-Scottish-Government-consultation-on-Scotlands-National-Transport-Strategy.pdf
[61] https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/
[62] https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/advice-on-how-to-travel-safely/

engaged when compiling the guidance. Additionally, they produced their own guidance to operators[63] when assisting disabled passengers.

Working or running a business: The economic impacts of the virus and its protection measures are widespread, with evidence that people in equality groups and socio-economically disadvantaged are particularly vulnerable. Younger people, women, and black and minority ethnic workers are all more likely to be, on one hand, key workers asked to continue to work throughout the pandemic, and, on the other, over-represented in occupational sectors that are shut-down resulting in significant loss of income and jobs.

Phase 1 allowed some outdoor workplaces to open, such as construction preparation, but for most remote working remained the default position. Parents had to juggle work, home schooling and child-care, with evidence suggesting this burden falls disproportionately on women. Evidence also suggests that remote working was mainly available to higher income workers. Others remained reliant on the UK Government and Scottish Government employment support packages.

Phase 2 allows some indoor workplaces to open including factories, warehouses, labs and research facilities, with appropriate hygiene and physical distancing measures. It also allows construction to move to the next phase of its plan. Many of the industries opening up in Phase 2 employ a higher proportion of men, e.g. in construction and manufacturing, which will increase workplace risk while potentially safeguarding their income. Phase 2 also allowed for preparation work to start for businesses in later phases, such as retail, to ensure physical distance and hygiene measures were in place. Employers are asked to use staggered starts and flexible working but past evidence suggests that lower income workers, including young people, minority ethnic, women and disabled people may be least likely to be able to access flexible working.

Specific guidance has been developed by occupational sectors, such as construction and manufacturing, and will be subject to regular review. The guidance development has involved a wide range of employer, employee, trade union, and other bodies.

Shopping, Eating and Drinking Out: While essential shops, such as food, newsagents, cycle shops, remained open, all non-essential shops closed, as well as pubs, cafes and restaurants. Phase 1 allowed the re-opening of drive through outlets and take-away cafes, along with outdoor garden centre and plant nurseries. Phase 2 allows opening of street-access retail shops but pubs, cafes and restaurants remain closed.

Opening of business will have positive financial impacts for businesses and for people returning to work in those businesses. Young people, women, disabled people and minority ethnic people are all over-represented in the retail workforce. Although the virus has been controlled by Phase 2, the easing of restrictions provides potential for infection and transmission in the community to increase, which could be detrimental to those more susceptible to severe illness. Workers

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[63] https://www.transport.gov.scot/media/47623/macs-guidance-for-disabled-passengers-transition-plans.pdf

responsible for hygiene and sanitation and customer facing staff may have anxieties about returning to work, due to risk of infection and transmission within their households. Self-employed business owners or employees with caring responsibilities may find it challenging to open without suitable provisions for childcare. This is especially true for women (who are often primary carers) or lone parents (majority of whom are women) that may not have anyone else to help out with caring responsibilities.

Opening of shops may be welcomed as a return to normality, especially smaller local shops. However, it may also increase anxiety over the virus, especially for those who are more susceptible to serious illness such as older people or the shielded group. The physical distance measures may be particularly problematic for disabled people if it restricts their access within shops.

Version 1 of the [COVID-19 Retail Guidance](https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/)[64] was published on 26 May 2020. The guidance will be reviewed in line with the regular three weekly review of lockdown requirements. Staggered start times and flexible working are encouraged in the Route Map 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. The next version of the guidance will include guidance for retailers and customers on catering for disabled people. Raising awareness of the difficulties experienced by disabled people is particularly important at this time. 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 amendments at the next review.

Sport, Culture and Leisure: In the initial phases of lockdown it was recommended that outdoor exercise was limited to once per day, within the local area. Participation in exercise was very mixed pre-COVID with men and boys more likely to exercise than women and girls. Phase 1 updated guidance to remove the recommendation that exercise should only take place once a day and replaced it with guidance that unrestricted outdoor exercise could be pursued safely, which should be beneficial for all although it will be of particular benefit to those who were more used to exercising. Certain activities, which were by nature physically distant, were also allowed to restart (golf, canoeing, outdoor swimming and angling). Restarting these sports will be of great benefit to those who participate in them, however, evidence suggests this is mainly older men and more likely to be people with a higher income.

Phase 2 allowed for the opening of outdoor sports courts, playgrounds, zoos and garden attractions and the resumption of a limited number of professional sports behind closed doors. Playgrounds are likely to be used more by, and will therefore benefit, younger people and families with children. Zoos are also very popular with families with children but due to the cost are unlikely to be frequented by socio-economically disadvantaged. Garden attractions may be more popular and used more by older people.

The ordering of the opening of sports and the nature of physical distance measures will determine equality impacts for this phase and moving forward. sportscotland is

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[64] https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/

supporting Scottish governing bodies of sport and local partners to plan for the return of sport. It issued them with a template with a number of prompts for them to plan against for each phase of the route map. These prompts include the need to be inclusive and participant centred and to design safe and innovative opportunities for their sport within physical distancing guidelines. Scottish Disability Sport (SDS) has developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland, which they are discussing at planning sessions with all sports.

Communities and Public Services: Phase 1 and 2 see the gradual resumption of key support services at the community level with appropriate physical distancing and hygiene measures. This included the planned restarting of face to face Children's Hearings; increased direct contact for social work and support services with at risk groups and families; access to respite/day care to support unpaid carers and for families with a disabled family member; opening of Household Waste Recycling Centres and re-opening of court and tribunal buildings and, in Phase 2, increased visiting support to Housing First tenants and the resumption of area-based energy efficiency schemes. The impact of services re-opening on protected characteristics and socio-economic disadvantage depends on the nature of the service.

During the initial phase of lockdown, courts and tribunals restricted business to that which was essential or necessary. Emergency legislation has been put in place to enable a wider use of technology to support the justice system's response to the coronavirus outbreak and to introduce flexibility to address the impacts of physical distancing and the need for self-isolation where possible. Increasing the capacity for digital access will help to mitigate inequalities relating to the ability to physically attend court and mitigates against growing delays that would heighten inequalities. However, this does require a level of digital access which is lower amongst older people, socio-economically disadvantaged and disabled people. Support for victims of crime, including support specifically for those impacted by gender-based violence, which are predominantly women, has been augmented and third sector support providers have adjusted their operating models to ensure continued access and availability.

Actions on respite care and day services focus on helping support providers navigate physical distancing and hygiene guidance to allow traditional and non-traditional modes of support. Once in place, these will be of benefit to disabled people and unpaid carers who are mainly women and include a significant proportion of older people and disabled people.

The re-opening of Household Waste Recycling Centres (HWRC) is an important step. However, due to the recognition that some groups are less likely to be able to access these services, especially older, disabled, shielded, and socio-economically disadvantaged, the Scottish Government has worked in partnership with COSLA to ensure that the re-opening of sites should not negatively impact on wider efforts to recover other waste services on which households are reliant.

Gatherings and occasions: In Phase 1 no public gatherings were permitted except for meetings of two households, outdoors and with physical distancing. This meant that family occasions such as weddings and civil partnerships were effectively halted

and funeral attendance was restricted to close family members or close friends with strict physical distancing and hygiene requirements, which has been difficult for bereaved families. Places of worship were closed.

Joint birth registration is one of the main ways for unmarried fathers and second female parents to obtain parental responsibilities and rights. Lack of the ability to access this service will have negative impacts on these people. 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 restrictions on gatherings. 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.

In Phase 1, faith communities were unable to attend places of worship 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. In Phase 2 places of worship can open for the purposes of individual prayer or contemplation alone, or with a member of their household. This will be positive for people who are able to return to their place of worship to pray - although not all faith communities have a need for individual prayer or contemplation. 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 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 included providing funding for the purchase of equipment and software to facilitate online worship services.

The opening of registration offices in Phase 2 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. However, restrictions remain on funeral arrangements - those aged 70 and over or people shielding are strongly advised not to attend gatherings.

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. This will be helpful for all people who have access to suitable digital equipment and internet access but will be less helpful for some older people, disabled people, people with learning disabilities, and socio-economically disadvantaged people, who are less likely to have the resources or skills required to use the internet.

Health and Social Care: COVID is a health emergency which required the mobilisation and restructuring of health resources with many NHS services being temporarily stopped.

Phase 1 saw the phased resumption of certain NHS services, including primary care and community services, elective surgery, mental health, NHS IVF treatment, resumption of GP services supported by an increase in digital consultations, the roll-out of the NHS Pharmacy First Scotland service in community pharmacies, increased care offered at emergency dental hubs, and emergency eyecare as practices prepare to open.

Phase 2 sees the formal implementation of remobilisation plans by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services. In this phase some chronic disease management is reintroduced and phased screening services along with continued phased resumption of dentistry, optometry, GP services and referral to secondary care.

Women account for a disproportionate number of the health and social care workforce. There is likely to be ongoing workplace risk, which may be particularly stressful for black and minority ethnic workers and older workers. The stress and anxiety of working long hours are negative impacts which weigh against a stable income in a time when many people are without work. As keyworkers, NHS and care staff can use critical places at schools and nurseries. However, for carers there may still be significant issues in balancing work with family and caring responsibilities.

The resumption/increase in availability of services is based on local as well as national clinical priorities, so there is scope for Health Boards to be flexible to suit local requirements in protected groups. Impacts of opening of services for patients will be varied depending on the nature of the service. While there may be a risk of certain groups feeling that they are not getting the same access to services as before, clinical guidance, associated with urgent and elective care, and sound local decision making should help to ensure that decisions are driven by clinical risk assessments. The current plans are intended to cover the period to the end of July. NHS Boards are expected to have appropriate procedures and policies in place when planning or developing services.

Digital innovation is a key part of remobilisation, which could create a risk that disabled people, older people, and socio-economically disadvantaged people may be further disadvantaged if they do not have access to the required technology or the relevant skills, experience or support to use it.

As remobilisation plans are implemented significant engagement is planned to ensure that negative impacts are fully understood and can be tackled and that positive impacts can be rolled out further. For example, for resumption of screening programmes, a Communications Action Plan is being developed, led by Public Health Scotland.

Phase 2 also includes consideration of a phased resumption of visiting to care homes, starting with outdoor visiting where it is clinically safe to do so.

8.   Moving Forward

The Route Map was always intended to be dynamic and responsive in the light of evolving evidence and feedback. It has been updated since its initial publication and is likely to be updated again. Given these changes, as well as the coverage of the Route Map, it is clear that the evidence gathered for impact assessments will also need to be updated and respond to developing proposals, evidence, stakeholder views, public opinion and context. As individual policies and activities are developed in later phases, new impacts may be assessed and outcomes from previous phases may become clearer. There will be no easy decisions as various risks and harms need to be balanced but impact assessment is one of the tools that will ensure that good decisions are made, based on the best available evidence.

**9.	Conclusion**

This document has attempted to set out an overview of the range of poverty and equality impacts evidenced in relation to the complex range of measures that will be taken as Scotland moves from lockdown back towards normality. In so doing, it has noted a range of structural inequality that exists across protected characteristics and socio-economic disadvantage which will need to be considered as part of any social and economic renewal programme to deliver a Fairer Scotland. A range of impacts have been identified from measures in the first two phases of release along with a range of mitigation activities. These have been described in the tables where relevant. Engagement with key stakeholders and understanding of lived experience will be critical to making sure that impacts have been appropriately identified in Phases 1 and 2 and that assessments for later phases cover a full range of issues.

We welcome your views and evidence. If you are in regular contact with policy makers in the Scottish Government please feel free to use your normal routes of engagement to provide further evidence or comments. If you are not in regular contact with policy makers in the Scottish Government or have any more general comments on both the assessment and mitigation activities please send them to COVID-19exitstrategy@gov.scot.