

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

Phase 3 Measures

Annex

Introduction

These measures indicate the changes that have been made to the Route Map in Phase 3 by the review point on 10 September 2020.

Changes to the measures on gatherings came into force on 25 September 2020.¹ A separate Equality Impact Assessment was published for these.²

Additional measures were announced on 7 October 2020³ for national and local arrangements. A separate Equality Impact Assessment was published for these.⁴

Coronavirus (COVID-19) Scotland's Strategic Framework was published in draft on 23 October and implemented from 02 November 2020.^{5 6} This document recognises the need to have consistent and clear measures that can be implemented quickly at a local level, as well as a national level, based on a five level system.

The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not - and recognises while the measures may positively impact on one or more of the protected characteristics, also recognises that the introduction of the measures may have a disproportionate negative impact on one or more of the protected characteristics. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have sought to do this through provisions contained in the Regulations, or by current support and guidance available.

¹ <https://www.legislation.gov.uk/ssi/2020/300/made>

² https://www.legislation.gov.uk/ssi/2020/300/pdfs/ssieqia_20200300_en.pdf

³ Coronavirus (COVID-19): additional measures - 8 October 2020
<https://www.gov.scot/publications/coronavirus-covid-19-additional-measures-october-2020/>

⁴ https://www.legislation.gov.uk/ssi/2020/318/pdfs/ssieqia_20200318_en.pdf

⁵ Coronavirus (COVID-19): Scotland's Strategic Framework <https://www.gov.scot/publications/covid-19-scotlands-strategic-framework/>

⁶ The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 <https://www.legislation.gov.uk/ssi/2020/344/contents/made>

Note on contents

In a [statement on 1 October](#), the First Minister confirmed that the Phase 3 Route Map changes that had previously been given an indicative date of 5 October, which was conditional on continued progress in suppressing the epidemic, would not proceed on that date. In view of the status of the epidemic on 1 October, restrictions and guidance on the following settings and activities will remain in place and are therefore not included in this EQFSIA. These measures are identified in the Strategic Framework, discussed above, and will be subject to corresponding impact assessments when they are implemented as part of the Levels-based approach to suppressing the virus:

- soft play centres
- mobile close contact services
- contact sports for people aged 12 years and over indoors
- certain outdoor live events
- indoor live events
- certain entertainment venues like theatres and music venues
- stadia (for limited re-opening)
- plans for a phased and limited return to non-essential offices

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Protections

<p>Phase 3</p> <ul style="list-style-type: none"> • Physical distancing requirements in place. • Frequent handwashing and hygiene measures for all. • Cough etiquette is maintained. • Face coverings to be worn in enclosed public spaces⁷. • Face coverings mandatory within places of worship (except for the individual leading the act of worship). • Face coverings are mandatory at indoor funeral services. • Face coverings are mandatory on public transport. • Face coverings are mandatory in shops and other retail. • Face coverings are mandatory for children aged 12 and over when moving around the building in secondary schools. • Face coverings are mandatory in indoor hospitality venues for staff and customers when not eating and drinking (e.g. when entering a venue). • All decisions on phasing will be kept under review as the research evidence base on the impact of the virus and the effectiveness of different interventions builds. 	
<p>General Impacts of Measure</p>	<p>These measures are recommended by the World Health Organisation to increase public safety and reduce transmission of the virus.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Frequent handwashing may be an issue if older people have severe mobility issues meaning that they struggle to move to handwashing facilities.</p>
<p>Children and Young People</p>	<p>Very young children may struggle to understand and comply with advice across all areas.</p> <p>On 31 August, young people aged 12 and over were required to wear a face covering when moving about in secondary school and going from class to class.</p> <p>Teenagers and young people may be particularly sensitive to wearing masks if it makes them stand out from the crowd. This is relevant where mask wearing is voluntary rather than compulsory.</p> <p>Individual discretion should be applied in considering the use of face coverings in enclosed public spaces for some children including, for example, children with breathing</p>

⁷ <https://www.gov.scot/publications/coronavirus-covid-19-public-use-of-face-coverings>

	<p>difficulties and disabled children who would struggle to wear a face mask.</p> <p>Mixed messages for children and young people at a time of great change could further exacerbate the challenges they already face around anxiety, mental, emotional and physical health.</p> <p>Play is a right for children under UNCRC, so anything that could impact on children's opportunity to play needs to be carefully considered.</p>
<p>Sex: Women</p>	<p>As primary carers, women may have the responsibility of ensuring young children and disabled people understand and comply with guidance with consequent impacts on their own stress, wellbeing and ability to work.^{8 9}</p> <p>Restricting the number of households for under 12s could impact on childcare (both formal and informal) and subsequently impact on parent's ability to 'return to work', childminders to operate and grandparents to provide informal childcare.</p> <p>Women are more likely to have limiting long-term conditions (36% vs 30% of men, 2018).¹⁰ Given that many women rely on public transport to access employment and to access care for children, these measures will be of importance to ensure their safety.</p> <p>Women make more complex journeys due to factors including childcare and working patterns. Women are the majority of those employed in many 'shut down' sectors, such as Retail trade, except vehicles (60% women), Accommodation (58%) and Food and beverage service activities (53%).</p>
<p>Men</p>	<p>No evidence of a differential impact identified at this time.</p>
<p>Race</p>	<p>Early data showed that the COVID-19 virus was more deadly for people with underlying health conditions.¹¹ Prevalence of some of these health conditions is known to be higher in certain minority ethnic groups, for example Type 2 diabetes is 6 times more likely in people of South Asian descent and 3 times more likely in African and Afro-</p>

⁸ <https://www.gov.scot/collections/equality-evidence/>

⁹ [Household composition for specific groups of people in Scotland & Time Use Survey 2014-15](#)

¹⁰ [Scottish Health Survey 2018](#)

¹¹ <https://www.diabetes.co.uk/references.html>

	<p>Caribbean people, therefore face coverings may be helpful in protecting those potentially at greater risk.</p> <p>Without alternative language formats of information or through a lack of access to an interpreter / support worker some people may find this measure more difficult to understand.</p>
Disability	<p>Disabled adults are more likely to use a local bus service than those not disabled. In 2012, 43.3% of disabled adults had used a bus service in the previous month compared to 39.5% of non-disabled adults.¹²</p> <p>The majority of concessionary bus pass holders (90%) in the older and disabled person's scheme hold a pass on the basis of age. Of those who have a pass for the disabled or visually impaired, 76% have a companion card which allows someone to travel with them on the bus.¹³</p> <p>On public transport the requirement to wear a face covering is mandatory with some exceptions, for example, disabled people, those who lip-read or those with long term health conditions, as well as young children; wearing a face covering would impact their ability to breathe.</p> <p>Maintaining physical distance may also be an issue if disabled people cannot move quickly to avoid others or if those who are visually impaired are having difficulty seeing signage or people nearby.</p> <p>Without accessible formats of information or through a lack of access to an interpreter / support worker some people may find this measure more difficult to understand. People experiencing Alzheimer's, dementia, learning difficulties and some other mental health illnesses may struggle to understand and comply with advice across all areas. There is a need to make clear that not everyone will be able to comply fully at all points.</p>
Religion and Belief	<p>People attending a place of worship have been required to wear a face covering from 8 August, unless they are exempt for health reasons. The individual leading the act of worship is exempt from this requirement.</p> <p>This may impact the spiritual connection experienced in practicing their faith in a place of worship.</p>

¹² [Scottish Household Survey 2012](#)

¹³ <https://www.transport.gov.scot/publication/scottish-transport-statistics-no-37-2018-edition/chapter-2-bus-and-coach-travel/>

Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>Face coverings and tissues may be unaffordable to households on very low incomes.</p> <p>Should a patient present at a community optometry practice for an appointment without a face covering, practices are permitted in exceptional circumstances to provide a face mask from their NHS supply to the patient.</p> <p>Households on very low income may also struggle to pay the energy costs for hot water as well as purchasing soap and hand gel.</p>
Mitigations	
<p>Face coverings became mandatory on public transport from Monday 22 June, as part of operators' preparations for progress towards recovery and to reduce the risk of transmission.</p> <p>There are some exemptions to the policy. Exemptions will apply for the young (under 5 years of age), for those people for whom a covering is inappropriate for health reasons, when persons are taking sustenance or medication or for other justifiable reasons, i.e. in a protected environment such as a driver's cab or in response to passengers who request information.</p> <p>It is recognised that the wearing of face coverings may not be appropriate for disabled people with particular impairments or health conditions. The Regulation therefore exempts the wearing of face coverings for disabled people for whom it is not appropriate or where there are justifiable reasons e.g. where individuals may have a hearing impairment or lip read.</p> <p>Therefore while it is the view of the Scottish Government that any remaining impacts are currently justified and a proportionate means of helping to achieve the legitimate aim of reducing the public health risks posed by coronavirus, the Scottish Government also recognises that these measures are only required to respond to the current set of circumstances, and are only necessary as long as the potential public health benefits can justify any negative impacts caused.</p>	

A face coverings Equality Impact Assessment (EQIA) has been carried out, which sets out in detail the impacts on the protected characteristics and the current mitigating actions.¹⁴

Transport Scotland has reviewed analysis from external organisations who have consulted on this issue, where possible. These include, for example, Disability Equality Scotland's snap poll on wearing of face coverings, which showed that almost all (98%) of those who responded indicated they would wear a face covering on public transport if mandatory and analysis from a survey undertaken by Transport Scotland shows 93% of those who responded intend on wearing a face covering if using public transport.

Individuals leading an act of worship in a place of worship will be exempt from the requirement to wear a face covering. This is to reduce the negative impact on the spiritual connection between the congregation and the service leader.

From 8 August, everyone attending an indoor funeral service will be required by law to wear a face covering. This includes funeral services in crematoriums, funeral directors' premises and places of worship. There is also a requirement to wear face coverings at indoor marriage and civil partnership services.

There are some exceptions to wearing a face covering at a funeral, marriage or civil partnership service. The person leading the service, or the person providing the eulogy at a funeral, is allowed to remove their face covering, but they must instead remain at least 2 metres away from others or have a protective screen between themselves and others.

A couple getting married or entering a civil partnership are not required to wear a face coverings for the duration of the ceremony or registration.

If it is not possible for the person leading the service or providing the eulogy to remain at least 2 metres away from others or to use a protective screen, then they must wear a face covering.

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

Face coverings in schools

In line with the latest scientific advice, the guidance for the reopening of schools was amended on 25 August 2020 to reflect the advice that face

¹⁴ https://www.legislation.gov.uk/ssi/2020/182/pdfs/ssieqia_20200182_en.pdf

coverings should be worn by adults and young people in secondary schools when moving about the school in corridors and confined communal areas (including toilets), where physical distancing is particularly difficult to maintain.¹⁵ The amended advice also provides that face coverings should be worn by all passengers over the age of five when travelling on dedicated school transport (in addition to the existing requirement for wearing them on public transport).

Restaurants and hospitality settings

Regulations took effect on Monday 14 September for face coverings to be mandated for customers and staff in indoor hospitality, when not eating and drinking. Staff in non-public facing roles, such as kitchen staff, are also be exempt where face coverings may present health and safety issues due to the nature of roles. Exemptions for more at risk groups/individuals will also apply to hospitality settings.

General impact

Many different ways of making low cost masks are available and advertised widely – including from t-shirts or old socks. Transparent face masks, which can help deaf people who rely on lip-reading, have started to become available but are not widely accessible yet.

Funding

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

Communications

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

Easy read, audio, and translations (including Arabic, Gaelic, Mandarin, Polish and BSL) are available of the route map publications.¹⁶

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

¹⁵ Coronavirus (COVID-19): guidance on preparing for the start of the new school term in August 2020 - version 2 <https://www.gov.scot/publications/coronavirus-covid-19-guidance-preparing-start-new-school-term-august-2020-version-2/>

¹⁶ <https://www.youtube.com/playlist?list=PLh2wA32--fZuaWFBjto6-k4JOIhu7IPgK>

Seeing Family and Friends

1.1 Outdoors

Within this Phase, until the 10 September Review, this measure permitted a household to meet up to 4 other households at a time - up to 15 people in total.¹⁷

There were revised social gathering rules from the 10 September Review. Up to 6 people from up to 2 households could meet socially at a time. This applied in all locations – for example at home, in hospitality or outdoors in a park or garden. Limited exemptions applied.

With increasing infection rates linked to socialising, from 25 September 2 households with a maximum of 6 people were able to meet outside socially.

Under-12s did not count towards the maximum number of households or the number of people who could meet outdoors and did not have to physically distance. A maximum of six 12 to 17 year olds could meet outdoors socially, with no household limit, but with physical distancing.

People were asked to limit as far as possible the total number of households they met in a day.

General impacts of the measure

The measures during Phase 3, particularly up to the 10 September review, were intended to reduce the impact of the maximum limits on numbers of households and people meeting. It aimed to make it easier to connect and be close to groups of family and friends, and to extend and restart social networks. It may have been of particular benefit to mental health and wellbeing, allowing some social activities to restart or take place in a more normal way.

This measure was intended to reduce the impact of the virus spreading while enabling households and people to still meet outdoors to maintain essential social networks.

The measure represented a restriction, although not as impactful as the lockdown phase.

For some people the tighter limits from 10 September may have decreased anxiety and pressure to meet up with friends and families when they would rather have stayed at home. At the same time, the limits may have increased anxiety for people wishing to spend time with a wider range of families and households.

¹⁷ <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-scotlands-route-map-update-10th-september-2020/>

	<p>If hygiene and distancing measures (FACTS)¹⁸ are not followed, this could lead to an increased rate of infection.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Older people were more likely to have been unable to leave their house or to feel most comfortable in home surroundings and therefore may not have benefited as much from broader opportunities to meet out of doors, particularly if they did not have a private garden.¹⁹ However, the measures in place through this phase could have benefited some older people, particularly grandparents.</p> <p>More generally, older people may have been at greater risk of social isolation and more likely to have hearing loss and visual impairments. They will have been taking enhanced physical distancing precautions but they may have found it harder to distance if they couldn't hear or see very well. They were more likely to be reliant on public transport to access local shops which could have increased their risk and isolation.</p> <p>The relaxing of restrictions earlier in Phase 3 could have increased the chances of older people contracting COVID-19. However, the tightening of restrictions through the Phase could have decreased the chances of older people contracting COVID-19. Figures showed that older people were more likely to be adversely affected by the virus.²⁰</p> <p>Older people were more likely to have been on the shielding list, and therefore unable to have benefitted from all of the opportunities to meet other households.²¹ Social care support goes far beyond 'care visits' to encompass a wide and diverse mix of support, from community facilities to access to activities, help with shopping and involvement in local groups and interests to support people in leading full and independent lives as valued members of our society.</p>

¹⁸ FACTS: F: Face coverings; A: Avoid crowded places; C: Clean your hands; T: Two metres distance; S: Self isolate and book a text if you have symptoms

¹⁹ [Scottish Household Survey 2018](#) Adults in the oldest age group (75 and over) were far more likely than those in younger age groups to say that they had made no visits to the outdoors in the past 12 months, in 2018

²⁰ See [Deaths involving COVID-19](#) and [COVID-19 statistical report](#)

²¹ [COVID-19 Statistical Report](#)

<p>Children and Young People</p>	<p>Although public toilets were reopened, they were not open in all the places where they are normally available. They could have been open if they could be opened safely; and Scottish Government guidance was issued to support that.²² This may have made it harder for some older people to spend time outdoors and away from home.</p> <p>A Children's Rights and Wellbeing Impact Assessment (CRWIA) was published on 25 September²³, followed by another one on 12 October²⁴.</p> <p>Before the pandemic, younger people were more likely than those in older age groups to meet socially with friends, relatives, neighbours or work colleagues at least once a week.</p> <p>For children and young people experiencing adverse home conditions, the ability to see more people outside the home may have alleviated the situation, gaining emotional support from others, and support to access specialist support organisations.</p> <p>There were opportunities for children and younger people to maintain links with groups of friends. Children under 12 were not counted in the limit of people, although the 2 households rule applied, and both children and young people (all those under 18) did not have a limit on the number of households that they could meet in one day. This was important as younger people may have been at the greatest risk of loneliness during the pandemic.²⁵</p> <p>Continuing to allow children under 12 to mix freely without physical distancing could have helped improve a child's wellbeing by giving them access to a wider range of relatives or family friends from another household.</p> <p>Although there can be anxiety about peer pressure not to comply with distancing rules, this may have been reduced</p>
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²² <https://www.gov.scot/publications/coronavirus-covid-19-public-and-customer-toilets-guidance/pages/hygiene-measures/>

²³ Coronavirus (COVID-19): impact of restrictions on children and young people: CRWIA stage 3 <https://www.gov.scot/publications/crwia-stage-3-impact-covid19-restrictions-children-young-people/>

²⁴ Coronavirus (COVID-19): restrictions on children and young people - CRWIA stage 3 <https://www.gov.scot/publications/crwia-stage-3-impact-covid19-restrictions-children-young-people-2/>

²⁵ [Online YouGov surveys](#) of adults in the UK carried out on 17-18 March and 2-3 April 2020 found that, at the time of the first survey, 10% said they had felt lonely in the previous 2 weeks because of coronavirus, rising to 24% by the time of the second survey. The equivalent figures for 16-24 year olds were 16% and 44%, respectively. We also know that before the pandemic, younger people were more likely than those in older age groups to meet socially with friends, relatives, neighbours or work colleagues at least once a week ([Scottish Household Survey 2018](#)).

	<p>for some by maintaining the revised guidance making clear that children under 12 need not physically distance.²⁶</p> <p>Mixed messages for children and young people at a time of great change could have further exacerbated the challenges that they already faced around anxiety, mental, emotional and physical health.</p> <p>Play is a right for children under UNCRC, so anything that could have impacted on children's opportunity to play needed to be carefully considered.</p>
<p>Sex: Men and Women</p> <p>Women</p>	<p>Single men and women may have felt less isolated with the relaxing of restrictions earlier in Phase 3, improving mental wellbeing, but this may have reduced by not being able to meet with as many other households from 10 September.</p> <p>As women spend far more time on childcare than men,^{27 28} there is a possibility that allowing meeting with other people may have allowed women to access support with caring and may have helped with their economic position.²⁹ We know that the vast majority of part-time workers are women: in 2019, women aged 16+ accounted for three-quarters of part-time employment in Scotland.³⁰</p> <p>Before the pandemic, women met socially with friends, relatives, neighbours or colleagues more regularly than men and so they might have missed doing so more. Opportunities for women to meet with others outside may therefore have helped in decreasing loneliness and may also have helped to increase access to support networks.</p> <p>Women are more likely than men to have longstanding illnesses, which may have limited their ability to go outdoors or to leave home to take advantage of the opportunities allowed to meet other households.³¹</p> <p>For women experiencing domestic abuse, the ability to see more people outside the home may have alleviated</p>

²⁶ <http://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/pages/seeing-friends-and-family/>

²⁷ Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#))

²⁸ [Scotland's Labour Market: People, Places, and Regions - Statistics from the Annual Population Survey 2019](#)

²⁹ <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

³⁰ <https://www.gov.scot/publications/scotlands-labour-market-people-places-regions-statistics-annual-population-survey-2019/>

³¹ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#)).

<p>Men</p>	<p>the situation, help them to gain emotional support from others, and offered them more opportunities to seek support.</p> <p>Men are more likely to be the non-resident parent. Non-resident parents have always been able to continue co-parenting, moving the child between households. However, the more opportunities to meet outdoors with a wider group of people is likely to have made it easier for non-resident parents who are men to include their relatives in their children’s activities, including celebrations. Reducing these opportunities may have made some men feel more excluded from their children’s lives in a wider family context.</p> <p>Tighter restrictions could have decreased the chances of men contracting COVID-19. Age-standardised death rates (adjusting for the age structure of the population) were almost 50% higher for men than for women (for deaths occurring in Scotland in April 2020) so the measures took account of the higher risk to men of a COVID-related death. However, the restrictions could have further impacted on men’s physical and mental wellbeing. This would have left some men feeling isolated, confined or frustrated in their homes.</p>
<p>Race</p>	<p>By allowing larger numbers of people to meet earlier in Phase 3, this measure reduced restrictions on the size of households able to meet. The increase to the number of people that could meet was positive for those who found it harder to meet up all together due to having larger households.</p> <p>It was recognised that the reduction in the total size of the group that could meet from 10 September would mean that this measure may have restricted the ability of larger, intergenerational households to meet another household.</p> <p>Feelings of loneliness were highest in single-occupier households³² and people of ‘Black, Black Scottish or Black British’ ethnicity were most likely to be living alone at the time of the last census in 2011.³³ They may have therefore benefited less from being able to meet up with people from other households (the whole household), if those households were larger. This may have affected grandparents meeting with their family members where the grandchildren were in their teenage years.</p>

³² [Scottish Household Survey 2018](#)

³³ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

	<p>There is some evidence at the UK level³⁴ to suggest that there was a high prevalence of mental health issues amongst the minority ethnic community so this measure would have provided opportunities for individuals to connect with family socially, alleviating the impact of lockdown for people suffering a range of mental health issues, including anxiety and depression. However, it may have been a barrier for larger households wishing to meet together.</p> <p>This measure provided opportunities to meet outdoors and so may have been helpful to those living in overcrowded households.³⁵ Those identifying as 'White: Polish', 'Bangladeshi' or 'African' were the most likely to live in overcrowded households in 2011.³⁶</p> <p>Relaxing of restrictions earlier in Phase 3 around meeting up with others could have increased the chances of people contracting COVID-19. Increasing the restrictions on 10 September could have reduced that.</p> <p>Data showed that deaths amongst people in the South Asian ethnic group were almost twice as likely to involve COVID-19 in the period 12 March – 14 June as deaths in the White ethnic group, after accounting for age group, sex, area-level deprivation and urban rural classification.³⁷</p> <p>There was evidence of an increased risk of hospital admissions due to COVID-19 among those of 'Black, Caribbean or African' ethnicity.³⁸</p> <p>Without rapidly changing information in alternative language formats, information may not have been understood or been more difficult to understand. For people for whom English is not their first or only language, the ability to take part in social meetings with other people who speak their preferred language is helpful for sharing</p>
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³⁴ <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/adults-using-nhs-funded-mental-health-and-learning-disability-services/latest#:~:text=Ethnic%20group%20is%20a%20required%20piece%20of%20information,includ%20independent%20sector%20providers%2C%20to%20submit%20MHS%20data>.

³⁵ <http://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/pages/7/>

³⁶ The 2011 Census showed that 'White: Scottish' and 'White: Other British' households were the least likely to be overcrowded. The 'White: Polish' group had the highest rate of overcrowded households (30 per cent), followed by 'Bangladeshi' and 'African' households (both 28 per cent) ([Census 2011 Equality Results Analysis](#))

³⁷ [Analysis of deaths involving coronavirus \(COVID-19\) in Scotland, by ethnic group](#)

³⁸ <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/12-august-2020/>

	<p>knowledge and getting emotional and practical support. This could have been particularly beneficial when public health information was changing rapidly and translations may not have been able to keep pace.</p>
Disability	<p>Disabled people may have been more likely to be unable to leave their house or may have been more likely to feel more comfortable inside, and therefore may not have fully benefited from broader opportunities to meet outdoors.</p> <p>Although public toilets reopened, they were not open in all the places where they were normally available. They could have been open if they could be opened safely; and Scottish Government guidance was issued to support that.³⁹ This may have made it hard for some disabled people to spend time outside and away from their home.</p> <p>An increase in restrictions around meeting up with others could have led to a decreased risk of contracting COVID-19 for some disabled people. Of those who died with COVID-19 in March - July, 92% had at least one pre-existing condition. The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (31%), followed by ischaemic heart disease (13%).⁴⁰</p> <p>Social care support goes far beyond 'care visits' to encompass a wide and diverse mix of support, from community facilities to access to activities, help with shopping and involvement in local groups and interests to support people in leading full and independent lives as valued members of our society.</p> <p>Without rapidly changing information in accessible formats, information may not have been understood or have been more difficult to understand for some disabled people.</p>
Religion and Belief	<p>The relaxation of this measure earlier in Phase 3 would have particularly benefited Muslims, followed by Hindus, who were most likely to live in overcrowded households in 2011⁴¹. The increase to the number of people that could meet was positive for households who would have found it</p>

³⁹ <https://www.gov.scot/publications/coronavirus-covid-19-public-and-customer-toilets-guidance/pages/hygiene-measures/>

⁴⁰ The most common pre-existing condition was dementia and Alzheimer's disease (31% of all deaths involving COVID) followed by ischaemic heart disease (13%). Source: [Deaths involving coronavirus \(COVID-19\) in Scotland](#) (Week 32)

⁴¹ [Census 2011 Equality Results Analysis](#)

	<p>harder to meet up all together due to having larger households.</p> <p>This updated measure to reduce the numbers of people and households able to meet could have had a negative effect. The decrease to the number of people that could meet will have caused issues for households who found it harder to meet up all together due to having larger households.</p>
Sexual Orientation	<p>Inviting LGB people into the home may not have been an option for people who lived in a homophobic environment, so the opportunity for some to have met outside of their household may have been positive.</p>
Marriage and Civil Partnership	<p>No evidence of a differential impact identified at this time. Further information about civic celebrations is contained later in the document.</p>
Pregnancy and Maternity	<p>Being able to meet people outside the home may have provided some help to those who were the main carers, especially lone mothers (who account for the majority of lone parents).⁴²</p> <p>For women experiencing domestic abuse, which often starts in pregnancy⁴³, the ability to see more people outside the home may have alleviated the situation, gaining emotional and practical support from others, and support to access domestic abuse organisations. Reducing this access to support may have had a negative impact on a women's mental health.</p> <p>Allowing households with younger children to meet will have enabled mutual support and bonding, improving the mental health of the parents and the children. The opportunity for children aged 11 and under to play with friends without physical distancing may have reduced anxiety for those accompanying or supervising them during outdoor meetings. It is recognised that relaxations earlier in Phase 3 were more beneficial than the restrictions that were put in place on 10 September.</p>

⁴² Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). The vast majority of single parents are also women ([Household composition for specific groups of people in Scotland](#)).

⁴³ Nearly 60% of survivors using domestic abuse services are mothers and 1 in 15 are pregnant, according to latest Women's Aid report <https://www.womensaid.org.uk/nearly-60-of-survivors-using-domestic-abuse-services-are-mothers-and-1-in-15-are-pregnant-according-to-latest-womens-aid-report/>

	<p>Although public toilets were reopened, they were not open in all the places where they are normally available. They could have been open if they could be opened safely; and Scottish Government guidance was issued to support that.⁴⁴ This may have made it harder for those who were pregnant to spend time outside and away from their home, as well as those who were looking after small children who may have needed to use a toilet more regularly or with more urgency than adults.</p>
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>Any increase in risk of contracting COVID-19 due to the more relaxed measures on meeting up with others would have disproportionately affected people in the most deprived areas. Throughout the pandemic more cases and more COVID-19 related deaths have been identified in the more deprived areas.</p> <p>Although a level of deprivation does not directly lead to social isolation, as measured by the number of people meeting socially at least once a week, those living in the most deprived areas are almost twice as likely to experience feelings of loneliness as those living in the least deprived areas.⁴⁵</p> <p>People living in more deprived areas may be less likely to have private outdoor space, which could have restricted some of the benefits to them of this measure.</p> <p>The opportunity in Phase 2, and the further extension earlier in Phase 3, to meet more households in public outdoor spaces, and for some to form an extended household, may have made this less of a barrier to re-establishing social connections. The restrictions put in place on 10 September may have reduced the benefits experienced.</p> <p>Those living in more deprived areas are more likely to have longstanding illnesses. These people might have felt anxious about leaving home due to the increased risk of infection but also felt pressured to meet with others.⁴⁶</p> <p>Any decrease in risk of contracting COVID-19 due to the tightening of restrictions on meeting up with others may</p>

⁴⁴ <https://www.gov.scot/publications/coronavirus-covid-19-public-and-customer-toilets-guidance/pages/hygiene-measures/>

⁴⁵ [Scottish Household Survey 2018](#)

⁴⁶ [Scottish Health Survey 2018](#)

	<p>have positively affected people in the most deprived areas. In March and April, 3,200 deaths occurred among people living in the 20% most deprived areas compared with 2,042 in the least deprived areas.⁴⁷</p>
<p>Stakeholder Engagement</p> <p>No direct stakeholder consultation has taken place for this measure with decisions relating very specifically to health advice from the Advisory Group. However, data was examined across the protected characteristics to understand issues such as family size, numbers of children and multiple occupancy.</p>	
<p>Mitigations</p> <p>To promote the positive effects of this measure, as well as the later reduction of households and numbers of people meeting, extensive effort was put into communications through a range of media including broadcast and social media.</p> <p>This measure was amended through Phase 3 as the virus increased in transmission rate and the risk of infection therefore increased.</p> <p>This measure was targeted towards controlling the impacts from the loosening of restrictions from earlier phases of the Route Map. The changes were directed at the maximum number of people possible to protect those who are most at risk of the worst effects of the virus, and in greatest need of support.</p> <p>The new measures represented a necessary restriction to normal life with specific potential negative effects for some older people, disabled people, pregnant women and socio-economically disadvantaged people who were less able to make use of the outdoor provisions. However, actions were put in place to maximise the use of the outdoors, such as guidance on the safe opening of public and customer toilets during the coronavirus pandemic being published.⁴⁸</p> <p>The impact, particularly for older and disabled people, as well as lone parents had also been lessened by continuing to allow households to meet, with children under 12 not counted in the restricted numbers for meeting.</p>	

⁴⁷ [Deaths involving coronavirus \(COVID-19\) in Scotland: Week 19 report](#)

⁴⁸ <https://www.gov.scot/publications/coronavirus-covid-19-public-and-customer-toilets-guidance/>

1.2 Indoors

<p>Within this Phase, until the 10 September Route Map Review, the Phase 3 gathering rules were that a household could meet up to 2 other households at a time – up to 8 people in total. This included overnight stays (previously, it was not possible to meet people from another household indoors).</p> <p>From 10 September Review, there were revised social gathering rules - 6 people from up to 2 households could meet socially. This applied in all locations – for example at home, in hospitality or outdoors in a park or garden. Limited exemptions applied.</p> <p>With increasing infection rates linked to socialising, particularly in homes, from 25 September households were not able to visit another household indoors socially unless they were in an extended household or a non co-habiting couple. There were a few exceptions to this measure, for example, providing essential care. Under-12s did not count towards the maximum number of households.</p> <p>People were asked to limit as far as possible the total number of households they met in a day.</p>	
<p>General impacts of the measure</p>	<p>This measure was intended to reduce the impact of the restrictions on people meeting indoors. It aimed to make it easier to connect and be close to family and friends, and to maintain social networks. It may have been of particular benefit to mental health and wellbeing, allowing some social activities to take place in a more normal way.</p> <p>This measure represented a restriction on normal life, although not as impactful as the initial lockdown phase.</p> <p>The decrease in numbers for meeting up, introduced on 10 September, may have increased anxiety about having to choose between families and households, or making a choice about who can meet at certain times to stay within the socialising measures. At the same time the updated measures may have decreased the pressure to meet up for some people.</p> <p>If hygiene and distancing measures (FACTS)⁴⁹ are not followed, this could lead to an increased rate of infection.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	

⁴⁹ FACTS: F: Face coverings; A: Avoid crowded places; C: Clean your hands; T: Two metres distance; S: Self isolate and book a text if you have symptoms

<p>Age: Older People</p>	<p>Older people were more likely to be unable to leave their house or to feel most comfortable in home surroundings. They were able to meet slightly fewer friends or family at one time indoors.⁵⁰</p> <p>More generally, older people may have been at greater risk of social isolation and more likely to have hearing loss and vision issues impacting on their ability to e.g. communicate on the phone, listen to the radio, watch TV, etc. They will have taken enhanced physical distancing precautions but may have found it harder to distance if they couldn't hear or see very well. They were also less likely to use the internet/online communication (especially if aged 75 or older).</p> <p>The relaxing of restrictions earlier in Phase 3 could have increased the chances of older people contracting COVID-19. The tightening of restrictions through this Phase could have decreased the chances of older people contracting COVID-19. Figures showed that older people were more likely to be adversely affected by the virus.⁵¹</p> <p>Older people were more likely to be on the shielding list and therefore unable to have benefited from all of the relaxing of restrictions when they were first introduced.⁵²</p> <p>Those with health conditions may have felt more anxious about allowing people into their homes due to the increased risk of infection (although some older people needed to have carers in their homes daily due to having a health condition or impairment). They may have felt relief to be able to restrict the visitors indoors.⁵³ An older person might also not have been as able to access other public spaces due to mobility issues. However, some older people may have preferred to be allowed to have visitors and found it difficult to understand the difference to meeting someone in another location rather than at home.</p>
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⁵⁰ Adults in the oldest age group (75 and over) were far more likely than those in younger age groups to say that they had made no visits to the outdoors in the past 12 months, in 2018 ([Scottish Household Survey 2018](#))

⁵¹ See [Deaths involving COVID-19](#) and [COVID-19 statistical report](#)

⁵² [COVID-19 Statistical Report](#)

⁵³ [Scottish Health Survey 2018](#)

<p>Children and Young People</p>	<p>A Children's Rights and Wellbeing Impact Assessment (CRWIA) was published on 25 September⁵⁴, followed by another one on 12 October⁵⁵.</p> <p>This measure allowed children and younger people to maintain links with groups of friends. The relaxations earlier in Phase 3 may have reduced younger people feeling as limited in the number of social meetings that they could have had. The tightening of the measure may, however, have increased the possibility that younger people may have felt limited in the number of social meetings that they could have. This is important as younger people may have been at greatest risk of loneliness during the pandemic.</p> <p>The relaxation of the measure earlier in the Phase could have helped improve a child's wellbeing by giving them access to a wider range of relatives or family friends from another household. However, the tightened measure may have negatively affected a child's wellbeing by reducing their access to a range of young people, relatives or family friends from another household.⁵⁶</p> <p>Although there can be anxiety about peer pressure not to comply with distancing rules, this may have been reduced for some by maintaining the revised guidance making clear that children under 12 need not physically distance.⁵⁷</p>
<p>Sex: Men and Women</p> <p>Women</p>	<p>Single men and women may have felt more isolated, affecting their mental wellbeing.</p> <p>As women spend far more time on childcare than men,⁵⁸ ⁵⁹ there is a possibility that allowing meeting with other people may have allowed women to access support with</p>

⁵⁴ Coronavirus (COVID-19): impact of restrictions on children and young people: CRWIA stage 3 <https://www.gov.scot/publications/crwia-stage-3-impact-covid19-restrictions-children-young-people/>

⁵⁵ Coronavirus (COVID-19): restrictions on children and young people - CRWIA stage 3 <https://www.gov.scot/publications/crwia-stage-3-impact-covid19-restrictions-children-young-people-2/>

⁵⁶ [Online YouGov surveys](#) of adults in the UK carried out on 17-18 March and 2-3 April 2020 found that, at the time of the first survey, 10% said they had felt lonely in the previous 2 weeks because of coronavirus, rising to 24% by the time of the second survey. The equivalent figures for 16-24 year olds were 16% and 44%, respectively. We also know that before the pandemic, younger people were more likely than those in older age groups to meet socially with friends, relatives, neighbours or work colleagues at least once a week ([Scottish Household Survey 2018](#)).

⁵⁷ <http://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/pages/seeing-friends-and-family/>

⁵⁸ Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#))

⁵⁹ [Scotland's Labour Market: People, Places, and Regions - Statistics from the Annual Population Survey 2019](#)

	<p>caring and may also have helped with their economic position.⁶⁰ We know that the vast majority of part-time workers are women: in 2019, women aged 16+ accounted for three-quarters of part-time employment in Scotland.⁶¹</p> <p>Women are more likely than men to provide regular help or care for any sick, disabled or frail person and women are twice as likely to give up work to carry out unpaid care.⁶²</p> <p>Being allowed to meet other households indoors earlier in Phase 3 may have encouraged unpaid caring to resume to some extent in cases where the carer does not live with the person that they provided care for. Being allowed to meet fewer households indoors later in the Phase may have discouraged some physical unpaid caring. However, providing care was always permitted.</p> <p>Many unpaid carers have been providing more, rather than less, care compared to before lockdown and so for these people this measure might have also meant that they could have got more help from others with providing care.⁶³</p> <p>Being more able to make use of informal networks to share the work of unpaid caring (as well as childcare and other unpaid work) could have reduced pressures on women's time and made it easier for them to balance unpaid work with employment, as well as improving their wellbeing.</p> <p>For women experiencing domestic abuse, the ability to see more people inside the home may have alleviated the situation, helping them to gain emotional support from others, and offer more opportunities to seek support.</p> <p>Earlier in Phase 3 there were increased opportunities for women to make use of informal support networks. However, the tightening of this measure may have meant that women were less able to make use of informal networks to share this work. This may have increased pressures on their time and made it harder for them to balance unpaid work with employment, as well as impact on their wellbeing.</p>
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⁶⁰ <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

⁶¹ <https://www.gov.scot/publications/scotlands-labour-market-people-places-regions-statistics-annual-population-survey-2019/>

⁶² [Scottish Health Survey 2018](#)

⁶³ [Carers Scotland](#)

<p>Men</p>	<p>This measure may have helped women secure access to support networks and may have in turn helped them increase their economic activity which could have helped to advance equality of opportunity and help to foster good relations between people. However, the tightening of the measure may have acted as a barrier to women.</p> <p>Women are more likely than men to have longstanding illnesses.⁶⁴ Those with health conditions might have felt anxious about allowing people into their homes due to the increased risk of infection. With reduced visitor numbers, they may have felt less pressure to do so.⁶⁵</p> <p>Men are more likely to be the non-resident parent. Non-resident parents have always been able to continue co-parenting, moving the child between households. However, the more opportunities to meet indoors with a wider group of people is likely to have made it easier for non-resident parents who are men to include their relatives in their children’s activities, including celebrations. Reducing these opportunities may make some men feel more excluded from their children’s lives in a wider family context.</p> <p>Tighter restrictions could decrease the chances of men contracting COVID-19. Age-standardised death rates (adjusting for the age structure of the population) were almost 50% higher for men than for women (for deaths occurring in Scotland in April 2020) so measures took account of the higher risk to men of a COVID-19 related death. However, restrictions could further have impacted on men’s physical and mental wellbeing. This will have left some men feeling isolated, confined or frustrated in their homes.</p>
<p>Race</p>	<p>Feelings of loneliness are highest in single-occupier households⁶⁶ and people of ‘Black, Black Scottish or Black British’ ethnicity were most likely to be living alone at the time of the last census in 2011.⁶⁷ They may have particularly benefited from being able to meet up more easily with people from other households earlier in this phase. They may have therefore suffered from not being able to meet up as easily with people from other households due to the tightening of the measure.</p>

⁶⁴ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#))

⁶⁵ [Scottish Health Survey 2018](#)

⁶⁶ [Scottish Household Survey 2018](#)

⁶⁷ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

	<p>The earlier Phase 3 relaxing of restrictions around meeting up with others could have increased the chances of people contracting COVID-19. The tightening of restrictions from 10 September could have reduced that. Data shows that deaths amongst people in the South Asian ethnic group were almost twice as likely to involve COVID-19 in the period 12 March – 14 June as deaths in the White ethnic group, after accounting for age group, sex, area-level deprivation and urban rural classification.⁶⁸</p> <p>The prospect of being able to meet with a wider range of people and extended family indoors will have been most welcome in the early Phase 3 measure, particularly for people who find it harder to leave their home. The tightened measure may have negatively affected households of some ethnicities who will find it harder to meet up all together due to having larger households.</p> <p>The opportunity for other households to come into the home may have provided easier access to support for some who found it difficult to leave home. The tightened measure may have removed some access to support for some people who found it difficult to leave home. There is some evidence that minority ethnic groups may find it more difficult to access support. In 2018, 12.8% of minority ethnic households said that they did not have anyone in their neighbourhood that they could rely on to help.⁶⁹</p> <p>Some minority ethnic households may be overcrowded, which could make it difficult to meet inside with physical distancing. Those identifying as 'White: Polish', 'Bangladeshi' or 'African' were the most likely to live in overcrowded households in 2011.⁷⁰</p> <p>Some people may have found the tightening of restrictions harder; including Gypsy/Travellers living in cramped accommodation; seasonal migrants in communal accommodation; and asylum seekers and refugees in shared accommodation. During the early part of Phase 3 this measure may have made it easier for these groups to manage as they will have been able to go out and meet with others more often.</p>
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⁶⁸ [Analysis of deaths involving coronavirus \(COVID-19\) in Scotland by ethnic group](#)

⁶⁹ [Scottish Household Survey 2018](#)

⁷⁰ The 2011 Census showed that 'White: Scottish' and 'White: Other British' households were the least likely to be overcrowded. The 'White: Polish' group had the highest rate of overcrowded households (30 per cent), followed by 'Bangladeshi' and 'African' households (both 28 per cent) ([Census 2011 Equality Results Analysis](#))

	<p>In 2014-19, people from non-white minority ethnic groups were more likely to be in relative poverty after housing costs compared to those from the 'White - British' and 'White - Other' groups. Therefore, there may have been fuel poverty considerations for minority ethnic households who have to stay at home more. ⁷¹</p> <p>Without rapidly changing information in alternative language formats, information may not have been understood or have been more difficult to understand. For people for whom English is not their first or only language, the ability to take part in social meetings with other people who speak their preferred language would have been helpful for sharing knowledge and getting emotional and practical support during the loosening of restrictions. This would have been particularly beneficial when public health information was changing rapidly and translations were not able to keep pace.</p>
Disability	<p>Relaxation of restrictions around meeting up with others could have led to an increased risk of contracting COVID-19. This would have disproportionately affected some disabled people. Tightened restrictions around meeting up with others indoors could have led to a decreased risk of contracting COVID-19.</p> <p>Of those who died with COVID-19 in March - July, 92% had at least one pre-existing condition. The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (31%), followed by ischaemic heart disease (13%).⁷²</p> <p>Some disabled people may have been more likely to be unable to leave their house or feel comfortable in home surroundings. For those who may have had limited access to public facilities outdoors, they were able to meet a wider range of friends or family at one time earlier in Phase 3 but this was restricted more again to protect against the virus.</p> <p>This measure could still provide a range of sources of support for disabled people, in addition to the carers already permitted. This could have had a positive impact on mental wellbeing from reduced isolation while feeling more protected from the virus.</p>

⁷¹ ([Census 2011 Equality Results Analysis](#))

⁷² [Deaths involving coronavirus \(COVID-19\) in Scotland](#) Week 32

	<p>Those with health conditions might have felt anxious about allowing people into their homes due to the increased risk of infection, and may then have felt less pressure to do so as restrictions tightened.</p> <p>A higher proportion of disabled adults compared to non-disabled adults provide regular help or care for a sick, disabled or frail person.⁷³ Being allowed to meet people from other households indoors may have encouraged physical unpaid caring to resume to some extent in cases where the carer did not live with the person that they provided care and support for. This could have had both positive and negative impacts – It was always permitted to provide care and support, but carers may have felt worried or anxious about not being able to provide care and support.</p> <p>Many unpaid carers have been providing more, rather than less, care and support compared to before lockdown due to a shortage of available paid carers / personal assistants and support services. For these people the limited reopening of services and loosening of restrictions might have meant that they could get more help from others with providing this care and support in a disabled person's home.⁷⁴</p> <p>Without rapidly changing information available in accessible formats, information may not have been understood or been more difficult to understand for some disabled people.</p>
Religion and Belief	<p>Muslims, followed by Hindus, were most likely to live in overcrowded households in 2011 which could have made it difficult to meet other households inside, in line with the rules and with physical distancing.⁷⁵</p>
Sexual Orientation	<p>Inviting LGB people into the home may not have been an option for people who lived in a homophobic environment.</p> <p>The opportunity to attend informal social meetings with a wider range of friends in the earlier part of Phase 3, who could have offered support, will have been beneficial for an LGB person's mental health. This benefit will have been slightly reduced in the tightening of the measure for meeting indoors.</p>

⁷³ [Scottish Health Survey 2018](#)

⁷⁴ [Carers Scotland](#) and [Initial Findings of Inclusion Scotland's COVID-19 Survey](#)

⁷⁵ [Census 2011 Equality Results Analysis](#)

Marriage and Civil Partnership	No evidence of a differential impact identified at this time. Further information about civic celebrations is contained later in the document.
Pregnancy and Maternity	<p>The opportunity to attend informal social meetings with a wider range of friends in the earlier part of Phase 3, who could offer support, may have been beneficial for a pregnant woman's mental health.</p> <p>For women experiencing domestic abuse, which often starts in pregnancy⁷⁶, the ability to see more people inside the home may have alleviated the situation, gaining emotional and practical support from others, and support to access domestic abuse organisations. Reducing this access to support may have had a negative impact on a women's mental health.</p> <p>Being able to meet people from other households indoors, although numbers had been reduced during the tightening in Phase 3, may have provided some help to those who are the main carers for children, especially lone mothers (who account for the majority of lone parents).⁷⁷</p> <p>The opportunity for children aged 11 and under to play with friends without physically distancing indoors may have reduced anxiety for those supervising them.</p>
Gender Reassignment	The opportunity to attend informal social meetings with a wider range of friends in the earlier part of Phase 3, who could offer support, will have been beneficial for a trans person's mental health. This benefit will have been slightly reduced in the tightening of the measure for meeting indoors.
Socio-economic disadvantage: any people experiencing poverty	Although the level of deprivation does not directly lead to social isolation, as measured by the number of people meeting socially at least once a week, those living in the most deprived areas are almost twice as likely to experience feelings of loneliness as those living in the least deprived areas. ⁷⁸

⁷⁶ Nearly 60% of survivors using domestic abuse services are mothers and 1 in 15 are pregnant, according to latest Women's Aid report <https://www.womensaid.org.uk/nearly-60-of-survivors-using-domestic-abuse-services-are-mothers-and-1-in-15-are-pregnant-according-to-latest-womens-aid-report/>

⁷⁷ Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). The vast majority of single parents are also women ([Household composition for specific groups of people in Scotland](#)).

⁷⁸ [Scottish Household Survey 2018](#)

	<p>Any increase in risk of contracting COVID-19 due to relaxing restrictions on meeting up with others could have disproportionately affected people in the most deprived areas. In March and April, 3,200 deaths occurred among people living in the 20% most deprived areas compared with 2,042 in the least deprived areas.</p> <p>People living in more deprived areas may be less likely to have private outdoor space – the opportunity earlier in Phase 3 to continue to meet another household inside homes may have made this less of a barrier to re-establishing social connections.</p> <p>Those living in more deprived areas are more likely to have longstanding illnesses.⁷⁹ These people might have felt anxious about allowing people into their homes due to the increased risk of infection but either felt pressured to do so or may not have been given the option if visitors or other household members made the decision themselves. The reduction in numbers of households and people should have reduced this pressure, if it existed.</p> <p>A higher proportion of people living in the most deprived areas, compared to those living in the least deprived areas, provide regular help or care for another sick, disabled or frail person.⁸⁰ Being allowed to meet people from other households indoors may have encouraged physical unpaid caring in cases where the carer does not live with the person that they provide care for. Caring was always permitted, but some carers may have felt worried or anxious to enter a disabled person’s home.</p> <p>Many unpaid carers have been providing more, rather than less, care compared to before lockdown and so for these people the changes might also have meant that they could get more help from others with providing this care.⁸¹</p>
<p>Stakeholder Engagement</p> <p>No direct stakeholder consultation. However, existing data was examined across the range of protected characteristics to understand issues such as family size, numbers of children and multiple occupancy.</p>	

⁷⁹ [Scottish Health Survey 2018](#)

⁸⁰ [Scottish Health Survey 2018](#)

⁸¹ [Carers Scotland](#)

Mitigations

To promote the positive effects of this measure, extensive effort was put into communications through a range of media including broadcast and social media.

This measure was introduced only in Phase 3 of the Route Map. It has been amended through Phase 3 as the virus increased in transmission rate and the risk of infection therefore increased.

This measure is targeted towards mitigating the impacts for the maximum number of people possible, and broadening the positive impact from earlier Phases, for those who are most at risk of social isolation and in greatest need of support. It also provided some mitigating benefits for other measures taken during Phase 3 (for example in providing opportunities for indoor meetings for those for whom that is more suitable).

1.3 Non-cohabiting partners

<ul style="list-style-type: none"> Non-cohabiting partners, and any children under 18 in their households, can form extended households enabling them to meet without physical distancing. 	
<p>General impacts of the measure</p>	<p>The term “extended household” means two households that have chosen to be treated as a single household and do not already form part of another extended household.</p> <p>In Phases 1 and 2, extended households groups could only be formed by a person who lived alone (or a lone parent household where the children were under 18 years of age) and one other household. In Phase 3 an extended household could also be formed by any two people who are in a relationship but did not live together. Any children under 18 that either partner lives with would also be considered part of the extended household.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Children and Young People</p>	<p>In previous phases in the Route Map some children and young people whose parent was unable to form an extended household with their non-cohabiting partner would have had to physically distance from children of the other partner. This measure removed that requirement.</p> <p>The percentage of young adults (15 to 34) who live with their parents continued to increase in the UK, rising from 36% in 1996 to 40% in 2015.⁸² It is likely that many of these young people would be in non-cohabiting relationships and would have benefited from this measure.</p> <p>Disabled young people who need the support of both parents for a longer period than non-disabled young people, may not have benefitted fully from this measure if they were over 18. Likewise, looked after young people may have relied on more than one household for support until they were 21.⁸³</p>
<p>Older People</p>	<p>The tightening of restrictions around meeting up with others could have led to a decreased risk of contracting COVID-19. Of those who died with COVID-19 in March -</p>

⁸² https://webarchive.nationalarchives.gov.uk/20160106020640/http://www.ons.gov.uk/ons/dcp171778_422175.pdf

⁸³ Looked after children <https://www.gov.scot/policies/looked-after-children/children-leaving-care/#:~:text=Section%2067%20of%20The%20Children%20and%20Young%20People,they%20turn%2021.%20This%20is%20called%20Continuing%20Care> .

	<p>July, 92% had at least one pre-existing condition. The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (31%), followed by ischaemic heart disease (13%).⁸⁴</p>
<p>Sex: Men and Women</p> <p>Women</p>	<p>Single people may have felt less isolated, improving mental wellbeing, when the measure was introduced.</p> <p>As women spend far more time on childcare than men,⁸⁵ ⁸⁶ there is a possibility that allowing more people to form an extended household with a non-cohabiting partner will have allowed women to access additional support with caring and may also have helped with their economic position.⁸⁷ We know that the vast majority of part-time workers are women: in 2019, women aged 16+ accounted for three-quarters of part-time employment in Scotland.⁸⁸</p> <p>Women are more likely than men to have longstanding illnesses which may have limited their ability to go outdoors or to leave home.⁸⁹ The ability to form an extended household may have provided opportunities to meet with a partner or a partner's children without physical distancing indoors.</p>
Race	<p>Without information in alternative language formats, information on this measure may not have been understood or been more difficult to understand for people for whom English is not their first language.</p>
Disability	<p>The tightening of restrictions around meeting up with others could have led to a decreased risk of contracting COVID-19. This would have disproportionately affected some disabled people. Of those who died with COVID-19 in March - July, 92% had at least one pre-existing condition. The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (31%), followed by ischaemic heart disease (13%).⁹⁰</p>

⁸⁴ [Deaths involving coronavirus \(COVID-19\) in Scotland](#)

⁸⁵ Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#))

⁸⁶ [Scotland's Labour Market: People, Places, and Regions - Statistics from the Annual Population Survey 2019](#)

⁸⁷ <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

⁸⁸ <https://www.gov.scot/publications/scotlands-labour-market-people-places-regions-statistics-annual-population-survey-2019/>

⁸⁹ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#)).

⁹⁰ [Deaths involving coronavirus \(COVID-19\) in Scotland](#)

	<p>Some disabled people who may have been more likely to be at home, or felt comfortable in home surroundings, and who may have had limited access to public facilities outdoors, were able to form an extended household with a non-cohabiting partner. This would have enabled access to support and reduce feelings of isolation.</p> <p>Without information on this measure in accessible formats, information may not have been understood or been more difficult to understand for some disabled people.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	18% of families do not remain as a stable couple family throughout the first 5 years of a child's life. ⁹¹ This measure may have further helped non-cohabiting partners to interact with their children.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>94% of households in the least deprived areas with children (where the Growing Up In Scotland child was under 5) were stable couple families compared to 82% in most deprived areas so this relaxation may have benefited more households in the more deprived areas.</p> <p>The tightening of restrictions around meeting up with others could have led to a decreased risk of contracting COVID-19. This would have disproportionately affected some people in deprived communities. Of those who died with COVID-19 in March - July, 92% had at least one pre-existing condition.⁹²</p>
Stakeholder Engagement	No direct stakeholder consultation.
Mitigations	To promote the positive effects of this measure and advance equality, extensive effort was put into communications through a range of media including broadcast and social media. Communications were provided in accessible formats for disabled people, people who may not use English as

⁹¹ <https://www.gov.scot/publications/growing-up-scotland-change-early-childhood-impact-significant-events/pages/5/>

⁹² [Deaths involving coronavirus \(COVID-19\) in Scotland](#)

their first language, or may need some alternative format such as easy read.

This measure was introduced only in Phase 3 of the Route Map, when the virus had been suppressed and the risk of infection was therefore reduced. The changes to restrictions during Phase 3 around meeting other households did not affect this measure.

This measure was targeted towards mitigating the differential impacts on some non-cohabiting couples of measures in Phase 2. It delivered on a commitment made during Phase 2 to consider expansion of the opportunity to form extended households.

Getting Around

1.4 Public Transport Measures

<ul style="list-style-type: none"> • No restriction on travel in Scotland if acting in line with all other guidance which supports the Route Map. • Public transport continues to scale up to full services during this phase, as it has moved to a 1 metre physical distancing model, but will continue to have reduced capacity. • May be geographical differences depending on circumstances. <p>The EQFSIA Getting Around assessment considers the transport measures together rather than a measure by measure basis because capacity on the public transport system impacts on transport users' ability to travel in Scotland and vice versa; there may also be geographical differences.</p>	
<p>General impacts of the measure</p>	<p>The review of evidence undertaken in developing the National Transport Strategy⁹³ highlighted that the biggest barriers to transport for people who may have one or more of the protected characteristics are cost and accessibility and that COVID-19 will have affected those facing inequalities. Many people (women, disabled people, older people, minority ethnic communities and those on lower incomes) are reliant on public transport to access employment, education and key services including medical appointments. During lockdown, public transport has been limited and perceived as a high risk environment for catching and spreading the virus.</p> <p>Those in part-time or in low paid work may not have access to flexible working arrangements meaning that they will have to commute during peak times when transport is more crowded. Women, through a combination of childcare and working patterns, often make more complex journeys by public transport. Additionally, a number of people in low paid work (including many in healthcare, retail and service industries) are likely to be unable to work from home and therefore have no choice but to use public transport to continue accessing employment. This is particularly in the case of women where they comprise 72% of those working in public administration, education and health.⁹⁴ There is also significant segregation by occupational group with women</p>

⁹³ <https://www.transport.gov.scot/our-approach/national-transport-strategy/>

⁹⁴ <https://www.closesthegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>

	<p>dominating in the “five Cs”⁹⁵ comprising 77% of administrative and secretarial jobs, 83% of caring, leisure and other services jobs, and 66% of sales and customer service roles.⁹⁶</p> <p>Though the assessment focusses on users of transport, equalities issues around the disproportional impact of the virus will also impact on transport workers, particularly those who are dealing directly with the public. This will become increasingly relevant as capacity and use of public transport increases.</p> <p>In general, travel for island communities is more difficult.⁹⁷ This is due to a number of barriers including the need to use boats and planes to travel off island, physical distancing requirements that further limit these services and the general higher costs associated with these modes of transport. Access to healthcare is also more difficult for our island communities, and consideration must always be given to the fragility and limitations of island health services and the potential for them to become oversubscribed.</p> <p>There is potential for increased travel inter-island and between islands and the mainland, as islanders seek to visit and stay overnight with friends and family. Any continued restriction on separate households staying overnight would continue to impact on those islands without daily sailings to visit friends and family. Considerations should continue to be given for physical distancing on planes and ferries. Limited capacity on ferries (due to physical distancing requirements) may make it harder for islanders to visit family and friends in other households on the mainland and vice versa. The consultation process undertaken to develop the National Islands Plan confirmed that travel for island communities is more difficult. Additionally, the lack of infrastructure for walking and cycling routes further limit people’s ability to travel.⁹⁸</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	

⁹⁵ The “five Cs” refers to women’s concentration in five undervalued and low-paid occupations: clerical (admin), cleaning, care, catering, and cashiering (retail).

⁹⁶ <https://www.closesthegap.org.uk/content/resources/Disproportionate-Disruption--The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>

⁹⁷ [National Islands Plan and Islands Communities Impact Assessment consultation](#)

⁹⁸ The full reports from the consultation process can be seen here: <https://www.strath.ac.uk/research/strathclydecentreenvironmentallawgovernance/ourwork/research/labsincubators/eilean/islandsscotlandact/consultations/>

<p>Age: Older People</p>	<p>The Transport Scotland Public Attitudes Survey on COVID-19⁹⁹ show that currently a higher proportion of those aged 65 or over have not left their house in the past seven days. The Scottish Government Dialogue Platform¹⁰⁰ highlighted that fear of being able to maintain physical distancing may dissuade older and higher risk people from leaving the house. This is likely to continue despite the reduction from 2 metres to 1 metre as restrictions change and more people are making trips.</p> <p>Likewise, for a paid Support Worker or Personal Assistant, or unpaid carer, traveling by public transport may not be a preferred option if they have an underlying health condition or if the older person that they support does not want to risk cross infection from public transport being brought in to their home.</p> <p>However, the general easing of restrictions in Phrase 3 will have gone some way to addressing the increased levels of isolation experienced by older people. Analysis of the Scottish Government Dialogue Platform suggested that a large number of older respondents and respondents with elderly family members reported higher levels of isolation experienced by older people as a result of lockdown, highlighting that this was partly due to being unable to go outside for walking or cycling.</p> <p>Islands have a significantly older population demographic than that of the mainland, with a potentially higher number of residents having been shielding. Further difficulties arise in that many older people are separated from their families by a ferry journey, with timetables greatly reduced and physical distancing requirements placing additional pressure on vessel capacity.¹⁰¹</p>
<p>Children and Young People</p>	<p>With the expected rise in youth unemployment and the likelihood that young people, particularly in rural areas, will need to travel more and further in order to access employment and education – the easing of travel restrictions may enable greater opportunity to do so.</p> <p>Though the distance to be observed on public transport has reduced from 2 metres to 1 metre, physical distancing</p>

⁹⁹ <https://www.transport.gov.scot/publication/covid-19-public-attitudes-survey-data-wave-6/>

¹⁰⁰ <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-overview-public-engagement/pages/13/>

¹⁰¹ <https://www.scottish-islands-federation.co.uk/island-statistics/#:~:text=The%20majority%20of%20Scottish%20islanders,highest%20percentages%20of%20younger%20islanders.>

	<p>is remaining in place and public transport capacity will continue to be constrained. A higher proportion of younger people rely on public transport to access education and employment and are likely to be impacted by the restricted capacity.</p> <p>Feelings of isolation may be more prevalent due to living in small, remote communities. The higher cost and restrictions of public transport also make it more likely that young people on islands are adversely affected by the current restrictions. The National Islands Plan provides further information.¹⁰²</p> <p>In remote and rural areas car sharing trips are more common, particularly for children and younger people where public transport is more infrequent or does not run. As this car sharing relies on private transport provided by adults of different households, with passengers from different households, younger people and children will be more restricted in accessing amenities and social activities, e.g. organised sports groups.</p> <p>In developing the National Transport Strategy, it was established that over 1 million Scottish people were living in relative poverty each year, including almost 25% of children.¹⁰³ Research also showed that over 1 million people in Scotland also live in areas that are at risk of transport poverty.¹⁰⁴ Poverty (and transport poverty, including child poverty) looks set to worsen as we emerge from the pandemic particularly where transport operators change services in order to recover financially.</p>
<p>Sex: Women</p>	<p>The Transport Scotland Public Attitudes Survey on COVID-19 has shown a consistently high level of concern about using public transport due to the risk of transmission of the virus.¹⁰⁵ The easing of restrictions on travel may raise anxiety as people look to use public transport again. We currently know that disease outbreaks affect men and women differently. We know that COVID-19 is of particular risk to older people and those with underlying health conditions. Nine in ten (90%) of deaths involving COVID-19 in Scotland have been among those aged 65+. Two-fifths (43%) have been among those aged 85+.¹⁰⁶ We also know that women are more likely to fall into these</p>

¹⁰² <https://www.gov.scot/publications/national-plan-scotlands-islands/>

¹⁰³ <https://www.gov.scot/publications/poverty-income-inequality-scotland-2016-19/pages/3/>

¹⁰⁴ <https://www.sustrans.org.uk/our-blog/research/all-themes/all/transport-poverty-in-scotland>

¹⁰⁵ <https://www.transport.gov.scot/publication/covid-19-public-attitudes-survey-data-wave-5/>

¹⁰⁶ [Deaths involving coronavirus \(COVID-19\) in Scotland](#)

	<p>groups – women constitute a larger proportion of older people and more women than men in Scotland live with a long-term health condition.¹⁰⁷ Women are more likely to rely on public transport, to take less direct journey patterns, and public transport use is noted as an aggravating risk factor.¹⁰⁸</p> <p>The plans to stagger travel times and working times alongside mitigation measures that have been put in place by public transport operators will go some way in addressing these anxieties. However, women are more likely to make multi-stop and multi-purpose trips, known as ‘trip-chaining’, combining travel to work with trips for other purposes e.g. caring responsibilities; taking children to school. This means that there may be complexities around the staggering of times for employment and education (especially as schools and ELC have re-opened) and how this will impact on the time of day people travel.</p> <p>With regards to the retail sector, employees in this area will find it harder to stagger start times (as staff will be needed to be in the premises at opening times). Therefore, the higher proportion of women employed in this sector will be disproportionately impacted by needing to travel at peak times.</p> <p>The National Islands Plan¹⁰⁹ highlights that local access to services was an important issue for many women who reported having to travel long distances for appointments. In island communities, there was a desire to have as much care as possible provided locally, although women did recognise the need to ensure that services were safe and sustainable. Travel challenges leading to lengthy periods away from home were particularly difficult for families with children or caring responsibilities.</p>
Men	No evidence of a differential impact identified at this time.
Race	Calls to the Equality and Advisory Support Service ¹¹⁰ have highlighted abuse against people of certain nationalities or from minority ethnic communities (including Chinese and Italian people), in which they were blamed for the onset or spread of the coronavirus. A study of racist attacks on people of Chinese heritage across the UK provides further

¹⁰⁷ [The Scottish Government \(2018\) Scottish Health Survey](#)

¹⁰⁸ [Engender Briefing: Women and COVID-19](#)

¹⁰⁹ <https://www.gov.scot/publications/national-plan-scotlands-islands/>

¹¹⁰ <https://www.equalityadvisoryservice.com/>

	<p>evidence of this.¹¹¹ It has also been reported that Scottish Gypsy Travellers have been targeted after being wrongly believed to have ignored physical distancing measures.¹¹²</p> <p>We already know from developing the National Transport Strategy that public transport can provide a space in which perpetrators can target violence or threat of violence at certain groups of society and as we move through the pandemic we should be mindful of the increase in discrimination resulting from a variety of recent international events.</p> <p>The relaxing of measures for public transport may place families from some minority ethnic backgrounds at higher risk from COVID 19 due to disproportionate impact the virus has on them, so potentially more at risk.</p> <p>When timetables are changed as restrictions change, for some people, for whom English is not their first language, they may not be aware of the changes if the information is not in a suitable language or an interpreter available to provide updated information.</p>
Disability	<p>Analysis of the Scottish Government Dialogue Platform shows that fear of being unable to maintain physical distancing may dissuade disabled people and people at higher risk from leaving their homes. This is likely to be heightened despite the reduction on the distance to be observed on public transport from 2 metres to 1 metre.</p> <p>Data from a survey of disabled people undertaken by Disability Equality Scotland shows that 99% of respondents had concerns over physical distancing.¹¹³ The need for physical distancing on board public transport is making it more difficult for disabled people to travel due to fewer seats overall, including fewer accessible seats and spaces for wheelchairs. The reduction in the distance to be observed on public transport from 2 metres to 1 metre may ease this, although it is likely there will still be difficulty for disabled people to travel given reduced capacity.</p> <p>Likewise, for a paid Support Worker or Personal Assistant, or unpaid carer, traveling by public transport may not be a</p>

¹¹¹ <https://www.transport.gov.scot/media/47709/the-impact-of-the-covid19-pandemic-on-equalities-and-human-rights-macs-response-to-scottish-parliament-call-for-evidence.pdf>

¹¹² <https://www.transport.gov.scot/media/47709/the-impact-of-the-covid19-pandemic-on-equalities-and-human-rights-macs-response-to-scottish-parliament-call-for-evidence.pdf>

¹¹³ <https://yoursayondisability.scot/weekly-poll-results-covid-19-physical-distancing-week-beginning-25-may/>

	<p>preferred option if they have an underlying health condition or if the disabled person that they support does not want to risk cross infection from public transport being brought in to their home.</p> <p>The need for physical distancing on board ferries and buses may also be making it more difficult for disabled people to travel due to less access to the accessible seats on board. The fragility and limitations of our island health services must also be considered as disabled people with underlying health conditions will be more at risk from complications of the virus. The National Islands Plan recognises that for some islanders rurality exacerbates inequality already experienced on account of disability.¹¹⁴</p> <p>For some remote and rural communities specialist health services are provided in health authorities outwith their Health and Social Care Partnership area, or some miles travel away, where they might rely on planes and ferries to access specialist services. Some people with underlying health conditions may then decide not to undertake appointments, tests and treatments as a result of the travel involved. This may apply to the person accessing the service or their unpaid carer.</p> <p>For some disabled people, e.g. autistic people, the changing timetables of the public transport that they use can add distress and confusion.</p> <p>When timetables are changed as restrictions change, for some disabled people with limited literacy skills, they may not be aware of the changes if the information is not presented in accessible formats, or through regular support staff.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	Most pregnant women have no option but to attend some health appointments in hospitals and clinics. They may therefore feel particular stress and concern at having to use public transport to access health facilities. Although

¹¹⁴ <https://www.gov.scot/publications/national-plan-scotlands-islands/>

	<p>there is no evidence of additional risk from being pregnant, the advice as a precaution, is that pregnant women are treated as more at risk. There was evidence of the need for increased considerations for shielding pregnant women or women from minority ethnic groups who are more at risk.¹¹⁵</p>
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>Prior to the pandemic we already knew that between 2015 and 2018 over 1 million people in Scotland were living in relative poverty each year, including almost 25% of children.¹¹⁶ In addition to this, research also showed that over 1 million people in Scotland also live in areas that are at risk of transport poverty.¹¹⁷ People in low income households are more likely to travel by bus, while those in higher income households are more likely to use a car. 41% of people living in a household with an annual income of less than £10,000 use a bus at least once per week, compared to 15% of people living in a household with an annual income greater than £50,000.¹¹⁸</p> <p>We know from travel trend data that usage of public transport currently is low across the country.¹¹⁹ Feedback from members of the public to the Transport Scotland Dialogue Tool¹²⁰ suggests that people who lack access to private transport will have little choice but to travel by public transport. Some respondents have, therefore, stressed that it is those living in poverty who will be most at risk of the virus within the transport system.</p> <p>Though physical distancing on public transport has reduced from 2 metres to 1 metre, public transport capacity will continue to be constrained while it remains in place. Those with lower car ownership levels are more likely to rely on public transport to access education, employment and other services/activities and are therefore likely to be impacted by this restricted capacity.</p> <p>On islands, we know from the extensive consultation exercise that was undertaken to inform the National</p>

¹¹⁵ Coronavirus infection and pregnancy <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy>

¹¹⁶ [Poverty and Income Inequality in Scotland: 2015-2018, Scottish Government, 2019](#)

¹¹⁷ Sustrans define this as people who are deemed to be at risk of transport poverty when they don't have access to essential services or work due to limited affordable transport options.

¹¹⁸ [Transport and Travel in Scotland, 2018, Table 28](#)

¹¹⁹ <https://www.transport.gov.scot/publication/covid-19-transport-trend-data-20-26-july-2020/>

¹²⁰ <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-overview-public-engagement/pages/13/>

	<p>Islands Plan that sustainable travel options are limited and tend to be more expensive, which negatively affects those that do not own a vehicle. The issue of fuel poverty also contributes as those experiencing socio-economic disadvantage have less disposable income to use on the limited public transport that is available. Poor digital connectivity on some islands and remote rural mainland communities may continue to make home-working, access to online information and health appointments, and home-schooling more challenging.</p>
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Stakeholder Engagement

There has been significant engagement across the transport sector and close working with local authorities since the start of the crisis. Transport Scotland remain committed to working with a range of stakeholders – transport operators, passengers, Local Authorities, Regional Transport Partnerships (RTPs), representative bodies and third sector, education, health and business – to inform the easing of restrictions and manage demand for transport based on the evidence we gather.

We have established the Transport Transition Plan National Advisory Group with the purpose being 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 Groups, Mobility and Access Committee for Scotland (MACS), business umbrella groups and academics. We are also engaging others to assist us in the consideration of commitments on Climate Change and reducing inequalities.

We have also established the Transport Scotland Equality Network to engage and seek evidence to inform the iterative Transport Transition Plan¹²¹ and the Equalities Impact Assessment and Fairer Scotland Duty Assessment processes. Membership of the network includes the Poverty and Inequality Commission, Poverty Alliance, Equality and Human Rights Commission, MACS, Disability Equality Scotland, Young Scot, Engender, Age Scotland and we have also reached out to BEMIS to invite them to be members of the group.

In addition, at an operational level, we are engaging with local authorities in South East Scotland and the Glasgow City Region, due to the scale of the public transport challenge in these areas and the requirement for joined up working to manage the interactions between the strategic and local transport networks during the transition.

There are also challenges in rural areas, other cities and areas of the country. We will continue to take account of regional differences as recognised in the National Islands Plan, and in line with the requirements

¹²¹ <https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/>

within the Islands (Scotland) Act 2018, we will continue to engage with partners, recognising the importance of the transport system in supporting our island communities as we transition out of lockdown and in particular, the role of ferry and air services to overall journeys.

We will continue to identify common issues through the National Advisory Group and work closely with Local Government as Local Authorities and RTPs in turn continue to work across boundaries.

The extensive consultation exercise¹²² that was undertaken to inform the National Islands Plan highlighted many of the issues mentioned above. Additionally, we are in regular contact with our island communities and island community stakeholders who update us on COVID-19 related issues.

Mitigations

Transport Scotland has developed a Transport Transition Plan to keep the public in Scotland safe when travelling during the COVID-19 pandemic. The plan informs passengers about when and how to safely access public transport, support the management of travel demand, reinforcing broader messages on physical distancing, staying local and discouraging unnecessary travel, sustaining behavioural changes, encouraging active travel options and staggering journeys to avoid peak times, and informs passengers and road users of busy areas and time to encourage alternative choices. This will help to mitigate issues of reduced capacity on public transport that may impact negatively on some groups such as younger people, women and those living in poverty who rely more on public transport to access education and employment than others. It will also help to mitigate issues of limitations on access to public transport caused by reduced capacity and fear of being able to observe physical distancing measures. This is a particular issue for disabled people.

Guidance has been issued on car sharing (in private vehicles) and whilst it is recommended that individuals should only travel with members of their own, or extended, household. It is recognised that there may be occasions when there is no alternative but to travel with people from out with the household. For such instances, safe travel guidance has been published to assist.¹²³ For private hire vehicles and taxis, separate guidance is available¹²⁴, as has guidance on travelling in a vehicle as part of an individual's job or business.¹²⁵

In addition to this, as part of the work involving the Transport Transition Plan, we are taking forward statutory impact assessments (including

¹²²<https://www.strath.ac.uk/research/strathclydecentreenvironmentallawgovernance/ourwork/research/labsincubators/eilean/islandsscotlandact/consultations/>

¹²³ <https://www.transport.gov.scot/travelling-during-covid-19/advice-on-car-and-vehicle-sharing/>

¹²⁴ <https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/advice-on-how-to-travel-safely/#section-63887>

¹²⁵ <https://www.gov.scot/publications/coronavirus-covid-19-general-guidance-for-safer-workplaces/pages/workforce-planning-and-support/>

Equalities Impact Assessment, Fairer Scotland Duty Assessment, and Child Rights and Wellbeing Impact Assessment) which will inform the Transport Transition Plan. This will assist us in strengthening our evidence base and understanding of the transport challenges arising from the pandemic and ensure that our developing policies take due consideration of their impact. The fluidity of the circumstances around the pandemic and the easing of lockdown dictated that policy and practice decisions happen at an unprecedented pace and the development of these assessments will be carried out in conjunction with the iterative process.

Contained within the Transport Transition Plan is Guidance for operators and Guidance to assist the public to travel safely during the COVID-19 pandemic, which was produced following engagement and remains under regular review with engagement on any significant changes.

This will help to keep transport users and operators informed about how to use public transport safely and help to allay health fears about using public transport which are a particular concern for older people and women. It may also help to limit any increase in discriminatory behaviour as a result of COVID-19, which evidence suggests is a particular issue for disabled people with regard to public transport use, and minority ethnic groups more generally.

We will also continue to take account of regional differences as recognised in the National Islands Plan and, in line with the Islands (Scotland) Act 2018, we will continue to engage with partners, recognising the importance of the transport system in supporting our island communities as we transition out of lockdown and, in particular, the role of ferry and air services to overall journeys.

Work continues to be ongoing across the Scottish Government to take the following mitigating actions into consideration:

- If more people are permitted to travel, and space on ferries remains limited, consideration must be given as to how to 'protect space' for islanders to travel for essential reasons such as business, hospital and dentist appointments, animal sales, work, school, getting critical supplies etc. In addition to opening up the booking window to provide islanders with long term certainty, CalMac are holding some turn up and go tickets which are likely to be of more use to island residents.
- Where possible, arrangements for essential travel should be considered in collaboration with ferry providers.¹²⁶
- Consideration should also be given to those children who usually stay in hostels during the school week, and how accommodation and travel for these children can be prioritised while ferry capacity is reduced because of physical distancing requirements.

¹²⁶ Priority booking for essential travel cannot be done via any existing contract with ferry providers.

- The guidance for remote working to be the default position for ‘those who can’ must take into consideration those who do not have an appropriate level of digital connectivity to allow them to undertake their work from home.
- As health services gradually resume, consideration should be given to ensure equality of access and services between mainland and island communities. This can be specifically related to the likelihood of extensive travel across different modes of public transport for island residents to receive chronic disease management, and whether there are enough on-island staff to support an increased number of home visits, or whether transport to and from rented accommodation on islands is required to support an increase in the health professionals to ensure equality.

The significant engagement activity undertaken outlined above to inform the easing of restrictions and manage demand for transport based on the evidence we gather through the development of the Transport Transition Plan, is ensuring that we continue to foster and develop good relations with our key stakeholders, many of whom represent and communicate the views of equalities groups.

The guidance for operators includes that as part of their assessment they should ensure compliance with their legal duties with regard to relevant equality legislation; that training for staff to keep staff and passengers updated on the latest advice should take account of the needs of accessibility and assistance needs; and communication to passengers should take account of the needs of those with protected characteristics including disabled people and people who have additional communication needs.

The Transport Transition Plan informs passengers about when and how to safely access public transport, support the management of travel demand, reinforcing broader messages on physical distancing, staying local and discouraging unnecessary travel, sustaining behavioural changes, encouraging active travel options and staggering journeys to avoid peak times, and informs passengers and road users of busy areas and times to encourage alternative choices. This may help to mitigate issues of reduced capacity for those in low income households who are more likely to travel by some forms of public transport (e.g. bus) to access education, employment and other services/activities, and have less access to a car.

The Transport Transition Plan intends to provide transport users (and operators) with as much information and advice as possible to make using public, private and active travel modes as safe and accessible as possible. This includes those from disadvantaged groups to ensure that they can access transport at the same level as others.

An interim update on the findings from the consultation and engagement undertaken to support the Transport Transition assessments, as the final

assessments will remain live and dynamic until the Transport Transition Plan is closed off, was published on 12 October 2020.¹²⁷

¹²⁷ <https://www.transport.gov.scot/publication/transport-transition-eqia-interim-update-september-2020/>

Getting Around

1.5 Motorcycle and driving lessons

<ul style="list-style-type: none"> • Motorcycle instruction and theory/hazard tests can resume. Tractor driver instruction can resume. • Driving Lessons can resume. (Note: Testing - including hazard and theory testing - is a reserved matter, managed by the Driving and Vehicles Standards Agency (DVSA).¹²⁸ 	
<p>General impacts of the measure</p>	<p>Motorcycle lessons were permitted to resume from 22 July. Training and practical testing for motorcycle learners are conducted with each learner using an individual vehicle which is observed by the instructor either standing or from a separate vehicle allowing physical distancing to be observed.</p> <p>The resumption of driving lessons took place on 24 August. These were unable to resume at the same stage as motorcycle lessons due to the inability to physically distance inside a car during a lesson. Both the learner and instructor must sit in the front, with the instructor able to gain access to the steering wheel.</p> <p>Some lessons and testing have been allowed to continue throughout lockdown for applicable key workers.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>People can start driving from 17 years of age. Due to the inability to physically distance by 2 metres, guidance, as it relates to conducting a driving lesson, may have an impact/disadvantage on the basis of age, particularly for those aged 70 or older. Those over 70 are considered at higher risk and should stringently follow physical distancing measures.</p>
<p>Children and Young People</p>	<p>The age from which you can obtain a motorcycle licence depends on licence category. AM (moped-only) licences can be obtained from age 16, A1 from age 17, A2 from age 19 and A from age 24, (unless you have held an A2 licence for a minimum of 2 years, in which case you can obtain a licence from the age of 21). Published guidance,</p>

¹²⁸ <https://www.gov.uk/government/organisations/driver-and-vehicle-standards-agency>

	as it relates to conducting a motorcycle lesson, has no known impact/disadvantage on the basis of age. ¹²⁹
Sex: Men and Women	<p>The balance between instructors who are women and who are men in Scotland is unknown, as is the total split of the number of learners. However figures are available for the split between women and men in testing across Great Britain.</p> <p>Between April 2019 and March 2020 there were 1,599,566 driving tests, with 52% of tests being taken by women. During the same time period, 51,921 module one motorcycle tests and 50,993 module two motorcycle tests were carried out. 89% in module one and 92% in module two were taken by men.</p>
Women	Menopausal women who suffer from hot flushes may be impacted by the use of face coverings, plastic seat coverings, gloves, etc. General advice is for a well ventilated vehicle, however depending on air conditioning and weather conditions, the impact could vary.
Men	While it is unlikely that resumption or guidance will have a bearing on these figures, there is the potential for a more positive impact for men as a result of motorcycle lessons resuming ahead of driving lessons.
Race	The inability to physically distance 2m during driving lessons may have an impact on the basis of race, particularly as minority ethnic groups are considered to be at a larger risk of getting COVID-19 when compared to white ethnic groups. Instructors or learners who wear head coverings or have long beards may have difficulties in wearing a face covering.
Disability	Due to the wearing of face coverings inside the car, guidance as it relates to conducting a lesson may have an impact/disadvantage on the basis of disability, particularly for those that are hard of hearing. Other medical conditions that could be impacted by the need to wear a face covering include those who suffer from asthma, claustrophobia or COPD.
Religion and Belief	Instructors or learners wearing turbans, hijabs, or have long beards may have difficulties in wearing a face covering. Learners wearing a face veil may have to remove this for ID purposes outside the vehicle and therefore in a more open environment. Some instructors

¹²⁹ <https://www.gov.scot/publications/coronavirus-covid-19-vehicle-lessons/>

	and learners may refuse to use alcohol-based hand sanitiser or wipes.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	Pregnant instructors and learners would be expected to follow physical distancing guidelines, which would not be possible under current guidance for driving lessons. Instructors or learners whose partner is pregnant may not wish to take part as a result of their inability to physically distance.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	No evidence of a differential impact identified at this time.
Stakeholder Engagement	
Engagement with Driving and Vehicle Standards Agency, Transport Scotland, health officials and industry bodies on guidance and its impact on instructors and learners was sought throughout the process.	
Mitigations	
<p>On 27th July, the Scottish Government published <u>guidance</u>^{130 131} on vehicle lessons, with a focus on motorcycle lessons that resumed on the 22 July. An updated version has been published to coincide with the return to work for driving instructors. The guidance was developed with input from the DVSA, industry bodies, Health Protection Scotland and Scottish Government Legal Directorate to ensure the latest guidance and advice was available to instructors and learners.</p> <p>This includes where to get the relevant advice to carry out a risk assessment, how to adhere to the test of protect guidance, workforce planning and how to protect those who are at higher risk.</p> <p>Mitigations include advising that face coverings are worn at all times and as much of the lesson as possible is conducted outside of the vehicle. This includes meet and greet, goal setting, and discussions regarding specific driving scenarios. It is also advises that any viewing of documents, such as</p>	

¹³⁰ <https://www.gov.scot/publications/coronavirus-covid-19-vehicle-lessons/>

¹³¹ <https://www.gov.scot/news/help-for-childcare-providers/>

reviewing driving licenses and showing of notes, are completed without handling the licence.

Driving instructors are advised that cars are to be cleaned before and after each lesson. Cleaning may also take place during the lesson if instructor has to touch parts of the car the learner is expected to use.

The use of screens between driver and passenger is not advised as they can prevent the instructor for taking actions in the event of an emergency, or prevent quick exit in the event of a crash.

Schools, Childcare and other Educational Settings

1.6 Schools

<ul style="list-style-type: none"> From 11 August: Children were able to return to school full time. The blended model of schooling remains a contingency plan. 	
<p>General impacts of the measure</p>	<p>Schools across Scotland reopened from 11 August 2020. This is in line with guidance published on 30 July to support a safe return to school for all children, young people and staff.¹³² This takes into account the latest scientific advice available from the COVID-19 Advisory Sub-Group on Education and Children’s Issues and recognises that ‘blended learning’ has been prepared for and remains a contingency plan, should it be required.</p> <p>A full impact assessment¹³³ and Children’s rights and wellbeing impact assessment¹³⁴ are both available online and consider the decision to close and reopen schools.</p> <p>The full-time reopening of schools from August is expected to have had and continue to have a positive impact on most children and families. Children are able to continue with their learning in a routine that they had previously grown used to, allowing greater scope for parents and carers to return to paid employment. Concerns remain about the ability to make up for lost learning due to school closures for all pupils, but particularly for those more at risk (e.g. socio-economically disadvantaged or disabled children). There may be ongoing concerns about the health and safety of pupils and staff, depending on individual circumstances, local case outbreaks and the scientific analysis available at the time. The COVID-19 Education Recovery Group (CERG) continues to work with key advisers to support local authorities and school leaders during the COVID-19 response.</p> <p>While there are many anecdotal reports of pupils embracing the return to school, it is expected that some children and young people will also have experienced anxiety at the start of term. Coupled with the effects of school closures, there may be an increase in children and young people experiencing poor mental health and</p>

¹³² <https://www.gov.scot/publications/coronavirus-covid-19-guidance-preparing-start-new-school-term-august-2020/>

¹³³ <https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-reopening-schools-early-learning-childcare-settings-initial-impact-assessment/pages/1/>

¹³⁴ <https://www.gov.scot/publications/childrens-rights-wellbeing-impact-assessment-closure-reopening-schools-part-covid-19-recovery-process-scotland/>

	<p>wellbeing as a consequence of the pandemic. In some cases there may also be increased experience of domestic abuse or increased child protection concerns. Children and young people may take some time to disclose these issues and therefore there will be a need to continue sustained support for children and young people’s wellbeing for some time.</p> <p>If schools were required to implement a blended learning model, at a national or local level, the lack of access to a full-time face-to-face learning environment is expected to be less than optimal in some cases, due for example to individual staff or student circumstances or the subject matter being taught. For example, remote, online learning and teaching is more achievable for information-based subjects than those with a practical component. It also depends on staff and students having access to a suitable device, having access to the internet through wifi or a reasonable amount of data as well as having the skills and knowledge to either teach or learn through this medium.</p> <p>Gaelic medium education (GME) is a distinct sector within Scottish education and aspires to provide a 3-18 education. The nature of GME is clearly described in the Statutory Guidance on Gaelic Education. GME has much in common with the protected characteristics of standard equality considerations and GME also features prominently in the National Islands Plan. It is, however, important to recognise that the issues relating to GME are wider than an island impact context and GME issues will overlap with other areas such as children’s rights or equality.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Re-opening schools full-time will have impacted school staff, and it is recognised that older school staff may be more likely to have been shielding or to have concerns around physical distancing due to health conditions than their younger counterparts. A quarter of the teaching workforce are over the age of 50, and around one in twenty are over the age of 60.</p> <p>Around 1 in 5 keyworker families would generally use informal childcare by grandparents. During the COVID-19 lockdown, many keyworkers continued to use</p>

<p>Children and Young People</p>	<p>grandparents to provide childcare indicating that they felt this was safer than using formal childcare provision¹³⁵.</p> <p>Older carers (e.g. grandparent kinship carers) may be continuing to take extra measures to protect themselves from the virus and so be unable to (or choose not to) send their children to childcare. Older people are less likely to have internet access, which would impact online learning options or access to online support or play suggestions. In island communities there is generally a higher age demographic, when compared to mainland locations, in some locations this is further compounded by comparatively poor digital connectivity.</p> <p>A return to full-time in-school education is expected to continue to have a positive impact for most children and young people, as the Children’s Parliament <i>How are you Doing?</i> wellbeing survey published on 1 May 2020, shows that being indoors and learning at home has had a negative impact on the physical and mental wellbeing of children overall.¹³⁶</p> <p>However, there may be certain age groups that have found the return more challenging than others. This could include pupils transitioning to a new stage e.g. P1, S1, or onto college or university, and who may have missed out on induction steps that previous year groups have been afforded.</p> <p>Despite the measures taken to reduce the negative impact of home learning where possible, it is expected that there will be some learning loss for all age groups due to schools closures. However, the pressure to ‘catch-up’ may be felt more by some age groups than others. This could particularly impact those in the senior phase preparing for exams and qualifications. The <i>Lockdown Lowdown</i>¹³⁷ survey captured young people’s views from across Scotland and highlighted concerns relating to the impact school closures were having, particularly regarding exams, coursework and physical and mental wellbeing.</p> <p>Most children will now be benefiting from the interaction with their peer groups and specialist educational staff. This will reduce feelings of isolation and help children reach</p>
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¹³⁵ <https://www.ifs.org.uk/publications/14788>

¹³⁶ [https://www.childrensparliament.org.uk/wp-content/uploads/How are you doing Results April May 2020 Childrens Parliament-Updated.pdf](https://www.childrensparliament.org.uk/wp-content/uploads/How%20are%20you%20doing%20Results%20April%20May%202020%20Childrens%20Parliament-Updated.pdf)

¹³⁷ <https://www.youthlinkscotland.org/news/april-2020/lockdown-lowdown-what-young-people-in-scotland-think-about-covid-19/>

	<p>expected milestones for their age and stage of development.</p> <p>For children in unsafe home environments there will be some relief from the Adverse Childhood Experiences (ACE)¹³⁸ they may be living with, as well as more opportunities for professional staff to pick up on any Child Protection issues, supporting Getting It Right for Every Child (GIRFEC).¹³⁹</p> <p>The full-time re-opening of schools is also expected to have had a broadly positive impact on parents and carers, allowing them greater freedom to return to previous working patterns, where possible.</p> <p>If blended learning were to become necessary in some areas, there are expected impacts that are less positive than a sustained full-time return. This includes the impact on families who may struggle with childcare and the demand on pupils to adapt, which will depend on many factors including access to resources and digital devices.</p>
<p>Sex: Women</p>	<p>Staff working in educational settings, particularly primary schools, are mainly women, who may be exposed to health risks in the workplace.¹⁴⁰ Around 77% of all teachers are women, ranging from 64% in secondary schools to 89% in primary schools.¹⁴¹</p> <p>Women carry out the majority of childcare and other caring responsibilities. 1 in 4 women across all age groups took part in childcare on a given day in 2014-15 (24%), compared to 15% of men.¹⁴² Around 60% of unpaid carers are women,¹⁴³ so will be impacted in their ability to study or work in education settings and in other sectors of the economy, should it be necessary to introduce blended learning.¹⁴⁴ Research undertaken by the Institute for Fiscal Studies¹⁴⁵ found that throughout lockdown, mothers spent less time in paid work compared with fathers but more</p>

¹³⁸ Adverse Childhood Experiences (ACEs) <https://www.gov.scot/publications/adverse-childhood-experiences-aces/>

¹³⁹ Getting it right for every child (GIRFEC) <https://www.gov.scot/policies/girfec/>

¹⁴⁰ <https://www.gov.scot/publications/teacher-census-supplementary-statistics/>

¹⁴¹ <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

¹⁴² [Household composition for specific groups of people in Scotland & Time Use Survey 2014-15](#)

¹⁴³ [Scottish Health Survey 2017 Scottish Health Survey 2018 & Health and Care Experience Survey, 2017-18](#)

¹⁴⁴ <https://www.gov.scot/publications/centre-time-use-research-time-use-survey-2014-15-results-scotland/pages/6/>

¹⁴⁵ <https://www.ifs.org.uk/uploads/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf>

	<p>time on childcare and other household responsibilities as they are more likely to have resigned, lost their job or been furloughed.^{146 147}</p> <p>The Programme for International Student Assessment (PISA) 2018 ¹⁴⁸asked participating students (aged 15) about their use of digital devices at home and at school - boys are generally more likely to use digital devices for most purposes than girls.</p> <p>Men</p> <p>No evidence of a differential impact identified at this time.</p>
<p>Race</p>	<p>According to 2019 data, 78% of Scotland’s pupil population is from a White (Scottish) ethnicity, while 12% have a White (other) ethnicity and 8% are from a non-White minority ethnic group.¹⁴⁹</p> <p>Minority ethnic communities make up approximately 2% of Scotland’s teaching workforce.¹⁵⁰</p> <p>According to 2019 data, of children from a White ethnicity, 78% of children are from a White (Scottish) ethnicity, while 12% have a White (other) ethnicity. 8% of children are from a non-White minority ethnic group¹⁵¹.</p> <p>2019 data shows that 9.6% of children have a language other than English as their main home language¹⁵².</p> <p>The data currently collected through the ELC census does not allow us to measure uptake of ELC by ethnicity, however the new ELC census (currently being developed) will collect information about a child’s ethnicity and enable us to assess impact on this protected characteristic.</p> <p>Stakeholder feedback tells us that discourse in the media and on social media during the COVID-19 crisis has included narratives which contribute to racial stereotypes. Schools should be aware of the increased risk of racist</p>

¹⁴⁶ This may be linked to greater number of women who work in Personal Service Occupations or Sales and Customer Service Occupations, who are less likely to be able to work from home while services are closed. It could also be linked to women being lower earners than men, with the Gender Pay Gap at 14.3% in 2019. In addition, part-time employment accounts for 41.2 per cent of all women’s employment compared with 12.4 per cent of all men’s employment

¹⁴⁷ [Annual Summary of hours and earnings](#); [Scotland’s Labour Market: People Places and Regions](#)

¹⁴⁸ <https://www.oecd.org/pisa/publications/pisa-2018-results.htm>

¹⁴⁹ <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

¹⁵⁰ <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/pages/4/>

¹⁵¹ <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

¹⁵² <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

	<p>incidents or bullying against particular members of staff and pupils, as well as the possible impact on mental wellbeing. There is evidence to suggest that COVID-19 impacts disproportionately on South Asian communities in Scotland but insufficient evidence to determine if it does for other ME groups.¹⁵³ Therefore guidance on preparing for the new school term highlights that employers should remain mindful of their duties under the Equality Act 2010 and provide additional wellbeing or occupational health support if requested.</p> <p>Pupils who speak English as an additional language may have been negatively impacted by not receiving the additional language support they may receive when attending school throughout school closures. Re-opening schools is expected to have had a positive impact on language development for these pupils, but additional support may be required to counteract any learning loss.</p> <p>The opening of schools may place families from some minority ethnic backgrounds at higher risk from COVID-19 due to the disproportionate impact the virus has on them, so potentially more vulnerable.</p> <p>Parents and carers for whom English is not their first language may have had more barriers to understanding the range of information sent to them through the schools, if the information was in a format that they could not understand.</p>
Disability	<p>In the context of the full-time reopening of schools and if blended learning is necessary in the future, pupils who are clinically at risk or extremely clinically at risk (broadly those with pre-existing conditions), should continue to adhere to the latest medical advice on whether or not to attend a school setting. Children, young people and staff who have been shielding were expected to return to school in August, unless advised not to return on the advice of their GP or healthcare provider.¹⁵⁴</p> <p>There will be some pupils whose health may have prevented them from returning to school settings. In these circumstances appropriate provision should continue to be made available for remote learning in accordance with local circumstances. School leaders should continue to support these pupils to ensure they have the same</p>

¹⁵³ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/deaths-background-information/ethnicity-of-the-deceased-person#covid>

¹⁵⁴ <https://www.mygov.scot/support-shielding/>

	<p>opportunities to learn as their peers¹⁵⁵ in line with statutory responsibilities to provide education elsewhere than a school for children unable to attend school due to ill health¹⁵⁶</p> <p>In school, pupils and staff may require specific considerations in relation to the application of social distancing measures, or changed physical layouts, as they may negatively impact them.</p> <p>Disabled pupils and those with additional support needs are likely to benefit from the return to school. The opportunity to re-engage fully with the support provided to them through school, including access to therapeutic supports, equipment and specific learning resources will be beneficial. The resumption of friendships, connections to key workers and well known staff, familiar places, routines structures, and other supports will continue to be a positive benefit to disabled children and young people and those with additional support needs.</p>
Religion and Belief	<p>Many schools may need to use non-classroom spaces as teaching space, which may impact upon their ability to provide a space for carrying out religious observance. Where rooms are potentially being repurposed, it should be ensured that provision remains available for pupils to access religious spaces for religious observance, spiritual development or reflection time.</p> <p>With the widely recognised impact of school closures on the wellbeing of pupils and staff, it is likely that staff with a religious role may play a significant role in supporting staff and pupils with the schools reopened. The impact of this aspect of the role on the health and wellbeing of those staff should be taken into account when assessing their specific occupational health support needs.¹⁵⁷</p>
Sexual Orientation	<p>In the Online in Lockdown Report, 36% of young people who responded indicated that they had seen prejudiced based posts, comments or attitudes online related to homophobia. 52% of LGBT+ young people described their</p>

¹⁵⁵ The Coronavirus (COVID-19): reopening schools guidance, p10 states that “The needs of individual children should be carefully considered. Some children may require additional staffing, resource or space to ensure they can benefit from a positive learning environment.”

¹⁵⁶ The Coronavirus (COVID-19): reopening schools guidance, p10 states that “The needs of individual children should be carefully considered. Some children may require additional staffing, resource or space to ensure they can benefit from a positive learning environment.”

¹⁵⁷<https://static1.squarespace.com/static/5cc7195fceaeb60001c9dc58/t/5efc64007deb1063e4510538/1593599201761/ONLINE+IN+LOCKDOWN-REPORT.pdf>

	emotional wellbeing as being negative due to being away from their place of education. ¹⁵⁸
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	<p>A recent TUC report of 3,400 women who are pregnant or on maternity leave found that 1 in 4 had experienced unfair treatment or discrimination and that low-paid pregnant women were more likely to have lost pay during COVID-19¹⁵⁹.</p> <p>Pregnant members of the workforce should continue to follow the latest guidance, and employers should conduct risk assessments.</p> <p>Some members of staff will be returning to the workforce after maternity leave and will not have experienced home learning in the same way as their colleagues. Experts have warned COVID-19 has had a negative impact on maternal mental health beyond that seen in the general population, where reported rates of anxiety have more than doubled. Consideration should be given to their re-induction to the workforce.</p> <p>Pupils who experience pregnancy and parenthood whilst at school should receive additional support to be able to continue to attend school. These measures are unlikely to have been able to continue during school closures – this also applies to pregnancies that might have occurred during school closures of which schools might be unaware. While a return to school on full-time basis could restore the support this group of young people need, careful consideration should be given to pregnant pupils who might be at higher risk.</p> <p>As the evidence around the impact of COVID-19 on pregnant women is still evolving at this point in time, it is important that all pregnant pupils should follow medical advice on whether or not to attend a school setting. It is also advised that an individual risk assessment should be conducted for all pregnant young women returning to</p>

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<https://static1.squarespace.com/static/5cc7195fceaeb60001c9dc58/t/5efc64007deb1063e4510538/1593599201761/ONLINE+IN+LOCKDOWN-REPORT.pdf>

<https://static1.squarespace.com/static/5cc7195fceaeb60001c9dc58/t/5efc64007deb1063e4510538/1593599201761/ONLINE+IN+LOCKDOWN-REPORT.pdf>

¹⁵⁹ <https://www.tuc.org.uk/research-analysis/reports/pregnant-and-precarious-new-and-expectant-mums-experiences-work-during>

	<p>school. Additionally, lead professionals and parent(s) of a pupil (if appropriate), should be involved to help decide how school should continue to best support them.</p> <p>Regular contact with school is likely to be reduced if blended learning is necessary, and this could lead to poor engagement or even a disengagement from education among this group of pupils. This could have a profound long-term impact on, not only young people’s health and wellbeing, but also their socio-economic circumstances.</p>
Gender Reassignment	<p>The reopening of schools may benefit young people who are transitioning as part of a medical gender reassignment process, and who may have missed out on pastoral support during school closures.</p>
Socio-economic disadvantage: any people experiencing poverty	<p>Achievement of Curriculum for Excellence Levels by SIMD¹⁶⁰ for 2018-19 shows a pre-COVID poverty-related attainment gap between pupils in least and most deprived areas. For primary school pupils, the gaps were 17.1 percentage points for Reading, 19.1 for Writing, 13.0 for Listening and Talking, 20.7 for Literacy and 16.8 for Numeracy. At S3, the gap was 11.5 percentage points for Reading, 12.2 for Writing, 10.0 for Listening and Talking, 13.8 for Literacy and 13.5 for Numeracy.¹⁶¹</p> <p>We know that children from more affluent households across the UK are more than twice as likely to have had more than £100 spent on their education since the lockdown (19% of middle-class children verses 8% of working class). Almost 1 in 10 children have had £150 spent on their education at home, and just under a quarter of children have had £50 spent on them.¹⁶² School closures are likely to have reversed progress made towards closing the gap in the last decade since 2011, and sustained support will be needed to support disadvantaged pupils with catching up.</p> <p>We know that for families affected by poverty and disadvantage, access to food during a school session (free school meals, breakfast clubs and snacks included with afterschool clubs) is a vital support for families. While access to nutritious food has been part of the response during the COVID-19 pandemic, a return to settings will be benefiting these families.</p>

¹⁶⁰ The Scottish Index of Multiple Deprivation is an area-based measure therefore not everyone living in area assessed as deprived will necessarily be at a socio-economic disadvantage, and vice versa

¹⁶¹ <https://www.gov.scot/publications/achievement-curriculum-excellence-cfe-levels-2018-19/>

¹⁶² <https://www.suttontrust.com/our-research/school-closures-parent-polling/>

	<p>We know that people affected by poverty are more likely to be at risk of illness or death from COVID-19. Therefore pupils from lower socio-economic backgrounds are more likely to have experienced illness or bereavement during school closures. Schools should follow existing guidance on supporting pupils in these circumstances as they return to school.</p> <p>If blended learning were to be required, students facing socio-economic disadvantage may be less able to access online support for home-learning. Through accessing the internet, pupils are able to access learning resources, as well as interact with school staff and peers. In 2018, the ONS reported that 12% of those aged between 11 and 18 years in the UK (700,000) reported having no internet access at home from a computer or tablet, while a further 60,000 reported having no home internet access at all.¹⁶³</p>
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Stakeholder Engagement

From the outset of the COVID-19 pandemic, it was evident that decision makers would be faced with unforeseen challenges, and that it would continue to be necessary to take a broad approach to involving key groups in policy development throughout. For this reason, the COVID-19 Education Recovery Group (CERG) was formed. CERG is co-chaired by the Deputy First Minister and Councillor Stephen McCabe, COSLA’s Children’s and Young People’s Spokesperson. This Group brought together ministers, Education Scotland, senior officials and expert representatives from unions, local authorities, Scottish Qualifications Authority (SQA), Early Years Scotland (EYS) and National Parent Forum of Scotland (NPFS). The group has met regularly since April 2020 and has contributed to policy development at every stage.

Advice and views have also been gathered from other groups, including discussing international approaches to reopening schools and learning from experiences in other countries. This has been achieved through drawing on the expertise from the International Council of Education Advisers, data gathered regularly by the Scottish Government’s Education Analytical Services team plus meetings with other experts such as e.g. UNICEF Scotland.

As well as being invited to represent the voice of parents on the Education Recovery Group the Scottish Government has also supported the NPFS to produce a range of parent-friendly guidance which explained a number of the policy and legal directions and developments regarding school closures and adapted learning support in a parent-friendly manner. NPFS also hosted an online Q&A session between DFM and parents on 16 June 2020

which attracted an audience of over 3000 parents. Topics covered included: school safety and hygiene measures; blended learning; school transport and the effects of social distancing; the impact of COVID-19 on children with additional support needs; the impact of COVID-19 on exams and the future planning of exams for the 2020/21 school term; and digital and home learning support.

The Deputy First Minister hosted a meeting with learners on 17 June 2020 to hear the views of children and young people. Topics discussed included: learners' experiences of learning at home; additional support that schools, local authorities and government can provide to help overcome barriers to learning during COVID-19; learner concerns regarding the return to school in August; learner hopes for the new school term in August; the mental health and wellbeing of learners during COVID-19; and any positive impacts of the COVID-19 crisis on learning or learners. In addition, reviews have been carried out by key groups including Children's Parliament, The Scottish Youth Parliament, YouthLink Scotland and Young Scot, as well as valuable feedback from the Children and Young People's Commissioner Scotland (CYPCS). The views of children and young people will continue to be included in the consideration of ongoing issues affecting the full-time return to schools.

Officials have sought and listened to views of the Gaelic medium sector through meeting with representatives from Bòrd na Gàidhlig and Comunn na Gàidhlig. This has allowed the nuances of the GME sector to be considered alongside policy development. Officials have also worked closely with a wide range of Gaelic bodies that have been supporting young people with their learning and also working closely with those in local authorities who are responsible for the delivery of GME in schools.

It is recognised that decisions about *when* to reopen schools has, from the outset, been dependent on decision makers having access to the most up-to-date scientific and medical advice available, in order to protect the health and safety of children, staff and families. Therefore the CERG has sought the views of the COVID-19 Advisory Group and associated sub-group specialising on children's and education issues. These groups have provided data relevant to the school population, drawn on international comparisons and made recommendations to support education experts in their planning. This has proved invaluable when making decisions around physical distancing in school buildings and transport.

Throughout the development of both the Strategic Framework and the updated guidance on reopening schools, key stakeholders have been consulted. This includes members of the CERG, and wider representatives of groups with protected characteristics to comment on draft versions of this document.

For older children and young people, their voices have been well expressed through surveys such as the Lockdown Lowdown and the Coronavirus Times publications.

Mitigations

Detailed guidance on practical measures that allowed schools to reopen on 11 August was published.¹⁶⁴ The scientific advice behind the safe reopening of schools and nurseries is available.¹⁶⁵

This guidance highlights that employers should remain mindful of their duties under the Equality Act 2010 and provide additional wellbeing or occupational health support if requested. As noted above this may be particularly helpful for pregnant women, women returning from maternity leave, minority ethnic staff or children, older member of staff and staff or children who were previously shielding.

Guidance on continuity in learning, suggests that individualised assessment of needs for children with additional support needs will be beneficial to understand the impact of COVID-19 on children's wellbeing and learning. This will enable tailored supports and approaches to be put in place for pupils whose needs have increased, or for whom new needs for support have emerged as a result of the pandemic.

In recognition that lockdown will have had a negative impact on the wellbeing of some children and young people, we published [guidance](#)¹⁶⁶ for local authorities and schools that places children and young people's health and wellbeing as a central focus of preparations for the reopening of schools and [Continuity in Learning guidance](#).¹⁶⁷

In addition, in advance of the schools reopening we published a resource which collates, for the first time, all of the resources available to schools to support children and young people's mental health and wellbeing. Education Scotland has also published a practitioners [Inclusion, Wellbeing and Equalities Wakelet](#) which includes signposting to support for children and young people's mental wellbeing.¹⁶⁸

We have also engaged with all education authorities about the support that they put in place for children and young people's mental health and wellbeing in preparation for the return to schools. All education authorities put the arrangements for this in place, including whole-school approaches and specific targeted interventions, supported by Scottish Government funding to enable access to a mental health counsellor in every secondary school. These approaches are being heavily supported by strategies and support provided by Educational Psychologists.

Education Scotland has been working closely with local authorities to ensure a range of support is provided to practitioners. Education Scotland is

¹⁶⁴ <https://news.gov.scot/news/schools-re-opening-guidance>

¹⁶⁵ <https://news.gov.scot/news/safe-return-to-schools-and-nurseries>

¹⁶⁶ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-preparing-start-new-school-term-august-2020/pages/4/>

¹⁶⁷ <https://www.gov.scot/publications/coronavirus-covid-19-support-for-continuity-in-learning/>

¹⁶⁸ <https://wakelet.com/wake/02bbdfa6-77bf-4681-b7ab-9ff2afe9d8c2>

actively collecting and sharing examples of how practitioners have developed and are developing their skills and activities in leading online remote learning and engaging with learners. This learning and practice will be invaluable if for any exceptional reason, an individual school needs to return to blended learning for a short period.

In line with the latest scientific advice, the guidance for the reopening of schools was amended on 25 August 2020 to reflect the advice that face coverings should be worn by adults and young people in secondary schools when moving about the school in corridors and confined communal areas (including toilets), where physical distancing is particularly difficult to maintain. The amended advice also provides that face coverings should be worn by all passengers over the age of five when travelling on dedicated school transport (in addition to the existing requirement for wearing them on public transport).

The use of face coverings in these circumstances should be seen as just one mitigation within a package of measures. The other mitigation measures including physical distancing for adults, environmental cleaning, personal hand and respiratory hygiene, grouping of young people and maintaining distancing between young people in secondary schools where possible, remain vitally important.

The Scottish Government is investing £25m to support digital inclusion amongst disadvantaged children and young people, so they can stay connected to their learning, schools, teachers and peers. The first tranche of that investment will see almost 25,000 Chromebooks distributed to councils by the end of August. By the end of the project, we estimate that around 70,000 children and young people will benefit from provision of a device, or internet access or in some cases, both.

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

Parent Club also launched a new campaign to support parents and carers with the return to school and ELC. This included a TV advert, social media posts, and new content on the website. As part of the campaign, there were videos from experts about subjects such as play, learning and anxiety. Parent Club already includes information about the new guidelines as well

as advice and support about settling in, managing mental health, and information about funded ELC and changes to the 1140 commitment.

The flexibility afforded to local authorities to put in place provisions to continue free school meals, throughout the lockdown period had supported around 175,000 families at the end of June. Free school meal provision will continue for all eligible families.

A report by the Child Poverty Action Group (CPAG) has found that¹⁶⁹:

- Families have appreciated support with food costs from their schools and local authorities in alarming and difficult times.
- Families had positive experiences of all methods of free school meal provision, but by far the highest levels of satisfaction were with direct payments to people's bank accounts. 81% of families receiving payments say this works extremely or very well.

Mitigation of negative impacts, particularly on those children who most need support, has been central to our response. There have been a number of approaches to provide support for those affected by disadvantage, including access to critical childcare, continued provision of free school meals and alternatives during lockdown and during holiday periods.

¹⁶⁹ <https://cpag.org.uk/sites/default/files/files/The-cost-of-learning-in-lockdown-Scotland-FINAL.pdf>

Schools, Childcare and other Educational Settings

1.7 Early Learning and Childcare

<ul style="list-style-type: none"> All regulated childcare providers can open subject to individual provider arrangements. 	
<p>General impacts of the measure</p>	<p>To enable children to access childcare options safely in order to support their learning and wellbeing (both during lockdown for those accessing critical childcare and once registered settings re-opened); To support families to continue or return to work and other responsibilities; To support the childcare workforce to work in a safe environment.</p> <p>The reopening of regulated childcare settings will have a positive impact on working families who have struggled to access childcare.</p> <p>Guidance¹⁷⁰ for safe reopening of services was updated on 30 July and took effect from 10 August. Child and staff safety and wellbeing is at its heart.</p> <p>With ongoing suppression of the virus in Scotland, we have been able to ease the restrictions requiring consistent small groups and limiting attending to no more than one setting.</p> <p>The opening of private ELC settings will likely impact working families positively, who will benefit from accessing specific hours of provision. Similarly low income families will benefit from the re-opening of local authority settings as this is the provision they access predominantly.¹⁷¹</p> <p>Additionally, as restrictions ease on the general population, more options have opened up for informal childcare. Scottish Household Survey data suggests around one quarter of families rely on relatives or friends for childcare of children aged 2 to 5 years.¹⁷²</p> <p>School and childcare staff with their own children may have an increased childcare need as they have returned to work in settings.</p>

¹⁷⁰ <https://www.gov.scot/publications/coronavirus-covid-19-support-to-childcare-sector/>

¹⁷¹ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

¹⁷² <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/.p275>

	<p>childcare highlights the importance of friendships, play and social connections for children.</p> <p>Children will benefit from the interaction with their peer groups and specialist educational staff. This will reduce feelings of isolation and help children reach expected milestones for their age and stage of development.</p> <p>Research indicates children were more likely to experience domestic violence during lockdown¹⁷⁴. These children for whom home is not a safe or stable environment will benefit from the re-opening of childcare services which provide access to trusted adults and to wider support, including access to food.</p> <p>For children in unsafe home environments there will be some relief from the Adverse Childhood Experiences (ACE)¹⁷⁵ they may be living with, as well as more opportunities for professional staff to pick up on any Child Protection issues, supporting Getting It Right for Every Child (GIRFEC).¹⁷⁶</p> <p>We know from the 'ELC data dashboard'¹⁷⁷ that children meeting the criteria in guidance on access to critical childcare for those who are 'vulnerable', attended ELC in increasing numbers from March to June. This is perhaps because their usual settings closed at the beginning of lockdown and reopened gradually.</p>
<p>Sex: Girls and Boys</p>	<p>No information is currently available on the sex of children accessing ELC. Our latest ELC census data¹⁷⁸ shows near universal uptake of funded ELC by 3 and 4 year olds and that uptake of the 2 year old offer has gradually increased over the last few years. Given that uptake for 3 and 4 years is near universal, we do not have any basis to conclude that uptake between children of different sexes is systematically or significantly different.</p> <p>However, existing research indicates boys' development lags behind girls' development across a number of</p>

¹⁷⁴ <https://www.gov.scot/publications/domestic-abuse-forms-violence-against-women-girls-vawg-during-covid-19-lockdown-period-30-3-20-22-05-20/pages/11/>

¹⁷⁵ Adverse Childhood Experiences (ACEs) <https://www.gov.scot/publications/adverse-childhood-experiences-aces/>

¹⁷⁶ Getting it right for every child (GIRFEC) <https://www.gov.scot/policies/girfec/>

¹⁷⁷ <https://public.tableau.com/profile/sg.eas.learninganalysis#!/vizhome/Covid19ELCandHubs/Introduction>

¹⁷⁸ <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

<p>Women</p>	<p>assessment domains,¹⁷⁹ so boys in particular may benefit from the reopening of ELC settings.</p> <p>Staff working in childcare are mainly women, and without appropriate mitigation, may be exposed to a greater health risk in the workplace than men. Around 100% of registered childminders are women, 96% of staff in day care of children services¹⁸⁰ and 94% of teachers delivering funded ELC are women.¹⁸¹</p> <p>Women generally carry out the majority of childcare and other caring responsibilities (census data shows nine out of 10 single parents are headed by women), so are likely to be positively impacted by a re-opening of childcare options.¹⁸² This can be resources, including food and advice and signposting to more specialist services.</p> <p>Research collected across Great Britain by the Office for National Statistics (ONS)¹⁸³ found the gap in unpaid work (activities such as childcare, adult care, housework and volunteering) between men and women reduced slightly during lockdown but was still large, with women doing 1 hour and 7 minutes more unpaid work per day than men. While men increased their amount of childcare by 58% between 2014 to 2015 and March to April 2020, they still undertook 15 minutes a day less unpaid childcare than women. Furthermore, individuals living with children spent 35% longer on average providing childcare during lockdown than five years ago, which included helping out with homework. For a child under the age of 8 in the household, women spent 4 hours and 5 minutes caring for a child, compared to 2 hours 50 minutes for men.</p> <p>UK level findings¹⁸⁴ (including Scottish participants) suggest that many parents are struggling to balance the needs of work and childcare, and this is reflected in a marked increase in adult mental health problems during lockdown, especially for women and parents with young children. Although most families are enjoying spending</p>
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¹⁷⁹ <https://www.gov.scot/publications/scottish-study-early-learning-childcare-phase-1-report/pages/3/>

¹⁸⁰ <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

¹⁸¹ <https://www.gov.scot/publications/summary-statistics-schools-scotland-no-10-2019-edition/>

¹⁸² <https://www.gov.scot/publications/centre-time-use-research-time-use-survey-2014-15-results-scotland/pages/6/>

¹⁸³ <https://www.ons.gov.uk/economy/nationalaccounts/satelliteaccounts/bulletins/coronavirusandhowpeoplepentheirtimeunderrestrictions/28marchto26april2020>

¹⁸⁴ <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>

	<p>more time together, Scottish evidence¹⁸⁵ reports that women in households with children had substantially worse mental wellbeing outcomes across all measures than men and were twice as likely to feel lonely. Given the wider evidence on the impact of COVID-19 on low income and lone parent households, lone mothers may be a particularly at risk group during this pandemic. Those with very young children (aged 0-4) saw a significantly larger increase in overall mental health problems (but not severe problems), and this effect is twice as high for women compared to men – perhaps reflecting the uneven distribution of childcare under lockdown. Those with school-age children (aged 5-15) also saw a larger increase in mental health problems (but the effect is not as strong as the younger child group).</p> <p>Research in England¹⁸⁶ found that nearly half of mothers combine paid work with childcare activities (47% compared to 30% of fathers) and are more likely to spend more time on household responsibilities than fathers. The division of childcare and housework is not equally shared – mothers who are still working (where the father is not) share childcare and housework equally. Despite doing less childcare than mothers, fathers have nearly doubled the time they spend on childcare during lockdown. Women are also more likely to multitask during work time than men. Mothers are being interrupted during 57% more of their paid work hours than fathers. This was not the case before the crisis.</p>
Men	No evidence of a differential impact identified at this time.
Race	<p>There is emerging evidence in Scotland and England¹⁸⁷ and the US that COVID-19 impacts disproportionately on minority ethnic groups. Without appropriate mitigation, minority ethnic groups could be exposed to increased risk.</p> <p>The data on deaths occurring on or after 12th March 2020 and registered by 14th June 2020, show that deaths amongst people in the South Asian ethnic group were almost twice as likely to involve COVID-19 as deaths in the White ethnic group, after accounting for age group,</p>

¹⁸⁵ Scottish Government commissioned adult survey on wellbeing and COVID-19 (27 April – 3 May) – pending publication

¹⁸⁶ <https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/04/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf>

¹⁸⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

	<p>sex, area-level deprivation and urban rural classification.¹⁸⁸</p> <p>We do not have sufficient evidence to say that deaths among people in the Chinese ethnic group were more likely to involve COVID-19.</p> <p>98% of childminding staff and 88% of day care of children staff are from a White ethnicity. There is a high percentage of 'unknown' ethnicity for day care of children staff.¹⁸⁹</p> <p>According to 2019 data, of children from a White ethnicity, 78% of children are from a White (Scottish) ethnicity, while 12% have a White (other) ethnicity. 8% of children are from a non-White minority ethnic group¹⁹⁰.</p> <p>2019 data shows that 9.6% of children have a language other than English as their main home language¹⁹¹.</p> <p>The data currently collected through the ELC census does not allow us to measure uptake of ELC by ethnicity, however the new ELC census (currently being developed) will collect information about a child's ethnicity and enable us to assess impact on this protected characteristic.</p> <p>For some minority ethnic families, particularly newer migrant families, language barriers may impact on the parent/carers ability to engage with services from home. Reopening could therefore have a particularly positive impact on families for whom English is not their first language as more face-to-face interaction with childcare settings could improve their ability to engage with services as opposed to during the closure period when there was more reliance on online/printed resources and guidance.</p> <p>Gaelic medium education (GME) is a distinct sector within Scottish education and aspires to provide a 3-18 education. For the youngest age group, before attendance at school, this will be delivered through access to early learning and childcare (ELC).</p> <p>In 2019 there were 4,631 children in the GME sector. In the same year there were 541 children with Gaelic (Scots) as their main home language²³.</p>
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¹⁸⁸ <https://www.nrscotland.gov.uk/files//statistics/covid19/ethnicity-deceased-covid-19-june20.pdf>

¹⁸⁹ <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

¹⁹⁰ <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

¹⁹¹ <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

	Therefore we can assume that a majority of GME learners do not speak Gaelic at home, and consequently childcare closures will have had a negative impact on the language development of the first language of these children.
Disability	<p>A family with a disabled child that is classed as clinically at risk or extremely clinically at risk to COVID-19 found the Phase 1 restrictions particularly difficult. Findings from Inclusion Scotland¹⁹² indicate that some parents were not able to let carers into their house due to a lack of testing or PPE available. These children should follow medical advice on whether or not to attend a setting. It is expected that most children who have been shielding will be able to return¹⁹³.</p> <p>The Family Fund ‘Impact of COVID-19’ survey included 232 families in Scotland, seeking to understand how the COVID-19 outbreak is affecting families raising disabled or seriously ill children. The findings showed that two in five families have lost income; the mental health and behaviour of children is being impacted; that the availability of both informal and formal support for children has been seriously reduced and that education is one of the most serious concerns¹⁹⁴. The loosening of restrictions and an increased access to support during Phase 2 and 3 will have helped alleviate some of these issues.</p> <p>For parents and carers, there will be a particular positive impact on disabled parents and carers if they are now able to access childcare - although parents and carers who shielded may not have chosen to send their child to childcare.</p> <p>For disabled employees working in ELC, there may be a particular negative impact where their disability may make working within infection measures more complex. Only 1% of the childminding workforce and only 2% of the day care of children workforce are recorded as disabled.¹⁹⁵</p>
Religion and Belief	Evidence from a 2008 report from The Young Foundation, ‘Valuing Family, Valuing Work: British Muslim Women and the Labour Market,’ ¹⁹⁶ suggests that Pakistani and

¹⁹² <https://inclusionscotland.org/wp-content/uploads/2020/04/Initial-Findings-Report-.pdf>

¹⁹³ <https://www.mygov.scot/support-shielding/>

¹⁹⁴ <https://www.familyfund.org.uk/News/health-and-wellbeing-of-disabled-children-at-risk-under-pandemic-as-government-announces-extra-10-million-funding-for-children-with-complex-needs>

¹⁹⁵ <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>

¹⁹⁶ <https://www.youngfoundation.org/publications/valuing-family-valuing-work-british-muslim-women-and-the-labour-market/>

	<p>Bangladeshi mothers (who make up 75% of British Muslim women) are less likely than Indian, White, or Black mothers to be in employment before having a baby or during their child’s early years. Among these mothers, there was a strong preference to take time out of work to care for their children rather than use formal ELC. This report recommends that increasing awareness among British Muslim women of the benefits of ELC for their children could improve their engagement with formal ELC.</p> <p>Evidence published by the Joseph Rowntree Foundation in 2014¹⁹⁷ ¹⁹⁸ states some families of Pakistani and Somali background in England reported the importance of religious values (in this case Islam) within ELC. Others reported fears of racism and Islamophobia as factors that reduced their likelihood of accessing mainstream ELC.</p> <p>With the impact of COVID-19 on everyone’s wellbeing, staff who practice a belief may find their faith plays a significant role in their confidence or comfort with returning to work.</p> <p>Providing space and time for religious observance and practice will need to be considered in planning for a return to settings where appropriate.</p> <p>Where rooms are potentially being repurposed, it should be ensured that provision remains available for staff to access religious spaces at expected times of day.</p>
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	<p>There may have been impacts on pregnant women who were shielding of childcare closures as they were more likely to be shielding although re-opening does not present specific positive impacts for pregnant women, beyond those identified under the ‘sex’ characteristic. However, as we continue through the policy development, this will be kept under review.</p> <p>A TUC report of 3,400 women who are pregnant or on maternity leave found that 1 in 4 had experienced unfair</p>

¹⁹⁷ Khan, O., Ahmet, A. and Watkins, J. (2014a) Caring and earning among low –income Caribbean, Pakistani and Somali people. York: Joseph Rowntree Foundation

¹⁹⁸ Khan, O., Ahmet, A., Victor, C. 2014. ‘Poverty and ethnicity: balancing caring and earning for British Caribbean, Pakistani and Somali people’. Joseph Rowntree Foundation.

	<p>treatment or discrimination and that low-paid pregnant women were more likely to have lost pay during COVID-19¹⁹⁹.</p> <p>Pregnant members of the workforce should continue to follow the latest guidance, and employers should conduct risk assessments.</p> <p>Some members of staff will be returning to the workforce after maternity leave and will not have experienced home learning in the same way as their colleagues. Experts have warned COVID-19 has had a negative impact on maternal mental health beyond that seen in the general population, where reported rates of anxiety have more than doubled. Consideration should be given to their re-induction to the workforce.</p>
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>We know from our work on the drivers of child poverty that there are clear risk factors associated with poverty in Scotland. We have identified ‘priority families’ as: those headed by a lone parent, families with a disabled adult or child, young mothers, minority ethnic families, families with a child under one year old, and larger families (with three or more children)²⁰⁰.</p> <p>Evidence from both UK and international studies of early learning and childcare programmes²⁰¹, including our own Growing Up in Scotland Study²⁰², supports the fact that all children, and especially those from disadvantaged backgrounds, can benefit in terms of social, emotional and educational outcomes from attending high quality early learning and childcare.</p> <p>Increased access to high quality childcare in the early years offers opportunities to support young children to develop and learn, to build social skills and networks, and in turn to help reduce the poverty related attainment gap.</p>

¹⁹⁹ <https://www.tuc.org.uk/research-analysis/reports/pregnant-and-precarious-new-and-expectant-mums-experiences-work-during>

²⁰⁰ <https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/pages/2/>

²⁰¹ <http://www.healthscotland.scot/media/1613/rapid-evidence-review-childcare-quality-and-childrens-outcomes.pdf>

²⁰² <https://www.gov.scot/publications/growing-up-scotland-impact-childrenew-early-activities-cognitive-development/>

	<p>Access to critical childcare will have provided access to funded childcare for some low paid key workers for the first time.</p> <p>During the closure period, families with children may have been guided towards online resources for advice and support.</p> <p>The Scottish Household Survey²⁰³ shows households experiencing more deprivation are less likely to have internet access, so disadvantaged parents may face difficulties accessing online support for their children. There are also some connectivity ‘NotSpots’ in some rural and island locations which may act as a further barrier.</p> <p>Reopening could have a particularly positive impact on families who face socio-economic disadvantage as there will be less of a reliance on online resources and guidance that was required during the closure period and families will be able to seek or receive wider support through their child’s attendance at childcare settings.</p> <p>We know that for families affected by poverty and disadvantage, access to food during a childcare session (Free Meals at ELC, breakfast clubs and snacks included with afterschool clubs) is a vital support for families. While access to nutritious food has been part of the response during the COVID-19 pandemic, a return to settings will benefit these families.</p> <p>Evidence from both UK and international studies of early learning and childcare programmes,²⁰⁴ including the Scottish Government’s Growing Up in Scotland Study,²⁰⁵ supports the fact that all children, especially those from disadvantaged backgrounds, can benefit in terms of social, emotional and educational outcomes from attending high quality early learning and childcare.</p> <p>Any increased access to high quality childcare will support young children to develop and learn, to build social skills and networks, and in turn to help reduce the poverty related attainment gap.</p>
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²⁰³ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

²⁰⁴ <http://www.healthscotland.scot/media/1613/rapid-evidence-review-childcare-quality-and-childrens-outcomes.pdf>

²⁰⁵ <https://www.gov.scot/publications/growing-up-scotland-impact-childrens-early-activities-cognitive-development/>

	<p>Low-income households are more likely to be in jobs that cannot transfer to home-working.</p> <p>The opening of private ELC settings will likely impact working families positively, who will benefit from accessing specific hours of provision.</p> <p>With opening up of all regulated childcare services, local authorities will be able to meet their statutory duty to provide funded ELC and will increasingly be working towards the expansion to 1140 hours. Low income families will benefit from the re-opening of local authority settings as this is the provision they access predominantly.²⁰⁶</p> <p>The nature of ELC and childcare provision in island communities (and other remote and rural communities) varies from provision in more populous areas. Settings are typically smaller and face higher operating costs due to smaller numbers of children. For ELC, childminding, third sector and local authority-run provision tend to be more prevalent than private settings. The sustainability challenges facing the private, third and childminding sectors across Scotland as they begin to reopen are therefore likely to be particularly acute in an island setting.</p> <p>ELC and childcare services operating at this time may have periods where staff numbers are reduced (e.g. due to advice from a GP for themselves or a family member to continue to shield, or if self-isolating as part of Scotland's Test and Protect strategy). In an island context with a small population and where settings typically rely on a smaller workforce, this could have a very significant impact on the capacity that can be offered, in turn affecting economic recovery in the area. It will be important to consider the potential variation in workforce impacts across Scotland when modelling capacity.</p> <p>The extent to which local authorities are able to flex the re-opening framework to respond to individual circumstances is likely to be a key concern for island communities. Public health measures that are appropriate in larger settings and more populous areas may be less practicable or relevant in smaller, more isolated communities.</p> <p>Now that the ELC and childcare sector guidance is in place, we will continue to work across local and national government, Education Scotland, the Care Inspectorate and Public Health Scotland to ensure that it remains</p>
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²⁰⁶ <https://www2.gov.scot/Topics/Statistics/16002/PublicationAnnual>

	relevant for settings in island and remote rural communities.
<p>Stakeholder Engagement</p> <p>The COVID-19 Education Recovery Group (CERG) was established in April 2020 to support government decision making through providing advice to Ministers and local government on the practicalities around re-opening schools and ELC settings. The focus of the group was on how schools and childcare settings could reopen once the evidence indicated that it was safe to do so. The group was supported by ten work-streams, which draw on expertise from across the sectors, to recognise and respond to multiple factors that have already affected or will affect children and young people, families and the workforce that supports them. Work-stream 10 of the CERG is recovery of ELC and childcare.</p> <p>In development of this approach, representatives from government, local government, trades unions, providers, and regulatory bodies were consulted, as was the CMO Advisory Group, and the Advisory Sub-Group on Education and Children’s issues. There was regular engagement with parenting organisations (Children 1st, Parent Network Scotland, National Parent Forum Scotland, Connect, One Parent Families Scotland, Parenting Across Scotland) to understand the issues facing families.</p> <p>All of the decisions related to closing and reopening childcare have been taken bearing in mind the delicate balance of keeping children safe from harm and promoting their health and wellbeing. These decisions have been informed by specific scientific advice for different age groups of children from the Sub-Group on Education and Children’s Issues and on the advice of the Chief Medical Officer²⁰⁷.</p> <p>As outlined above, we know that some risks to children will have increased during the pandemic including experience of domestic abuse, child protection concerns and poor mental health and wellbeing. The Children and Families Leadership Group was a key forum for consideration of these issues with representatives from national and local level public and third sector stakeholders.</p> <p>Children’s rights to have their views considered in decisions that affect them may have been negatively impacted during the decision-making processes. Children were not consulted fully on the closure of childcare and have not been consulted on re-opening.</p> <p>For children of school age, we commissioned work from Active Inquiry to capture the views of children who would normally attend school age</p>	

²⁰⁷ <https://www.gov.scot/publications/coronavirus-covid-19-advisory-sub-group-on-education-and-childrens-issues---physical-distancing-in-early-learning-and-childcare-settings-etc/>;
<https://www.gov.scot/publications/coronavirus-covid-19-advisory-sub-group-on-education-and-childrens-issues---advisory-note-on-physical-distancing-in-schools/>

childcare using online theatre. While this did not reach a wide audience it provided some insight in to their thoughts and views.

Views from young children were not sought directly by national government although a survey was developed by Public Health Scotland to gather the experience of children from age 2-7 during the pandemic through the 'COVID-19 Early years resilience and impact survey' (CEYRIS)²⁰⁸

The refreshed early years national practice guidance for Scotland 'Realising the Ambition: Being Me'²⁰⁹ has been central to the national response during lockdown and preparation for re-opening. This puts a focus on individual children's needs and interests and promotes seeking and listening to children's views as a central theme.

Mitigations

A suite of guidance has been published covering all aspects of regulated childcare (ELC, school age childcare, childminders and outdoor settings). This was updated on 30 July, taking effect from 10 August.²¹⁰ This aims to mitigate differential health impacts. Further operational and practice guidance will be provided as required.

The guidance is based on a set of principles for all services across Scotland that recognises that safeguarding the health and wellbeing of the child, and adults who work with them, must be central to any plans to reopen and deliver services.

It is not appropriate for young children to maintain physical distancing, either practically or in terms of child development. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. The guidance for the sector therefore puts in place age appropriate public health measures.

The Scottish Government and ADES will also gather good practice examples of successful workforce deployment and workforce support models adopted during delivery of critical childcare and share this learning widely across the sector.

The Scottish Government continues to work with experts from a range of fields, including our new Ethnicity Expert Reference Group, to develop actions to help mitigate any disproportionate effects on minority ethnic communities.

²⁰⁸ <http://www.healthscotland.scot/publications/covid-19-early-years-resilience-and-impact-survey-ceyris>

²⁰⁹ <https://education.gov.scot/improvement/learning-resources/realising-the-ambition/>

²¹⁰ <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-s-services/>

Guidance documents for the sector highlight that individual requests for additional protections should be supported wherever possible. Responding to requests for additional protections may include offering access to support from occupational health services and the provision of individual risk assessments. All minority ethnic staff from South Asian backgrounds with underlying health conditions and disabilities, who are over 55, or who are pregnant, should be individually risk assessed, and appropriate reasonable adjustments should be made following risk assessment.

The Strategic Framework for Reopening Schools and Early Learning and Childcare Provision²¹¹ identified a prioritised approach to access to ELC and childcare. This prioritised access to provision for eligible children, including eligible 2 year olds, as well as the most at risk children. Local Authorities apply this within their local GIRFEC practice model. This supported early access to childcare for disadvantaged groups, supporting reduced inequalities of outcome for socio-economically disadvantaged people, and advancing equality for disadvantaged groups.

At a national level, a range of support was provided for children at home e.g. advice and ideas were provided through the Parent Club website and from Education Scotland. Another example is the 'Virtual Nature School'²¹² which was launched during lockdown, enabling childcare practitioners to support families with outdoor learning opportunities at home.

The focus on outdoor learning and benefits of play and socialising are a key element of the provision of childcare in Scotland. The reduced risks of transmission in outdoor settings was a key driver to opening fully outdoor settings in advance of other registered childcare.

The benefits of active play and outdoor activity were highlighted during the lockdown period in critical childcare provision and are emphasised in the re-opening guidance for registered childcare²¹³.

The childcare workforce were able to access professional learning and development during the lockdown period in order to support the return to settings and support for children whose experience in childcare was disrupted. The Scottish Social Services Council reported a significant increase in the uptake of 'Open Badges' (online accredited learning) during the lockdown period.

During the closure period, Education Scotland provided support for the workforce to help them to support children learning at home – including newsletters, webinars to support educators to use digital platforms, links to new and existing support materials, events for head teachers.

²¹¹ <https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/>

²¹² https://www.youtube.com/channel/UC2Y3DI6I_rfTvJLTDvCHv4A

²¹³ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/outdoor-spaces/>

Education Scotland's practice guidance for early level, 'Realising the Ambition: Being Me'²¹⁴ has specific content to help staff to support children transition back into settings, including the recognition that they may have experienced/be experiencing trauma of varying degrees from the experience of lockdown.

The Scottish Government is working with partners from across the childcare sector to develop a directory of existing mental health, wellbeing and professional learning support for early learning and childcare, and out of school care, practitioners and childminders. This is updated and shared across the education and childcare sector at regular intervals.

In addition, Scottish Government has worked with Early Years Scotland to develop a new Team ELC Wellbeing Hub, a website which sets out vital information for the sector on maintaining their wellbeing at this difficult time, and creates opportunities for staff to connect with each other.

It is also important that professionals from across the early learning and childcare sector are provided with safe and supportive spaces to connect with colleagues from across Scotland in a virtual environment, to allow for professional dialogue and peer support to take place during this challenging period. The Scottish Government will work with Education Scotland to create such opportunities, for example via further instances of the successful #BeingMeBlethers professional learning events, which have enabled practitioners from across the ELC and childcare sector to engage in shared learning via Twitter.

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

Parent Club also launched a new campaign to support parents and carers with the return to school and ELC. This included a TV advert, social media posts, and new content on the website. As part of the campaign, there were videos from experts about subjects such as play, learning and anxiety. Parent Club already included information about the new guidelines as well as advice and support about settling in, managing mental health, and information about funded ELC and changes to the 1140 commitment.

²¹⁴ <https://education.gov.scot/improvement/learning-resources/realising-the-ambition/>

The flexibility afforded to local authorities to put in place provisions to continue free school meals, throughout the lockdown period had supported around 175,000 families at the end of June. Free school meal provision will continue for all eligible families.

A report by the Child Poverty Action Group (CPAG) has found that²¹⁵:

- Families have appreciated support with food costs from their schools and local authorities in alarming and difficult times.
- Families had positive experiences of all methods of free school meal provision, but by far the highest levels of satisfaction were with direct payments to people's bank accounts. 81% of families receiving payments say this works extremely or very well.

Mitigation of negative impacts, particularly on those children who most need support, has been central to our response. There have been a number of approaches to provide support for those affected by disadvantage, including access to critical childcare, continued provision of free school meals and alternatives during lockdown and during holiday periods.

²¹⁵ <https://cpag.org.uk/sites/default/files/files/The-cost-of-learning-in-lockdown-Scotland-FINAL.pdf>

Schools, Childcare and other Educational Settings

1.8 Universities, Colleges, and Informal Learning

	<ul style="list-style-type: none"> • Phased return to on campus learning as part of a blended model with remote teaching. Public health measures (including physical distancing) in place.
<p>General impacts of the measure</p>	<p>Under the third phase of the Scottish Government’s Route Map, from 22 July 2020, universities and colleges were able to make a phased return to on campus learning as part of a blended model with remote teaching with the necessary public health measures in place. This included a safe restart of university and college halls of residence and Purpose Built Student Accommodation (PBSA).</p> <p>Face-to-face youth work resumed outdoors from 13 July and indoors from 31 August and time-sensitive mandatory or regulated skills assessments that are essential to the completion of Modern Apprenticeship qualifications, or to comply with a legal obligation, resumed in colleges.</p> <p>Colleges and universities planned for a blended model of remote and on-campus learning.</p> <p>Public health measures, including physical distancing, were put in place in colleges, universities, PBSA and community learning and development, in line with published guidance.²¹⁶ Concerns remained, however, about the health and safety of staff and students.</p> <p>This phased return will have had a positive impact on learners, who are able to begin or continue study or training, or complete qualifications to transition into work.</p> <p>The ability to access informal learning opportunities through Community Learning and Development (CLD) practice such as youth work and community-based adult learning will impact positively on the mental health and wellbeing of at risk individuals and communities. In particular, for some young people, youth work will provide support in the transition through educational recovery. This will be achieved as youth work and community-based adult learning resume in line with the guidance.</p> <p>Remote, online learning and teaching is more achievable for information-based subjects than those with a practical</p>

²¹⁶ <https://www.gov.scot/publications/coronavirus-covid-19-universities-colleges-and-student-accommodation-providers/>

	<p>component. It also depends on staff and students being able to access the internet, and having access to a safe, suitable space to study, which may be a particular issue for older people and those facing socio-economic disadvantage.</p> <p>While a resumption of these activities will have a positive impact in reducing feelings of isolation, some staff and students may experience anxiety on return to their education setting.</p> <p>For new students unable to meet in traditional social events, e.g. Fresher’s Week or to join clubs, the isolation of being away from home is likely to put stress on their mental health.</p> <p>There may also be an increase in people experiencing poor mental health and wellbeing as a consequence of the pandemic, or who have experienced domestic abuse and sex-based violence.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People and Young People</p>	<p>Universities and colleges have restarted with a blended learning approach. CLD practice supports lifelong learning and includes youth work and community based adult learning. Data from the national household survey informs us that engagement in digital activity decreases with age.²¹⁷ Many adult learners rely on face to face support to improve their life chances. In addition, socio-economically disadvantaged young people may lack the devices and skills to engage in virtual learning.</p>
<p>Older People</p>	<p>Older staff/ students may have more concerns about returning to university campuses or community learning settings.²¹⁸ 18% of university staff are aged 56 and over.²¹⁹</p>
<p>Children and Young People</p>	<p>Universities and colleges serve a number of young people: around two fifths of college enrolments (around 140,000),²²⁰ and a quarter of university enrolments (61,000)²²¹ are aged 19 and under.</p>

²¹⁷ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/7/> (Chapter 7)

²¹⁸ <http://www.sfc.ac.uk/publications-statistics/statistical-publications/2020/SFCST052020.aspx>

²¹⁹ <https://www.hesa.ac.uk/data-and-analysis/staff>

²²⁰ <https://stats.sfc.ac.uk/infact/QueryBuilder/Basic>

²²¹ HESA Students Data, SG Secondary Analysis <https://www.hesa.ac.uk/data-and-analysis/students>

	<p>The majority of students residing in PBSA and halls of residence are 21 and under.²²² For young people who have returned to halls to start or continue their university or college experience with peers, continued physical distancing requirements in accommodation, and the lack of social activities, may exacerbate feelings of anxiety.</p>
<p>Sex: Women</p>	<p>Women are more likely to be the primary care-giver in a household. Women studying or working from home may therefore have to balance studying with childcare, or care of another person (e.g. sibling or older relative). At college, women account for 61% of all staff headcount in 2018-19. More specifically, they account for 54% of teaching and 69% of non-teaching staff.²²³</p> <p>At university, women account for 55% of all staff in 2018-19. More specifically, they account for 45% of academic and 64% of non-academic staff.²²⁴</p> <p>The CLD workforce has a higher proportion of women than men.²²⁵</p>
<p>Men</p>	<p>No evidence of a differential impact identified at this time.</p>
<p>Race</p>	<p>When compared to the overall population, a larger proportion of college and university staff and students are from minority ethnic backgrounds when compared to the population as a whole.²²⁶ People from minority ethnicities may be exposed to greater health risk on campus.</p> <p>Remote learning models may mean learners who need additional support with language, may be less able to study at home.</p> <p>Almost half of students in halls of residence are from outside the UK²²⁷ so those staying in halls of residence and PBSA are potentially more likely to have a wider variety of ethnic backgrounds. Continued physical distancing requirements may mean they are less able to access wider peer support networks and exacerbate feelings of isolation.</p>

²²² HESA Students Data, SG Secondary Analysis <https://www.hesa.ac.uk/data-and-analysis/students>

²²³ <http://www.sfc.ac.uk/publications-statistics/statistical-publications/2020/SFCST052020.aspx>

²²⁴ <https://www.hesa.ac.uk/data-and-analysis/staff>

²²⁵ <https://cldstandardscouncil.org.uk/wp-content/uploads/WorkingwithScotlandsCommunities2018.pdf>

²²⁶ <https://www.hesa.ac.uk/data-and-analysis/staff>, <http://www.sfc.ac.uk/publications-statistics/statistical-publications/2020/SFCST052020.aspx>

²²⁷ HESA Students Data, SG Secondary Analysis <https://www.hesa.ac.uk/data-and-analysis/students>

	Enabling CLD activity provides much needed support for English Speakers of Other Languages (ESOL) learning.
Disability	<p>Disabled students may find it harder to participate in distance learning and may require greater input from families for care, support and learning. Disabled students and disabled staff may also require specialist equipment (such as specialist IT equipment or software such as screen reading software) to allow them to participate in extended periods of online learning. Likewise, some disabled people might need resources printed off in other formats, e.g. large print for which they may not have resources at home to enable this.</p> <p>Disabled students and staff may find it harder to adhere to physical distancing measures or changed physical layouts, including student accommodation layouts and this may negatively impact them; or they may be unable to attend university due to health reasons.</p> <p>The ONS Opinions and Lifestyle Survey indicated that people with underlying health conditions or long-term illness may be at a slightly greater risk of poor mental wellbeing during the pandemic.²²⁸</p> <p>Many disabled adults, including those with poor mental health, are not considered to be physically at risk in relation to transmission of COVID-19. In a CLD context, this work takes place in a variety of learning environments. This includes supporting adults 1-1 or in groups using an educational institution, community facility, or even in a person's home.</p>
Religion and Belief	<p>Under a blended learning model, due to the restrictions in numbers, colleges and universities may not be able to offer a full programme of religious observance.</p> <p>In 2018/19, 51% of university enrolments self-declared that they had no religious beliefs, 36% of university enrolments self-declared as having a religion or belief and 13% are unknown or prefer not to say.²²⁹</p>
Sexual Orientation	LGB students who returned home during lockdown may have done so to family environments that are unsafe and

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/5june2020#indicators-of-concern-well-being-and-loneliness>

229 HESA Students Data, SG Secondary Analysis <https://www.hesa.ac.uk/data-and-analysis/students>

	<p>which make it harder to meet their needs. This may have negatively affected their wellbeing, and therefore their ability to complete their academic work. On campus living may improve this situation for some as the educational institutions reopen.</p> <p>In 2018-19, over 13,000 College enrolments and over 20,000 university enrolments have self-declared as being part of the LGBTQ+ community. This accounts for roughly one in ten university enrolments with known responses.²³⁰</p> <p>For young LGB people, living away from home for the first time might be the first opportunity that they have to explore their sexuality openly. Due to the reduced opportunities for meeting fellow LGB students, this important part of their development may be restricted causing anxiety and isolation.</p>
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	<p>Trans students who returned home during lockdown may have done so to family environments that are unsafe and which make it harder to meet their needs. On campus living may improve this situation for some as the educational institutions reopen.</p> <p>Their access to treatment and support is also very likely to have reduced or ceased; this can negatively affect their wellbeing.</p>
Socio-economic disadvantage: any people experiencing poverty	<p>Remote and online learning and teaching depends on staff and students being able to access the internet, and having access to a safe, suitable space to study, which may be a particular issue for older people and those facing socio-economic disadvantage.</p> <p>Colleges have a higher proportion of learners from the most disadvantaged areas, with 16.6% of college activity in 2018-19 delivered to students from the 10% most deprived areas in Scotland.²³¹</p>

²³⁰ HESA Students Data, SG Secondary Analysis <https://www.hesa.ac.uk/data-and-analysis/students> (contd.) SFC College Data, SG Secondary Analysis <http://www.sfc.ac.uk/publications-statistics/statistical-publications/statistics-schedule/statistical-publication-schedule.aspx>

²³¹ <http://www.sfc.ac.uk/publications-statistics/statistical-publications/2020/SFCST012020.aspx>

	<p>Some universities have higher proportions of students from disadvantaged backgrounds who may be staying in halls and PBSA.</p> <p>Learners from disadvantaged backgrounds are more likely to study practical subjects at college, such as construction, care and social care²³², which are most likely to be disrupted by remote learning and continued 2m physical distancing.</p> <p>CLD practice focuses on people most likely to face socio-economic disadvantage or equality groups so restarting CLD and college services will be positive for this group.²³³ CLD practice often complements the work of colleges in ensuring disadvantaged learners through the provision of a number of support activities remain engaged in learning and achieve the outcomes their affluent peers can.²³⁴</p> <p>CLD also supports learners with limited literacy skills who will have struggled to keep up to date with guidance provided in text format, without the support of someone to help them understand the text, assess the information, and then be in a position to make informed choices. These learners are often the most marginalised in our society.</p> <p>The lockdown period has had the potential to increase the extent of mental health problems of students and associated inequalities for socio-economically disadvantaged groups.²³⁵ This is coupled with the fact that people living in financial hardship tend to be at increased risk of mental health problems and lower mental wellbeing.²³⁶ Continued physical distancing measures within student accommodation, particularly around dining and communal may exacerbate feelings of anxiety and loneliness.</p> <p>The Poverty Alliance has recently reported concerns at present among community organisations about the mental health impacts of the pandemic and associated measures, with one organisation reporting a higher than normal number of calls being received from people with suicidal thoughts.²³⁷</p>
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²³² <http://www.sfc.ac.uk/publications-statistics/statistical-publications/2020/SFCST062020.aspx>

²³³ <https://cldstandardscouncil.org.uk/about-cld/what-does-cld-involve/>

²³⁴ <https://www.glasgow.gov.uk/councillorsandcommittees/view-SelectedDocument.asp?c=P62AFQDNT181NT2UUT>

²³⁵ <https://www.bmj.com/content/369/bmj.m1557>

²³⁶ <https://www.mentalhealth.org.uk/publications/tackling-socialinequalities-reduce-mental-health-problems>

²³⁷ <https://www.povertyalliance.org/wp-content/uploads/2020/04/Community-organisations-and-COVID19-PA-briefing-6-April-2020.pdf>

Stakeholder Engagement

We will continue to engage closely with universities, colleges, CLD organisations, trade unions, student representatives, the Scottish Funding Council (SFC) and other sector organisations throughout the coronavirus crisis to assess the likely impacts, both positive and negative, and any mitigating actions required.

Mitigations

Colleges and universities have prepared for and are operating a blended model of remote learning and limited on campus learning were a priority. Public health measures (including physical distancing) are in place.

Guidance²³⁸ was prepared to support colleges and universities return to campus, for laboratories and research facilities (published 29 June), and for community learning and development ²³⁹(published 9 July). Guidance has also been developed for student accommodation (published 22 July) and community learning and development. All guidance reminds institutions and providers of their responsibilities under equality legislation and any duties they may have as employers.

This guidance set out the latest health and safety and public health advice, including on physical distancing, personal hygiene, cleaning and risk assessments to reduce the risk of infection and transmission in these settings. The guidance also set out that colleges and universities should provide appropriate support for those who are clinically at risk (prevalence is likely to be higher amongst older, disabled and minority ethnic people). Individual health circumstances and protected characteristics will be discussed as appropriate with staff and students in consideration of expansion of activities and in risk assessment processes.

COVID-19 does not affect all population groups equally so individual health circumstances and protected characteristics (such as sex and race) will be discussed as appropriate with staff and students in consideration of expansion of activities and in risk assessment processes.

Consideration should be given as to whether any particular measures or adjustments are required to fulfil duties under the equalities legislation. It is important to make sure the steps implemented do not have an unjustifiably negative impact on some groups compared to others, for example, those with caring responsibilities.

With the simultaneous return of schools and childcare women, as primary carers, should be able to return to work or study. However, we are aware

²³⁸ <https://www.gov.scot/publications/coronavirus-covid-19-universities-colleges-and-student-accommodation-providers/>

²³⁹ <https://www.gov.scot/publications/coronavirus-covid-19-community-learning-and-development-sector/pages/health-of-staff-and-service-users/>

that any future closure in such services will impact and will need mitigation activity.

The Scottish Government wants to minimise disruption to learning and ensure students are able to complete their studies and access on-line learning for 2020-21. This is especially the case for those groups of learners in the community and those for whom English is not a first language, where mobile communication is often the only means to stay in touch with learners. To ensure access to digital technology and Wi-Fi to ensure learning continuity the Scottish Government have announced a Digital Inclusion Fund to mitigate these costs for at risk learners.²⁴⁰

The phased return for colleges, universities and community learning and development will therefore reduce inequalities of outcome for socio-economically disadvantaged people.

This is particularly the case in colleges for practical subjects, such as construction, care and social care support, which are most likely to have been disrupted by COVID-19. Time-sensitive mandatory or regulated skills assessments that are essential to the completion of Modern Apprenticeship qualifications or to comply with a legal obligation had already resumed in colleges. Enabling the resumption of priority on-campus activity, such as skills tests, ahead of the start of term enabled colleges to complete deferred activity and maximise their economic response. College provision, predominantly full-time, will play a central role in providing opportunities for many of Scotland's school leavers and young people to help offset rising youth unemployment.

We are working to invest additional monies to create digital hubs connecting Scotland's colleges and communities to provide access to learning for the thousands of adults with few or no qualifications. This will be of benefit to socio-economically disadvantaged people who are less likely to have access to digital devices.

The Scottish Funding Council has issued new guidance²⁴¹ to allow colleges to use Further Education and Higher Education student support funds to cover the necessary equipment and infrastructure costs for students to be able to continue their studies remotely. The new guidance has supported colleges and universities to ensure that no students are disadvantaged in their studies due to the lack of access to the appropriate technology.

As part of the Summer Support Package, the Scottish Government extended its support to the NUS Scotland Think Positive Project to March 2021 to, amongst other things, support and further develop the Small Grants; deliver, either remotely or blended, a Student Mental Health Conference in October; and develop the delayed, in light of COVID-19, National Action Plan (due to be developed following the original May

²⁴⁰ <http://www.sfc.ac.uk/nmsruntime/saveasdialog.aspx?IID=21332&SID=13197>

²⁴¹ http://www.sfc.ac.uk/web/FILES/covid-19/COVID-19_FAQ_Student_Support.pdf

conference). The guidance and allocation for mental health counsellors in the academic year 2020/21 was issued by the Scottish Funding Council (SFC) at the end of August. This will help institutions build on the substantial progress made in recruiting counsellors and on the SFC's flexible approach to working with institutions with regard to counsellor recruitment during the pandemic.

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

Shopping, Eating and Drinking Out

1.9 Non-essential shops inside shopping centres can re-open

<ul style="list-style-type: none"> Non-essential shops inside shopping centres can re-open (following guidance and with physical distancing). 	
<p>General impacts of the measure</p>	<p>Non-essential retailers were instructed to close during lockdown and reopening will have had a positive financial impact for businesses and for people returning to work in those businesses.</p> <p>The risk of COVID-19 infection and transmission in the community will also have increased as non-essential retailers in shopping centres reopened. This will have had a negative impact on people more susceptible to severe illness from COVID-19 and on community confidence in welcoming visitors. Workers responsible for hygiene and sanitation, and customer facing staff, may have had anxieties about returning to work, risk of infection and transmission within their households.</p> <p>Guidance for the retail sector includes advice to employers on assessing risks to their employees due to the virus, noting that a full risk assessment should be undertaken in consultation with employees. Employers should ensure that the actions taken as the result of the assessment do not disproportionately impact those with vulnerabilities such as people with disabilities, single parents, younger or older people and consider how to support those with additional needs to comply with physical distancing.</p> <p>Smaller shops and businesses may have had limited staff to undertake hygiene and sanitation, which may have affected the confidence of some members of the public and potentially discourage customers from visiting them.</p> <p>Reopening of shopping centres will have had positive impacts for people who are consoled by a return towards normal life, but as these spaces are likely to have become busier, it could have further raised concern for people who are less sure about leaving their homes.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Physical distancing may be more difficult in small shops and retail services, which could be a particular challenge for older people with limited mobility. Physical distancing</p>

<p>Children and Young People</p>	<p>may impact on the availability of assistance to those who need it, while queueing systems may not cater to all needs.</p> <p>Older people are more likely to be digitally excluded and therefore may not be able to easily access online shopping or click and collect services. Some retailers will be able to offer ordering by phone or post.</p> <p>Older people may have a greater reliance on home deliveries or assistance from family/friends/carers.</p> <p>As the retail sector continued to re-open and more people visited retail premises, the risks of infection will have risen and this may increase anxiety for some older people when entering larger retail premises.</p> <p>One way shopping systems, which may result in queueing and a lack of observance of physical distancing, may raise anxiety for some older people or deter some from going out if they are unable to stand for long periods.</p> <p>In the UK, young people are more likely to be working in some affected sectors, such as leisure and entertainment – and may be around 2.5 times as likely to work in a sector that has been ‘shut down’ (IFS – under 25s). Younger workers in the UK are also much more likely to be on zero-hour contracts.²⁴²</p> <p>For young people returning to work, reopening will therefore have positively increased their income, but will also negatively increase their health risks, potentially raising anxieties about returning to work and infection transmission within households.</p> <p>Closure of non-essential retail may result in loss of income or financial stress and negatively impact mental health.</p>
<p>Sex: Women</p>	<p>Women are more likely than men to work in the retail industry and reopening will have had a positive impact both financially and from a mental health perspective. In Scotland in Jan-Dec 2019, there are 147,500 women employed in SIC 47 Retail Trade except vehicles,</p>

²⁴² [Inequality in the Impact of the Coronavirus Shock; Sector Shutdowns during the Coronavirus Crisis](#) ; [EMP17: People in employment on zero hours contracts](#)

Men	<p>representing 60.5% of the sector and 11.3% of all women in employment in Scotland.²⁴³</p> <p>Women do the majority of unpaid care for children. Around 60% of unpaid carers are women and 28% of women who provide unpaid care say that this has impacted on their employment; 8% were unable to take up work; 10% worked fewer hours; 7% left work altogether or took early retirement.²⁴⁴</p> <p>This disproportionate caring responsibility may impact their ability to return to work, however formal childcare fully reopened on 15th July, followed by the schools on the 11th August, which means that formal childcare was more easily accessible.</p> <p>It is unlikely that these measures will have had a further differential impact on men, although parents may have to juggle childcare.</p>
Race	<p>It is not known if there are differential impacts depending on race or ethnicity in terms of employment in this sector. However, Pakistani and Bangladeshi workers have the lowest median hourly pay and are also the least likely to work from home in the UK, while in Scotland, African women were by far the most likely to be working in either caring, leisure and other service occupations or sales and customer service occupations, where homeworking may be much less feasible.²⁴⁵</p> <p>Businesses re-opening will likely have increased risk of transmission and infection for this group, potentially raising anxieties about returning to work.</p> <p>Without alternative language formats for information or through a lack of access to an interpreter / support worker some customers may have found this measure more difficult to understand if English was not their first language.</p>
Disability	<p>Disabled workers may find it more challenging, or not be able to attend work and undertake additional public health measures, but the severity of impacts will be dependent on individuals and specific job circumstances.</p>

²⁴³ [Annual Population Survey Jan-Dec 2019](#)

²⁴⁴ [Scottish Health Survey 2017](#) [Scottish Health Survey 2018](#) & Health and Care Experience Survey, 2017-18

²⁴⁵ [Economic Impact of Coronavirus Led Labour Market Effects on Individuals and Households'](#)

	<p>People living with sight and hearing loss may find that PPE, such as face coverings, could create new communication barriers, and blind and partially sighted people have reported coverings can also affect their hearing.</p> <p>PPE like face coverings or visors may also present challenges for people with a restricted field of vision, where any residual vision is at the lower edge of the usual field of view.</p> <p>Tactile markings are required for blind / visually impaired people as a result of the virus, the lack of which may affect their confidence going out to the shops. Similarly, those who are deaf / have hearing impairments may miss audio announcements about new directions for shoppers in shopping centres or stores; this can affect their confidence when shopping.</p> <p>Learning disabled or autistic adults and children may also have struggled to understand and/or comply with the new measures. Without accessible formats of information or through a lack of access to an interpreter / support worker some customers may find this measure more difficult to understand.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	<p>Reopening of shopping centres may have increased health risks to pregnant women.</p> <p>Women tend to do the majority of unpaid care for children, around 60%, and this may impact their ability to return to work, however formal childcare fully opened on 15th July, followed by the schools on the 11th August, making formal childcare more easily accessible.</p>
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>There may be a higher prevalence of socio-economically disadvantaged people working in this sector.</p> <p>Low income is an issue for those employed within the retail sector, particularly in the case of women who, for a</p>

	<p>variety of reasons make up the largest number of workers, with lower earnings than other employment sectors.²⁴⁶</p> <p>Although pay per hour has been steadily rising, retail is still a low paid sector. However, the reopening of the non-essential retailers in shopping centres will have had a positive impact on income for people employed in this industry.</p> <p>For people without internet access, or for whom additional costs for delivery are incurred, e.g. Highlands and Islands, the reopening of shops will have enabled them to purchase goods that they cannot otherwise access. Likewise, for people who do not have access to credit cards who need to pay cash for goods, the closure of shops will have been a barrier to accessing goods.</p>
<p>Stakeholder Engagement</p> <p>Ongoing consultation with business on updating the Coronavirus (COVID-19): Retail Sector Guidance,²⁴⁷ including this measure, is conducted via organisations represented on the Retail Guidance Sub-group, led by the Minister for Older People and Equalities.</p> <p>At the time of consultation, the membership of the Retail Guidance Sub-group included:</p> <ul style="list-style-type: none"> • South Ayrshire Council • General, Municipal, Boilermakers • Union of Shop, Distributive and Allied Workers • Scottish Grocers Federation • Scottish Retail Consortium • Federation of Small Businesses • Scottish Property Federation • Scottish Wholesale Association • Health and Safety Executive <p>The STUC have also been consulted in a call with trade unions.</p> <p>The guidance was also presented to the Minority Ethnic Employment Steering group.</p> <p>An EQIA highlighted gaps in evidence and impacts of the measures for protected characteristics. To build the evidence base, the guidance and the draft EQIA were sent to the Scottish Older People’s Assembly, Age Scotland, Young Scot, Coalition for Race Equality and Rights, Engender,</p>	

²⁴⁶ <https://www.closesthegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>

²⁴⁷ <https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/>

Equality Network, Inclusion Scotland, Interfaith Scotland and Scottish Trans Alliance for consultation.

Mitigations

Retail Sector Guidance has been published and reviewed on a 3-weekly basis.²⁴⁸ The guidance advises retailers to undertake a risk assessment prior to opening to determine necessary actions and adjustments.

An operational guide for retailers is provided with the guidance to aid retailers in conducting their assessments.

The Scottish Government is working with a Minister-led Retail Guidance Sub-group comprising of trade unions, leadership bodies and regulators to collaboratively develop the guidance and tackle challenges.

The evidence gathered 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.

There is a barrier for people who may have impaired sight or blindness as they will be unable to read the guidance. This may potentially also be a potential barrier for people whose first language is not English as they may be unable to interpret the guidance. However, should an alternative guidance format, such as braille or a community language be requested, this can be arranged through Scottish Government. A checklist for shops, branches and shopping centres has been included in the Retail Guidance that instructs retailers of the need to address the requirements of accessibility including with regard to signage, store capacity and customer support.

Some public health measures taken alongside reopening of personal retail services, such as face coverings, are needed to reduce health risks posed by the virus by limiting the spread of the disease. It is also clear that there is also a need to mitigate those negative effects and to promote equality as part of our wider responsibilities under the general duty. Where any potential negative impacts have been identified, we have sought to mitigate these – for example, by provisions in the Retail support and guidance. A reasonable reason for not wearing a face covering includes where a person cannot put on, wear, or remove a face covering because of a physical or mental illness or impairment, or without severe distress. A person is also not expected to wear a face covering where they cannot put on, wear, or remove a face covering in order to communicate with a person who has difficulties communicating (in relation to speech, language or otherwise).

²⁴⁸ <https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/pages/related-information/>

Reopening the retail sector will support good relations between people who share a protected characteristic and persons who do not share it, in order to address the impacts of COVID-19. The retail guidance states employers should take into account individual health circumstances and protected characteristics, which aims to promote good relations and understanding.

The retail sector guidance had been amended to include guidance for retailers and customers on catering for disabled people, to raise awareness of difficulties experienced by disabled people and promote understanding.

Low income is an issue for those employed within the retail sector, with lower earnings than other employment sectors. Although pay per hour has been steadily rising, retail is still a low paid sector. The retail sector is disproportionately high in part-time and zero hour contract workers.

However, the reopening of non-essential retailers in shopping centres will have had a positive impact on income for people employed in this industry and may improve their wellbeing.

The reopening of non-essential retail will likely increase participation in public life for all people, allowing workers to safely return to the workplace and some potentially being comforted by seeing a return towards normal life.

However, as personal retail services reopened and public spaces possibly became busier, some people may become more anxious about going outside or returning to work. This is being mitigated by robust public health advice and retail guidance outlining best practice for businesses to safely reopen.

Shopping, Eating and Drinking Out

1.10 Indoor hospitality

<ul style="list-style-type: none"> Indoor hospitality (subject to physical distancing rules and guidance) 	
<p>General impacts of the measure</p>	<p>Scotland’s hospitality industry has been particularly hard-hit by the pandemic because of its customer-facing nature.</p> <p>Registered enterprises within the sustainable tourism sector accounted for around 8% of all registered businesses in Scotland in 2019 with just under 15,000 tourism businesses in Scotland. Within the sustainable tourism growth sector, restaurants comprise the highest proportion (51%) while pubs and clubs and hotels account for 19% and 11% respectively.²⁴⁹</p> <p>Re-opening of the hospitality sector is conditional on supportive scientific and public health evidence and compliance with sector and public health guidance, including physical distancing and suitable hygiene measures.</p> <p>Re-opening the sector is important to the recovery of Scotland’s economy. It will be of benefit to the operators directly, and those employed within it, but will also allow for the potential of wider benefits from customer expenditure to begin to be restored.</p> <p>Detailed guidance has been published to support hospitality businesses to implement measures to reduce the risk of virus transmission.²⁵⁰ This included mitigating measures to allow a reduction in physical distancing rules from 2m to 1m.</p> <p>Industry guidance has also been produced on wedding receptions and funeral wakes²⁵¹.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Older people may come under increased risk of infection while possibly interacting with others while attending or working at hospitality businesses. However, businesses’ compliance with tourism and hospitality guidance should</p>

²⁴⁹ 14,970 in 2019 <https://www.gov.scot/publications/growth-sector-statistics/>

²⁵⁰ <https://www.gov.scot/publications/coronavirus-covid-19-tourism-and-hospitality-sector-guidance/pages/hospitality-statutory-guidance/>

²⁵¹ <https://scottishtourismalliance.co.uk/coronavirus/>

<p>Children and Young People</p>	<p>help mitigate this risk, alongside the published mitigating measures for reducing physical distancing to 1m.</p> <p>Older people are more likely to live alone, which has potentially significant implications for their wellbeing. Reduced opportunities to meet other people may therefore have a negative impact for older people as they may experience increased isolation.</p> <p>The tourism sector has a disproportionately young workforce compared to other sectors. 36% of the accommodation and food services sector workforce is aged 16-24, compared to 12% overall for Scotland.²⁵² Re-opening indoor hospitality has likely allowed more young people to return to work. However, this may also mean that future job losses are also more likely to impact on young people.</p> <p>For young people returning to work, reopening will therefore positively increase their income and mental wellbeing, but could also negatively increase their health risks, potentially raising anxieties about returning to work and infection transmission within households.</p>
<p>Sex: Women</p>	<p>Women constitute 52.3% of the tourism workforce.²⁵³ This increases the risk of infection for women given the customer-facing nature of many of the roles. Women are the majority of those employed in many 'shut down' sectors, such as Retail trade, except vehicles (60% women), Accommodation (58%) and Food and beverage service activities (53%).²⁵⁴</p> <p>If hospitality is open, but experiencing reduced custom and revenue, then employees and businesses may not be able to access the full support scheme causing increased financial hardship for those on low-incomes/already at an economic disadvantage. Women make up a high proportion of this workforce/are more likely to work part-time and more likely to be the only earner in single-parent households.</p> <p>Before the pandemic, women met socially with friends, relatives, neighbours or colleagues more regularly than men (although we are not clear whether this happened in</p>

²⁵² Data has been extracted from the Annual Population Survey 2019, and the Annual Survey of Hours and Earnings 2018

²⁵³ Annual Population Survey 2019, and the Annual Survey of Hours and Earnings 2018

²⁵⁴ [Scottish Household Survey, 2018](#); Annual Population Survey 2019; [Sick Pay for All](#); [Public Health Scotland COVID-19 Statistical Report & Deaths involving coronavirus in Scotland](#)

Men	<p>hospitality settings) and so might be more likely to miss doing so²⁵⁵. The increased opportunities for women to meet with others may therefore have helped in decreasing loneliness and may also help to increase access to support networks.</p> <p>Restricted measures may negatively impact on women being able to meet socially with friends. Whilst it is recognised that this may have a negative effect, it is considered a proportionate means of fulfilling the legitimate aim of protecting the general public from the threats posed by the outbreak of the Coronavirus pandemic and, therefore, the threat to human life in Scotland.</p> <p>Women are more likely than men to have longstanding illnesses.²⁵⁶ Restrictions should reduce the risk of COVID-19 infection.</p> <p>Men, including single men who live alone, may have felt less isolated with the relaxing of restrictions through the Route Map, improving mental wellbeing, but further restrictions may reduce that with fewer opportunities to meet with other people.</p>
Race	<p>The tourism sector workforce is dependent on a high proportion of non-UK nationals, who form 16% of the workforce – double the Scotland overall average of 8%.²⁵⁷</p> <p>Re-opening the sector will have had beneficial employment impacts for these groups which are disproportionately represented in the hospitality sector.</p> <p>According to Close The Gap’s recent report²⁵⁸, 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.</p> <p>This has the potential to further entrench labour market inequality for Minority Ethnic women who already face multiple barriers to good quality employment.</p>

²⁵⁵ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/4/>

²⁵⁶ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#))

²⁵⁷ As above – APS and ASHE

²⁵⁸ <https://www.closethegap.org.uk/content/resources/Disproportionate-Disruption---The-impact-of-COVID-19-on-womens-labour-market-equality.pdf>

	<p>Given the acknowledged increased risks of COVID-19 to minority ethnic groups, employers need to ensure safety and guidance is fully adhered to protect these and all other employees.</p> <p>Feelings of loneliness are highest in single-occupier households²⁵⁹ and people of ‘Black, Black Scottish or Black British’ ethnicity were most likely to be living alone at the time of the last census in 2011²⁶⁰. They may be negatively impacted from not being able to meet up as easily with other people.</p> <p>The reduced opportunity to meet households outside of the home and visit external settings will have had a negative impact for those living in overcrowded households which may be detrimental to their mental and physical health. Those identifying as ‘White: Polish’, ‘Bangladeshi’ or ‘African’ were the most likely to live in overcrowded households in 2011.</p> <p>If hospitality is open, but experiencing reduced custom and revenue, then employees and businesses may not be able to access the full support scheme causing increased financial hardship for those on low-incomes/already at an economic disadvantage. A significant proportion of the sector’s workforce are from Minority Ethnic backgrounds.</p> <p>Without alternative language formats for information or through a lack of access to an interpreter / support worker both customers and workers may have found the changes to restrictions more difficult to understand if English was not their first language.</p>
Disability	<p>The re-opening of the indoor hospitality sector will have allowed greater choice for disabled people with a wider selection of accommodation being opened. This may have had a positive impact in terms of accessibility and reducing social isolation and loneliness. Reduced hospitality opportunities may have a negative impact for some disabled people. However, this must be balanced against the need to protect more vulnerable disabled people from the risk of the virus.</p> <p>26.6% of the accommodation and food services sector workforce have a long-term condition or illness. Employers</p>

²⁵⁹ [Scottish Household Survey 2018](#)

²⁶⁰ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

	<p>will need to ensure safety and guidance is fully adhered to in order to protect these and all other employees.</p> <p>Relaxation of restrictions around meeting up with others earlier in Phase 3 could lead to an increased risk of contracting COVID-19. This could disproportionately affect some disabled people. Around 170,000 adults in Scotland have been defined on medical grounds as clinically extremely vulnerable due to having an existing health condition that puts them at very high risk of severe illness from COVID-19. Therefore, measures designed to protect people who are at greater risk from COVID-19 will have a positive effect for disabled people.</p> <p>Some may not be able to gauge properly the required physical distance between themselves and other members of the public in hospitality settings. This is likely to be a cause of anxiety for many visually impaired people and learning disabled adults and children. A full risk assessment process should be undertaken by individual businesses to mitigate such risks.</p> <p>Without accessible formats of information or through a lack of access to a support worker some people may have found changes to measures more difficult to understand. Information on both the Scottish Government and Health and Safety Executive websites have a range of accessibility options.</p> <p>Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown.</p> <p>In 2018, a higher percentage of disabled adults in Scotland (39%) said that they felt lonely some, most, or all of the time in the preceding week compared with all adults (21%) and non-disabled adults (16%). People with mental health issues may be at greater risk of the impacts of social isolation. These measures could therefore negatively impact on disabled people.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	Inviting LGB people into the home may not be an option for people who live in a homophobic environment, so the opportunity for some to meet outside of their household in hospitality settings may be positive.

Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	<p>Being able to meet people outside the home in hospitality settings may provide some help to those who are the main carers, especially lone mothers (who account for the majority of lone parents).</p> <p>Allowing households with younger children to meet in hospitality settings will enable mutual support and bonding, improving the mental health of the parents and the children. The opportunity for children aged 11 and under to play with friends without physical distancing may reduce anxiety for those accompanying or supervising them during outdoor meetings.</p> <p>The opportunity to attend informal social meetings in hospitality settings (for example new Mums meeting for coffee) with a wider range of friends, who could offer support, will have been beneficial for a pregnant woman's mental health. Reduced opportunities to meet other people may have a negative impact especially for lone mothers (who account for the majority of lone parents), although changes with regard to physical distancing for children under 12 years of age may mitigate this.</p> <p>The particular risks for employees who are pregnant should be considered and all relevant workforce guidance adhered to.</p>
Gender Reassignment	<p>The opportunity to attend informal social meetings in hospitality settings with a wider range of friends in the earlier part of Phase 3, who could offer support, will have been beneficial for a trans or transgender person's mental health. Reduced opportunities to meet other people may have a negative impact. The Scottish Government has provided a package of support to organisations who support LGBT+ people across Scotland to help mitigate negative effects.²⁶¹</p>
Socio-economic disadvantage: any people experiencing poverty	<p>People who are socio-economically disadvantaged, including those who may have lost jobs or have seen their incomes reduce during lockdown, may be less able to afford to engage with hospitality businesses.</p>

²⁶¹ <https://www.equality-network.org/emergency-funding-for-lgbtq-organisations-and-groups/>

	<p>There is a high incidence of low pay in the sector.²⁶² 58% of adult tourism workers earn less than the living wage (an hourly rate set at £8.75 in 2018), compared to 19% overall in Scotland. The proportion earning below living wage is highest for young workers (82%), but remains high across all age ranges (39%-50%), it's also higher for women (63%) than for men (52.5%) and more prevalent across part-time workers (73.2%), than full-time workers (40.4%).²⁶³</p> <p>Data from the Annual Population Survey Jan-Dec 2019 shows that people working in the tourism sector when compared to the workforce as a whole are several times more likely to be low skilled. 36.8% work at a low skill level compared to 27.5% at high skill level across the Scottish workforce. Low skilled workers are more likely to be earning low wages.</p> <p>If hospitality is open, but experiencing reduced custom and revenue, then employees and businesses may not be able to access the full support scheme causing increased financial hardship for those on low-incomes/already at an economic disadvantage.</p> <p>Even where there are minimal restrictions the sector is likely to suffer from lower demand, negatively impacting low skilled and low paid workers.</p> <p>For seasonal tourism and hospitality workers, often in remote and rural areas, the summer season of tourism work is essential to survive a jigsaw of part time or temporary jobs that enable them to financially survive for the year. Many of these people are self-employed and so their socio-economic disadvantage is hidden. Remote rural areas has twice the rate of self-employed people than the Scottish average. ²⁶⁴</p>
<p>Stakeholder Engagement</p> <p>Organisations representing hospitality and licensed trade businesses, as well as trade unions and other relevant bodies, have been consulted on the easing of restrictions, exemption from 2 metre distancing rule and additional mitigating measures to be put in place. They have been consulted on detailed guidance, marketing and support measures. These organisations include:</p>	

²⁶² Data has been extracted from the [Annual Population Survey 2019](#), and the [Annual Survey of Hours and Earnings 2018](#)

²⁶³ [Annual Population Survey 2019](#), and the [Annual Survey of Hours and Earnings 2018](#)

²⁶⁴ Rural Scotland: key facts 2018 <https://www.gov.scot/publications/rural-scotland-key-facts-2018/pages/4/>

- Scottish Licensed Trade Association
- Scottish Beer and Pub Association
- UKHospitality
- Unite the Union
- Prospect
- Information Commissioner's Office
- Public Health Scotland

Mitigations

Mitigations in place via comprehensive guidance (including risk assessments for businesses) to minimise the risk to all employees.

Mitigating actions set out in guidance should provide protection for all groups working in and engaging with the hospitality sector. These are designed to facilitate necessary reduction in physical distancing and include:

- No standing – all customers seated.
- Face coverings by staff.
- Clear systems for safe ordering and payments.
- Clear systems for safe use of toilet facilities.
- Use of screens between seating areas.
- Good ventilation.
- Good signage and alternative mechanisms in place for those with communication difficulties (including guides or staff on hand to assist).
- Measures to reduce noise to avoid the raising of voices.
- Clear messaging on need to provide contact details to support Test & Protect.
- Introduction of 10 pm curfew to minimise transmission.
- Single household occupancy of visitor accommodation.

A comprehensive financial support package has been implemented to support both businesses and employees in the hospitality sector who have been negatively impacted by the ongoing restrictions.

Shopping, Eating and Drinking Out

1.11 Personal retail services

<ul style="list-style-type: none"> • Personal retail services, including hairdressers and barbers, can re-open with physical distancing and hygiene measures with enhanced hygiene measures. • Other personal retail services such as beauticians and tailors – with enhanced hygiene measures. 	
<p>General impacts of the measure</p>	<p>Following public health advice, hairdressers and barbers could reopen on 15 July, with other personal retail services (e.g. beauty salons) reopening on 22 July.</p> <p>Personal retail services, including hairdressers and barbers, were instructed to close during lockdown and reopening will have had positive financial impacts for businesses and for people returning to work in those businesses.</p> <p>Smaller shops and businesses may have had limited staff to undertake hygiene and sanitation, which may affect the confidence of some members of the public and potentially discourage from visiting them.</p> <p>Self-employed business owners with caring responsibilities may find it challenging to open without suitable provisions for childcare, especially if they are lone parents or have no one else to help out with caring responsibilities.</p> <p>It will have had positive impacts for people who are consoled by a return towards normal life and opening of personal retail services will have been welcomed by many.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Older people are at higher risks of infection. The nature of many personal retail services means that some older people may worry about how close people assisting them will be. However, following public health measures for both workers and customers will decrease health risks.</p> <p>Physical distancing may be more difficult in small shops and retail premises, which could be a particular challenge for older people with limited mobility.</p> <p>Although no verifiable data is available, it is expected that mobile close contact services are used by people of all</p>

<p>Children and Young People</p>	<p>age ranges and if those services are not permitted they will be inaccessible to older people, particularly those who may have limited mobility.</p> <p>Younger workers are more likely to work part-time and on less secure contracts. For young people returning to work, reopening will have therefore had positively increased their income, but will also negatively increased their health risks, potentially raising anxieties about returning to work and infection transmission within households.</p> <p>19.1% of those working in close contact services are aged 16-24 compared to 12.3% of the workforce as a whole. Whilst close contact services are able to be delivered as the proportion of young people who work in close contact services is higher than the total workforce average, young people working in this sector may be more likely to be economically disadvantaged through limitations on numbers of clients and treatments on offer.</p>
<p>Sex: Women</p>	<p>Women made up 80.7% of the total close contact services workforce in 2019. Where close contact services are permitted, this will disproportionately benefit women's income and employment. It may also disproportionately expose women to greater chance of COVID-19 transmission, although there is no verifiable data available on this.</p> <p>The reopening of the sector would have had a positive impact both financially and from a mental health perspective.</p> <p>Closure of certain mobile close contact services is likely to have negatively impacted disproportionately on women's employment and income.</p> <p>Women tend to do the majority of unpaid care for children and this may impact their ability to return to work, however formal childcare fully reopened on 15 July, followed by the schools on the 11th August, with a relaxation on physical distancing restrictions, making informal and formal childcare more easily accessible.</p>
<p>Men</p>	<p>It is unlikely that these measures will have had a further differential impact on men, although parents may have to juggle childcare.</p>
<p>Race</p>	<p>There are an estimated 30,000 people employed in the close contact services workforce of which 6.7% are from</p>

	<p>an ethnic minority. 90.9% of the close contact services workforce is a UK National, 4.7% an EU National, and 4.4% is an Other Non-EU National.</p> <p>Pakistani and Bangladeshi workers have the lowest median hourly pay and are also the least likely to work from home in the UK, while in Scotland, African women were by far the most likely to be working in either caring, leisure and other service occupations or sales and customer service occupations, where homeworking may be much less feasible.²⁶⁵</p> <p>Businesses re-opening will likely increase risk of transmission and infection for this group, potentially raising anxieties about returning to work.</p> <p>Without alternative language formats for information or through a lack of access to an interpreter / support worker some customers may have found this measure more difficult to understand if English is not their first language.</p>
Disability	<p>Disabled workers may find it more challenging to attend work, depending on their disability. Both practitioners and clients of close contact services that have a disability will be more likely to have a higher prevalence of serious illness from COVID-19 due to underlying health issues than those without a disability.</p> <p>Disabled workers may find it more challenging to move around retail premises, or not be able to attend work and undertake additional public health measures, but severity of impacts will be dependent on individuals and specific job circumstances.</p> <p>People living with sight and hearing loss may find that PPE, such as face coverings, could create new communication barriers, and blind and partially sighted people have reported coverings can also affect their hearing.²⁶⁶</p> <p>PPE like face coverings or visors may also present challenges for people with a restricted field of vision, where any residual vision is at the lower edge of the usual field of view.</p>

²⁶⁵ [Economic Impact of Coronavirus Led Labour Market Effects on Individuals and Households'](#)

²⁶⁶ Royal Blind and Scottish War Blinded response to COVID-19 Committee Call for Evidence, 29 May 2020

	<p>Learning disabled or autistic adults and children may also have struggled to understand and/or comply with new measures. Without accessible formats for information or through a lack of access to an interpreter / support worker some customers may have found this measure more difficult to understand.</p> <p>For disabled people who receive either physical, or therapeutic relief from such services, their closure may have had a detrimental impact on physical wellbeing. Where mental health is the disability, ceasing mobile close contact services may have exacerbated any underlying mental health issue.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	The particular risks for employees who are pregnant should be considered and all relevant workforce guidance adhered to.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>There may be a higher prevalence of socio-economically disadvantaged people working in this sector.</p> <p>Low income is an issue for those employed within the retail sector, with lower earnings than other employment sectors. Although pay per hour has been steadily rising, retail is still a low paid sector. However, the reopening of the personal retail services sector will have had a positive impact on income for people employed in this industry.</p> <p>The Scottish Government's Monthly GDP statistics for August 2020 shows a year on year contraction of the close contact services sector between 2019 and 2020 (34.2% lower in August compared to August 2019) and 10.0% lower for the economy overall. Closure of close contact services will have had an impact across a sector which is predominantly used by and employing women.</p>

Stakeholder Engagement

Ongoing consultation with business on updates to the Coronavirus (COVID-19): Retail Sector Guidance,²⁶⁷ including this measure, is conducted via organisations represented on the Retail Guidance Sub-group, led by the Minister for Older People and Equalities.

Membership of the Retail Guidance Sub-group included:

- South Ayrshire Council
- General, Municipal, Boilermakers
- Union of Shop, Distributive and Allied Workers
- Scottish Grocers Federation
- Scottish Retail Consortium
- Federation of Small Businesses
- Scottish Property Federation
- Scottish Wholesale Association
- Health and Safety Executive

The STUC have also been consulted in a call with trade unions.

An EQIA process highlighted gaps in evidence and impacts of the measures for protected characteristics. To build our evidence base, the guidance and the draft EQIA was sent out to the Scottish Older People's Assembly, Age Scotland, Young Scot, Coalition for Race Equality and Rights, Engender, Equality Network, Inclusion Scotland, Interfaith Scotland and Scottish Trans Alliance for consultation.

Mitigations

Retail sector guidance has been published and reviewed on a 3-weekly basis. The guidance advises retailers to undertake a risk assessment prior to opening to determine necessary actions and adjustments.

An operational guide for retailers is provided with the guidance to aid retailers in conducting their assessments.

Scottish Government is working with a Minister-led Retail Guidance Sub-group comprising of trade unions, leadership bodies and regulators to collaboratively develop the guidance and tackle challenges.

The evidence gathered 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.

Safely reopening the personal retail services sector supports public health and restart the economy, in order to address the impacts of COVID-19.

²⁶⁷ <https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/>

Workers providing personal retail services will have seen a positive impact on their incomes and potentially on mental wellbeing.

The retail guidance advises that employers discuss individual needs with their employees and take these into account when planning for a return to work.

An operational guide for retailers is provided with the guidance to aid retailers in conducting their assessments.

There is a barrier for people who may have impaired sight or blindness as they will be unable to read the guidance, or be aware of its existence. This may potentially also be a potential barrier for people whose first language is not English as they may be unable to interpret the guidance. However, should an alternative guidance format, such as braille, or community language be requested, this can be arranged through Scottish Government.

Some public health measures taken alongside reopening of personal retail services, such as face coverings, are needed to reduce health risks posed by the virus. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have sought to do this through provisions contained in the Regulations, or by current support and guidance available.

A reasonable exception for not wearing a face covering includes where a person cannot put on, wear or remove a face covering because of any physical or mental illness or impairment, or without severe distress. A person is also not expected to wear a face covering where they cannot put on, wear or remove a face covering in order to communicate with a person who has difficulties communicating (in relation to speech, language or otherwise).

Reopening the personal retail services sector supports good relations between people who share a protected characteristic and persons who do not share it, in order to address the impacts of COVID-19. The retail guidance states employers should take into account individual health circumstances and protected characteristics, which aims to promote good relations and understanding.

The retail sector guidance had been amended to include guidance for retailers and customers on catering for disabled people, to raise awareness of difficulties experienced by disabled people and promote understanding.

Low income is an issue for those employed within the retail sector, with lower earnings than other employment sectors. Although pay per hour has been steadily rising, retail is still a low paid sector. The retail sector is disproportionately high in part-time and zero hour contract workers.

However, the reopening of the personal retail services sector will have had a positive impact on income for people employed in this industry and may improve their wellbeing.

As personal retail services reopen some people may become more anxious returning to work. This is being mitigated by robust public health advice and retail guidance outlining best practice for businesses to safely reopen.

Women do the majority of unpaid care for children, around 60%, and this may impact their ability to return to work, 28% of women who provide unpaid care say that this has impacted on their employment; 8% were unable to take up work, 10% worked fewer hours and 7% left work altogether or took early retirement. However formal childcare opened on 15th July, followed by schools on 11th August, with guidance on safe reopening published, meaning that informal and formal childcare is more easily accessible.²⁶⁸ This will potentially have a particularly positive impact on lone parents - their incomes are likely to increase as they return to work, while anxiety over childcare arrangements may decrease.

²⁶⁸ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/>

Sport, Culture and Leisure Activities

1.12 Museums, galleries, monuments, libraries, visitor attractions, cinemas

<ul style="list-style-type: none"> • Museums, galleries, monuments, libraries, various other visitor attractions, cinemas (including drive-ins and venues screening films) – with physical distancing and other measures (e.g. ticketing in advance). 	
<p>General impacts of the measure</p>	<p>The measure allowed libraries, cinemas and visitor attractions including museums and galleries to reopen and guidance was published for additional safety measures in place.²⁶⁹</p> <p>Libraries are devolved to local authorities, who decide when and what services will be offered. This was a phased approach with physical distancing and hygiene measures in place. Many libraries started with limited services, such as a “click and collect” type approach or only opening some libraries in their area. Other changes from before lockdown may have included: less stock on the library shelves to reduce touch points; reduced access to computers; furniture being removed; and fewer group activities or a delay to them restarting.</p> <p>Additional measures included in safer workplace guidance for libraries reopening included quarantining of books, computers placed further apart, screens at desks, advice on desk sharing, enhanced cleaning, and the removal or rearranging of furniture to reduce dwell time.</p> <p>Libraries are a key source of community information and support, with diverse services provided in them, as well as traditional book lending. They are one of the few safe spaces that anyone can access without an entry fee.</p> <p>Many museums and galleries are free at the point of access and as such are able to support a diverse range of audiences. Decisions on whether to reopen were for the individual organisations to take, ensuring that they had considered any cost implications as well as public health considerations.</p> <p>Libraries, galleries and museums are also considered community resources for accessing public toilets, including accessible toilets and Changing Places toilets. These toilets enable key equality groups to access a range of shops and amenities in and around these buildings.</p>

²⁶⁹ <https://www.gov.scot/publications/coronavirus-covid-19-public-libraries-guidance/>

	Additional measures included in safer workplace guidance for museums, galleries and heritage attractions reopening include physical distancing, collection of customer contact details, and enhanced cleaning.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People and Children and Young People	Allowing libraries to open will have had a positive impact for the age groups that most use public libraries, as it will have allowed greater access to services. However, the extent of this impact will have depended on the decisions of each local authority as to what services to restore.
Older People	<p>According to SHS 2019 data, 22% of over-75s went to the library in the 12 month period analysed (SHS, 2019).²⁷⁰ Older people are more likely to have limited access to the internet at home and no access to public libraries may have impacted their ability to access the internet, if they normally use library computer services.</p> <p>Libraries also provide a social setting for older people and help tackle social isolation. No or limited access to public libraries may have resulted in older people becoming more socially isolated. This impact will have continued while the library services take a phased approach to restoring services and reducing the 'dwell time' in branches.</p> <p>Restoring library services in Phase 3 helped mitigate these negative impacts, although some people may be at higher risk of contracting COVID-19, or have been impacted by other factors that wouldn't have allowed access to the restored services in the same way as before the pandemic.</p>
Children and Young People	<p>According to SHS 2019 data, just over a quarter (28%) of young people aged 16-24 went to the library in the 12-month period analysed (SHS, 2019).²⁷¹ A recent sampling of current user data shows that 34% of library users are children/young people up to the age of 15/16. (SLIC, 2020).²⁷²</p> <p>Restoring services – even partially – will have made it easier for children who want to learn. Children from households with limited internet and PC access and/or no</p>

²⁷⁰ <https://www.gov.scot/publications/2019-scottish-household-survey-culture-heritage-report/>

²⁷¹ <https://www.gov.scot/publications/2019-scottish-household-survey-culture-heritage-report/>

²⁷² <https://scottishlibraries.org/>

	<p>that causes long-term minor reduced daily capacity attended a library in the 12 month period analysed (SHS, 2019).²⁷⁵</p> <p>Wheelchair users may have been positively impacted if, through the adaptation of these premises, there was more room for wheelchair use.</p> <p>Disabled people may not have had access to e-readers and may have struggled to access digital resources while public libraries were closed.</p> <p>Many public library services provide a way for people to pick up hearing aid batteries in library branches. However, because of COVID-19, this usual service was disrupted and libraries had to provide alternative ways for members of the public to receive hearing aid batteries.²⁷⁶</p> <p>New physical distancing requirements may have impacted on wheelchair users due to the need to keep a two metre distance; disabled customers in wheelchairs may have had issues with existing spaces in premises. Libraries have had to stop offering support services for disabled people, such as support groups which have provided a social environment and reduced social isolation and loneliness.</p> <p>Restoring some library services in Phase 3 helped mitigate these negative impacts, although some may be at high risk of severe illness, or be impacted by other factors that do not allow access to the restored services in the same way as before the pandemic. Physical changes to libraries have ensured that they do not provide barriers to access.</p> <p>Due to the increased risk to health, disabled employees have had their health and safety considered for returning to the workplace, especially if working with the public.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.

²⁷⁵ <https://www.gov.scot/publications/2019-scottish-household-survey-culture-heritage-report/>

²⁷⁶ Hearing Aid Batteries & Libraries - COVID19 <https://scottishlibraries.org/advice-guidance/hearing-aid-batteries-libraries-covid19/>

<p>Pregnancy and Maternity</p>	<p>The Scottish Library and Information Council noted that libraries offer a space for lone mothers to visit, spend time and therefore potentially reduce their social isolation and help to build social capital within a community. This impact will continue as library services take a phased approach to restoring services and reduce 'dwell time' in branches.</p> <p>Most libraries offer parent and baby groups, such as Bookbug, which provides a social and educational environment and reduces social isolation and loneliness among new parents and offers a development opportunity for babies. Many services are now offering such groups online which provides the educational element but lacks the opportunity to tackle social isolation and loneliness.</p>
<p>Gender Reassignment</p>	<p>No specific evidence showing differential impact has been identified.</p>
<p>Socio-economic disadvantage: any people experiencing poverty</p>	<p>A recent sampling of current library user data shows that 43% of users are from SIMD areas (SLIC, 2020).²⁷⁷ Individuals from lower income backgrounds often rely on public libraries to access learning resources, gain internet access and/or simply books to read for pleasure. Internet access is often essential to work, study and access to essential goods and services, including applying for benefits. Users also use the facilities to scan, print and sometimes fax documents. Restoring some library services at Phase 3 helped mitigate against these negative impacts. The Scottish Library Information Council note that around 271 Scottish libraries have now reopened with reduced services which is just over 50%. Of those libraries 116 are currently providing limited PC access. No or limited access to public libraries means that individuals have had little to no access to these services.</p>
<p>Stakeholder Engagement</p> <p>The following stakeholders have been involved in discussions relating to the safe restoration of library services and all have provided feedback on the impact of the workforce and users:</p> <ul style="list-style-type: none"> • Scottish Library and Information Council • Association of Public Librarians Scotland • Chartered Institute of Library and Informational Professionals Scotland • Voice of Culture and Leisure Managers in Scotland • COSLA 	

²⁷⁷ <https://scottishlibraries.org/>

- SOLACE
- UNISON
- GMB
- National Library of Scotland

Engagement continues with stakeholders, as needed, on best practice and ongoing issues with restoring of services, including on equalities issues.

Stakeholder engagement for the safe reopening of museums, galleries and heritage attractions has involved the following:

Museums Galleries Scotland
 National Galleries of Scotland
 National Museums Scotland
 National Library of Scotland
 Industrial Museums Scotland
 Historic Environment Scotland
 National Trust for Scotland
 Historic Houses Scotland
 National Lottery Heritage Fund
 Glasgow Life
 Edinburgh City Council
 UNISON
 Unite
 PCS
 Prospect

Mitigations

Any possible negative effects identified from the safer workplace guidance for returning to work will continue to be monitored with stakeholders to ensure, for example, that physical distancing requirements do not cause issues for disabled people.²⁷⁸

In fostering good relations, the guidance links to the Equality and Human Rights Commission²⁷⁹ as a source to support library services, museums, galleries and visitor attractions and to provide advice on issues such as, but not limited to, non-discrimination, communication on equality issues, adjustments for disabled people, support for pregnant employees, flexible working for those with caring responsibilities, and mental health issues.

The guidance recommends libraries should consider having opening times set aside for higher risk equality groups.

The museums, galleries and heritage attractions guidance sets out that organisations will want to consider how they continue to offer sanctuary to

²⁷⁸ <https://www.gov.scot/publications/coronavirus-covid-19-returning-to-work/>
²⁷⁹ <https://www.equalityhumanrights.com/en/advice-and-guidance>

at risk people or groups, space for enjoyment and contemplation and education.

The guidance states that workers who are themselves, or live with someone who is in a clinically higher risk group, should not be compelled to attend work and public library services, museums, galleries and visitor attractions should make arrangements to ensure those staff are not disadvantaged due to obeying medical advice. Public library services, museums, galleries and visitor attractions should explore measures such as suspending the normal application of sickness or disciplinary procedures related to attendance in these cases.

The guidance acknowledges that there may be areas that are common to staff, volunteers and users. To reduce risk of transmission in these areas, the guidance recommends that, where possible, public use should be limited or removed. The guidance recognises that this action could disproportionately affect disabled people and notes that the needs of disabled people should be considered and that changing places and disabled toilets should be kept publicly accessible if possible. Similarly, reducing the maximum capacity of lifts is suggested, while making sure that disabled people are able to access lifts, where necessary.

The guidance links to further information on childcare for employees.

Sport, Culture and Leisure Activities

1.13 Bingo Halls

<ul style="list-style-type: none"> Bingo Halls (with physical distancing). 	
General impacts of the measure	The measure had a positive economic impact as it enabled the sector to reopen, as well as social benefit in communities where bingo halls provide one of few social opportunities.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age:	The measure relates solely to adults.
Older People	Older people may have been impacted by this measure as bingo halls centres are visited by people covering a range of different ages, including older people, according to one operator's data 25% are over 65, in another's 33% are over 55. Staff in adult gaming centres are a mix of ages.
Children and Young People	No evidence of a differential impact identified at this time.
Sex:	
Women	Data from individual operators suggest that women form a higher proportion of bingo hall customers, who will have been affected by venue closure. There are also more women than men employees. This will have had a positive impact for women employees, increasing their income, and for service users.
Men	No evidence of a differential impact identified at this time.
Race	No evidence of a differential impact identified at this time.
Disability	No evidence of a differential impact identified at this time.
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.

<p>Socio-economic disadvantage: any people experiencing poverty</p>	<p>In some communities of greater socio-economic disadvantage, bingo halls can provide one of a few opportunities for social gatherings and enjoyment, reducing isolation. This measure will have enabled these opportunities to re-commence.</p>
<p>Stakeholder Engagement</p> <p>Consultation has taken place with bingo operators through their trade body, the Bingo Association.</p>	
<p>Mitigations</p> <p>Industry-developed guidance to allow bingo halls to reopen was agreed as part of the Scottish Government's tourism and hospitality guidance, and published by the Bingo Association.</p>	

Sport, Culture and Leisure Activities

1.14 Indoor Gyms

<ul style="list-style-type: none"> • Reopening Indoor gyms – (with physical distancing and enhanced hygiene measures) 	
<p>General impacts of the measure</p>	<p>The 2019 Scottish Household Survey reported that 16% of adult participation in physical activity in the previous 4 weeks was through multi-gym and weight training.²⁸⁰ This is one of the more popular ways that people engage in physical activity and closure of indoor gyms is likely to have significantly affected those who visit gyms.</p> <p>According to a survey by Community Leisure UK, around 52% of gym/centre users said they've been less active or significantly less active during lockdown.²⁸¹ This percentage rises to 60% for those 75+ and to 64% for disabled people suggesting that these groups have been disproportionately affected by closure.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Gyms tend to be used substantially more by younger age groups and thus any changes could impact younger age groups to a greater degree, however, closure may have had a disproportionate effect on those older adults who do use gyms (see comment above from Community Leisure UK survey data).</p> <p>UK Active age breakdown of adult gym membership (16+) suggests that those aged over 55 account for 23% of gym membership in 2019, and that membership is dominated by younger age groups.²⁸²</p> <p>Group classes in gyms do, however, play a significant role in providing opportunities for older adults to participate in physical activity. Group classes also help to address loneliness and social isolation amongst older people.</p> <p>As noted above, according to a survey by Community Leisure UK, 60% of those over 75 who use gyms and sports facilities reported that were less active or significantly less active during the period in which</p>

²⁸⁰ <https://www.gov.scot/publications/scottish-household-survey-2019-annual-report/pages/9/>

²⁸¹ <https://communityleisureuk.org/>

²⁸² https://www.ukactive.com/wp-content/uploads/2019/06/Moving_Communities_Active_Leisure_Trends_2019.pdf

<p>Children and Young People</p>	<p>restrictions have been in place.²⁸³ This compares with 52% of those in younger age groups.</p> <p>Use of gyms can also address loneliness by providing opportunities for older people to meet others. Older people are more likely to live alone, which has potentially significant implications for their wellbeing. Reduced opportunities to meet other people may therefore have had a negative impact for older people as they may have experienced increased isolation.</p> <p>However, older people are also more likely to have underlying health conditions, making them more susceptible to the severe negative health effects of COVID-19. The tightening of restrictions should have decreased the chance of older people catching the virus. Figures show that older people are more likely to be adversely affected by the virus.²⁸⁴</p> <p>The Scottish Household Survey 2019 reported that 27% of 16-34 year olds participated in multi-gym and weight training compared to 16% for 35 to 59 year olds. 17% of 16-34 year olds participated in keep fit compared to 14% of 35-59 year olds.²⁸⁵ Therefore, younger people may have been impacted more by the closure of these facilities, although we do not have data for children under 16.</p>
<p>Sex: Women</p>	<p>In 2019, the Scottish Health Survey²⁸⁶ reported that only 61% of Scottish women met the Chief Medical Officer guidelines for moderate to vigorous physical activity compared to 71% of men. For boys, 71% met guidelines compared to 68% of girls.²⁸⁷</p> <p>Women and girls are less active than men and boys. Compared to other forms of physical activity, gyms provide an important role in providing women and girls with opportunities to be active.</p> <p>According to UK Active,²⁸⁸ 46% of gym members in 2019 were men with 54% women. However, this does not indicate actual levels of use. Sport England have reported</p>

²⁸³ <https://communityleisureuk.org/>

²⁸⁴ See [Deaths involving COVID-19](#) and [COVID-19 statistical report](#)

²⁸⁵ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

²⁸⁶ <https://scotland.shinyapps.io/sg-scottish-health-survey/>

²⁸⁷ <https://www.gov.scot/publications/scottish-health-survey-2019-supplementary-tables/>

²⁸⁸ <https://www.ukactive.com/wp-content/uploads/2019/06/Moving Communities Active Leisure Trends 2019.pdf>

Men	<p>that 80% of fitness classes offered at leisure centres are used by women.²⁸⁹ According to the 2019 Scottish Household Survey, a total of 31% of women reported participating in either keep fit or multigym/weight training compared to 28% of men.²⁹⁰ Reopening of indoor gyms is therefore likely to have benefited women by restoring an important opportunity to be physically active.</p> <p>No evidence of a differential impact for men identified at this time.</p>
Race	<p>UK Active report that 74% of gym members in the UK in 2019 were white.²⁹¹ We are not aware of any published evidence that the closure of gyms has disproportionately affected groups based on race.</p> <p>However, feelings of loneliness are highest in single-occupier households²⁹² and people of 'Black, Black Scottish or Black British' ethnicity were most likely to be living alone at the time of the last census in 2011.²⁹³ Use of gyms can address loneliness by providing opportunities for people to meet others. It is therefore possible that the reopening of gyms will have had a positive effect for this group.</p> <p>On the other hand, recent studies have shown that mortality rates from COVID-19 are higher amongst the minority ethnic population. The evidence base is building but this is likely due to a range of clinical, social and economic factors.²⁹⁴ Indoor gyms present a higher risk environment and this is particularly true where information on measures which have been taken to mitigate risk in these environments is not readily available in alternative language formats and may not have been understood or been more difficult to understand. Consequently, closure of indoor gyms will have benefited this group by reducing opportunities to contract the virus.</p>
Disability	<p>It is not clear how many of those with gym memberships are disabled people, although gym use is indicated to be higher in those without an impairment. In 2019, a greater proportion of those with no illness (36%) participated in</p>

²⁸⁹ <https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3>

²⁹⁰ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

²⁹¹ https://www.ukactive.com/wp-content/uploads/2019/06/Moving_Communities_Active_Leisure_Trends_2019.pdf

²⁹² [Scottish Household Survey 2018](#)

²⁹³ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

²⁹⁴ <https://www.gov.scot/publications/inequalities-by-ethnicity-in-the-context-of-covid-19-slide-pack/>

	<p>either keep fit or multigym/weights, compared to 12% of those with a limiting illness.²⁹⁵</p> <p>However, as noted above, for those disabled adults who do use indoor gyms, there is evidence that their closure will have had a disproportionate effect on levels of activity.</p> <p>Group classes play a particularly important role in providing opportunities for disabled people to participate in physical activity. Group classes will also have helped to address loneliness and social isolation amongst disabled people.</p> <p>However, indoor gyms present a higher risk environment and this is particularly true where information on measures which have been taken to mitigate risk in these environments is not readily available in accessible formats and may not have been understood or have been more difficult to understand.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	There is strong evidence that combined aerobic and resistance exercise interventions during pregnancy can maintain, or improve, cardiovascular fitness without adverse effects leading to improved maternal health after delivery, decreased complications during labour & delivery, and quicker maternal recovery. ²⁹⁶ Ready, Steady, Baby guidance on NHS inform ²⁹⁷ advises pregnant women to take part in low-impact fitness classes for pregnant women, including yoga. The guidance notes that classes are a great way to meet other mums-to-be and build up a support network.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage:	UK Active data suggests that 8% of gym members reside in the most deprived 10% of areas. In comparison, 14% of members are from the least deprived 10% of areas ²⁹⁸ In

²⁹⁵ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

²⁹⁶ <https://movingmedicine.ac.uk/evidence/improves-fitness/>

²⁹⁷ <https://www.nhsinform.scot/ready-steady-baby/pregnancy/looking-after-yourself-and-your-baby/keeping-active-in-pregnancy>

²⁹⁸ https://www.ukactive.com/wp-content/uploads/2019/06/Moving_Communities_Active_Leisure_Trends_2019.pdf

<p>any people experiencing poverty</p>	<p>2019, a greater proportion of those regarded as least deprived (40%) participated in either keep fit or multigym/weights, compared to 20% of those in the most deprived quintile.²⁹⁹</p> <p>As the majority of gym members come from less deprived areas and participation in likely gym-linked activities is greater also in this group, the impact of the closure of facilities on this group was probably greater than for those in the most deprived group. However, we are not aware of any published evidence that people in more deprived areas are more or less reliant on gyms for active health.</p>
<p>Stakeholder Engagement</p> <p>Sportscotland has worked closely with Scottish Disability Sport (SDS), who have been involved in planning sessions with sports. SDS has developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which are used in these sessions.³⁰⁰</p> <p>Sportscotland has also worked closely with Leap Sport Scotland to understand the impact of closure of facilities on the LGBT community and with the Children 1st Safeguarding in Sport service to produce guidance on 'Child wellbeing and protection considerations in the return of children and young people to sport'³⁰¹</p>	
<p>Mitigations</p> <p>National guidance³⁰² was developed to provide support to the sport and leisure sector to help them plan and prepare for the resumption of activity. This is supported by additional more specific guidance for particular parts of the sector.</p> <p>In addition, sportscotland is supporting Scottish governing bodies of sport and local partners to plan for the return of sport and to develop specific guidance for their sports. This has included facilitating scenario planning based on the Scottish Government's Decision Making Framework and Route Map and a template with prompts to facilitate planning, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed.</p>	

²⁹⁹ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³⁰⁰ <https://sportscotland.org.uk/media/5827/principles-for-participants-with-disabilities-returning-to-physical-activity-and-sport-phase-2-and-beyond.pdf>

³⁰¹ <https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf>

³⁰² <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-sport-and-leisure-facilities/pages/workforce-planning/>

We have also developed an operational guide and checklist to sit alongside the guidance that includes a four-stage plan checklist that we recommend operators follow to ensure the health and safety of workers and participants is protected.

Sport, Culture & Leisure Activities

1.15 Resumption of non-professional adult outdoor contact sports

<ul style="list-style-type: none"> Resumption of non-professional adult outdoor contact sports 	
<p>General impacts of the measure</p>	<p>The main outdoor contact sports in Scotland are football and rugby with much smaller levels of participation in other contact sports such as hockey, water polo and handball.</p> <p>The 2019 Scottish Household Survey reported that 6% of adults participated in football in the previous 4 weeks.³⁰³ It is estimated that there are approximately 630,000 casual football players in Scotland. This includes those that play at private providers, including 147,555 registered players³⁰⁴. This group have been significantly affected by the restrictions on outdoor contact sport.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>In 2019, 66% of Scotland's adults (aged 16+) met the Chief Medical Officer's (CMO) guidelines of 150 minutes of moderate to vigorous physical activity a week. Physical activity decreases with age with 55% of adults aged 65-74 years and 35% of adults over 75 meeting the CMO guidelines, compared to 77% of 25-34 year olds. There has been a recent growth of limited contact 'walking' versions of some contact sports including football, rugby and netball. This encouraging trend in 'walking' contact sports is likely being driven by increased participation by older age groups. This group will have been affected by the restriction on contact sports and this may be detrimental to future participation rates.</p> <p>We recognise that the restrictions on contact sport may have posed an additional barrier to older people meeting recommended levels of physical activity but participation by older people in contact sports is significantly less than by younger age groups and older people could still participate in other forms of activity such as walking.³⁰⁵</p> <p>Restrictions will have also had a positive impact overall for older people through the reduction in COVID-19 infections. Current scientific evidence demonstrates that risk of</p>

³⁰³ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³⁰⁴ <https://www.scottishfa.co.uk/media/4961/sfa-uefa-grow-pp-screens-mar19-web.pdf>

³⁰⁵ <http://www.equalityevidence.scot/>

Children and Young People	<p>serious disease from COVID-19 correlates with increasing age, and nine in ten (90%) of deaths involving COVID-19 in Scotland have been among those aged 65+. Contact sports can pose an opportunity for the virus to spread between participants.</p> <p>Since 13 July, children have been able to play sport in an organised setting, where there is sport specific guidance in place from the sport's governing body.</p>
Sex: Men	<p>Outdoor contact sport is predominantly undertaken by men although participation by women is rising.³⁰⁶ In 2019, participation in football was 12% for men and 1% for women.³⁰⁷ There is no equivalent data for rugby or the other contact sports.</p>
Women	<p>Restrictions on opportunities to participate in contact sports may have been an additional barrier to women's participation in exercise and have affected the growth in women's participation in contact sports, although it is not clear whether this will have a long term effect.</p>
Race	<p>Limited data is available for participation in physical activity disaggregated by race and we are not aware of any published evidence which suggests that minority ethnic groups have been disproportionately affected by restrictions on outdoor contact sport.</p> <p>Recent studies have shown that mortality rates from COVID-19 are higher amongst the minority ethnic population.³⁰⁸ The evidence base is building but this is likely due to a range of clinical, social and economic factors. Contact sports present a higher risk environment and this is particularly true where information on measures which have been taken to mitigate risk in these environments is not readily available in alternative translations and may not have been understood or have been more difficult to understand. Consequently, restrictions on outdoor contact sport will have benefited this group by reducing opportunities to contract the virus.</p>
Disability	<p>There is clear evidence³⁰⁹ that disabled people are significantly less likely to participate in sport (including contact sport) than other groups although there have been a number of successful recent initiatives to support</p>

³⁰⁶ <https://www.scottishfa.co.uk/media/4961/sfa-uefa-grow-pp-screens-mar19-web.pdf>

³⁰⁷ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³⁰⁸ Ibid.

³⁰⁹ <https://www.gov.scot/publications/scottish-health-survey-2019-summary-report/>

	<p>participation. In 2019, 1% of those with a limiting illness participated in football compared to 8% of those with no illness (Scottish Health Survey 2019).</p> <p>Evidence from the Scottish Health Survey 2019 shows that on average disabled people have poorer mental health than non-disabled people and that only 50% of disabled people meet physical activity recommendations compared with 75% of non-disabled people.</p> <p>For those who do participate in contact sport, this can have positive impacts on both physical and mental health and wellbeing. Consequently, restrictions are likely to have had a significant effect on this group.</p> <p>Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown. People with mental health issues may have been at greater risk of the impacts of social isolation.</p> <p>Participation in outdoor contact sport can address loneliness by providing opportunities for people to meet others. It is therefore likely that permitting outdoor contact sports will have had a positive effect for disabled people who participated.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	Contact sport is not advised for pregnant women.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>There is clear evidence that people living in the most deprived areas of Scotland are less likely to participate in sport compared with those living in the least deprived areas.</p> <p>In 2019, sports participation (general, excluding walking and not specific to contact sports) in the previous four weeks was lowest (42%) among those in the 20 per cent most deprived areas of Scotland, compared with 67% of those in the 20 per cent least deprived areas.³¹⁰ Football is</p>

³¹⁰ <https://scotland.shinyapps.io/sq-scottish-household-survey-data-explorer/>

	<p>the only contact sport to have a degree of reach into the most deprived areas with participation rates similar between areas of both high and low deprivation (6% in the most deprived areas compared to 7% in the least deprived areas (SHS 2019)) including highly successful initiatives such as Street Soccer Scotland. Restrictions on opportunities to participate in football are therefore likely to have had a disproportionate effect on these areas – particularly for young men.</p>
<p>Stakeholder Engagement</p> <p>Sportscotland have worked closely with Scottish Disability Sport (SDS), who have been involved in planning sessions with sports. SDS have developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which are used in these sessions.</p> <p>Sportscotland have also worked closely with Leap Sport Scotland to understand the impact of closure of facilities on the LGBT community and with the Children 1st Safeguarding in Sport service to produce guidance on ‘Child wellbeing and protection considerations in the return of children and young people to sport’.³¹¹</p>	
<p>Mitigations</p> <p>National guidance has been developed to provide support to the sport and leisure sector to help them plan and prepare for the resumption of activity. This will be supported by additional more specific guidance for particular parts of the sector.</p> <p>In addition sportscotland is supporting Scottish governing bodies of sport and local partners to plan for the return of sport and to develop specific guidance for their sports. This has included facilitating scenario planning based on the Scottish Government’s Decision Making Framework and Route Map, and a template with prompts to facilitate planning, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed.</p> <p>We have also developed an operational guide and checklist to sit alongside the guidance that includes a four-stage plan checklist that we recommend operators follow to ensure the health and safety of workers and participants is protected.</p> <p>Further engagement with specific groups will be necessary to better understand the impact of closure from different perspectives.</p>	

³¹¹ <https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf>

Sport, Culture & Leisure Activities

1.16 Relax certain restrictions for sports coaches

<ul style="list-style-type: none"> Relax certain restrictions on some support groups and services for sports coaches. For example to relax restrictions on daily household limits for sports coaching once relevant guidance is in place. 	
General impacts of the measure	At present sports coaches are limited to the same restrictions in relation to meeting other households as the general public. Coaching must take place outdoors and be physically distant.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	Relaxation of this restriction has been beneficial to both older and younger age groups, with the workforce tending to be older and the recipients of coaching tending to be younger, although proportionately, a greater number will be recipients, so benefiting younger age groups more. A survey of the core coaching workforce in Scotland but not all coaches indicates that two-thirds of the coaches were aged over 35. ³¹²
Children and Young People	Those coached are predominantly in younger age groups. In 2017, over 70% of coaches worked with the 5 to 13 age group and 14 to 24 age group. 43% of coaches worked with adults up to 55 years while only a quarter were coaching participants over 55. ³¹³
Sex: Women	No evidence of a differential impact identified at this time.
Men	Coaches are significantly more likely to be men, Coaching in Scotland 2017 found 58% of coaches were men compared to 40% women.
Race	No evidence of a differential impact identified at this time.
Disability	Coaching in Scotland 2017 found that most coaches are not disabled, 13% were. Sports participation is undertaken more by those who are not disabled, therefore this will have proportionately greater impact for those who are not disabled. ³¹⁴

³¹² <https://sportsotland.org.uk/media/2452/coaching-in-scotland-2017.pdf>

³¹³ <https://sportsotland.org.uk/media/2452/coaching-in-scotland-2017.pdf>

³¹⁴ <https://www.gov.scot/publications/active-scotland-outcomes-indicator-equality-analysis/>

	No evidence of a differential impact identified at this time.
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>There is clear evidence that people living in the most deprived areas of Scotland are less likely to participate in sport compared with those living in the least deprived areas.</p> <p>In 2019, sports participation (general, excluding walking and not specific to contact sports) in the previous four weeks was lowest (42%) among those in the 20 per cent most deprived areas of Scotland, compared with 67% of those in the 20 per cent least deprived areas.³¹⁵ Football is the only contact sport to have a degree of reach into the most deprived areas with participation rates similar between areas of both high and low deprivation (6% in most deprived compared to 7% in least deprived (SHS 2019) including highly successful initiatives such as Street Soccer Scotland. Restrictions on opportunities to participate in coaching football may therefore have had a disproportionate effect in these areas – particularly for young men.</p>
Stakeholder Engagement	
<p>Sportscotland has worked closely with Scottish Disability Sport (SDS), who have been involved in planning sessions with sports. SDS have developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which are used in these sessions.</p> <p>Sportscotland has also worked closely with Leap Sport Scotland to understand the impact of closure of facilities on the LGBT community and with the Children 1st Safeguarding in Sport service to produce guidance on 'Child wellbeing and protection considerations in the return of children and young people to sport'.³¹⁶</p>	

³¹⁵ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³¹⁶ <https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf>

Mitigations

National guidance has been developed to provide support to the sport and leisure sector to help them plan and prepare for the resumption of activity and is supported by additional more specific guidance for particular parts of the sector.

In addition sportscotland is supporting Scottish governing bodies of sport and local partners to plan for the return of sport and to develop specific guidance for their sports. This has included facilitating scenario planning based on the Scottish Government's Decision Making Framework and Route Map, and a template with prompts to facilitate planning, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed.

An operational guide and a checklist has been developed to sit alongside the guidance that includes a four-stage plan checklist for operators to follow to ensure the health and safety of workers and participants is protected.

Further engagement with specific groups will continue to better understand the impact of the restrictions on sports coaches from different perspectives.

Sport, Culture & Leisure Activities

1.17 Swimming pools (indoor) can re-open

<ul style="list-style-type: none"> Swimming pools (indoor) can re-open following relevant guidance. 	
General impacts of the measure	With the exception of walking (68%), more people in Scotland participated in swimming (17%) in 2019 than any other activity. ³¹⁷ Swimming pools are also used for other water based activities including other sports as well as aqua natal and other classes. The closure of swimming pools therefore has affected large numbers of people in Scotland.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	Swimming is an activity which is undertaken by all ages. Although a larger percentage of younger age groups participate in swimming than other age groups, significant percentages of older age groups also participate. Compared to other activities (except walking), swimming is particularly important for older adults who will therefore have been particularly affected by indoor pool closures.
Children and Young People	16-34 year old swimming participation in 2019 was 21%, it was 20% for those aged 35-59 and 11% for those aged over 60 years. It was the most participated in sporting activity (excluding walking) for all three age groups. ³¹⁸
Sex: Men and Women	Slightly more women (19%) participate in swimming than men (16%) (SHS 2019) Thus proportionately this measure will have impacted on more women than men.
Race	No evidence of a differential impact identified at this time.
Disability	Previous to the pandemic swimming was not highly used by disabled people. 8% of those with a limiting illness reported participation in swimming in the previous 28 days compared to 14% with an illness that was not limiting and 21% of those with no illness ³¹⁹ No evidence of a differential impact identified at this time.
Religion and Belief	No evidence of a differential impact identified at this time.

³¹⁷ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³¹⁸ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³¹⁹ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	There is clear evidence that aqua exercise sessions are an attractive and safe option during the pregnancy and postnatal period. ³²⁰ The closure of indoor swimming pools therefore prevented pregnant women from accessing this important opportunity to remain active.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>The 2019 Scottish Household Survey reported that 15% of those in the most deprived quintile participated in swimming compared to 23% in the least deprived. The 2018 report notes that swimming along with keep fit, running, cycling and golf show the most disparity between participation rates in the most and least deprived areas. This disparity was less apparent for football, snooker, bowls and dancing where participation was broadly similar between areas of both high and low deprivation. This suggests that swimming plays less of a role in more deprived areas although there will have been an impact on those who do participate.</p> <p>No evidence of a differential impact identified at this time.</p>
Stakeholder Engagement	
<p>Sportscotland has worked closely with Scottish Disability Sport (SDS), who have been involved in planning sessions with sports. SDS have developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which are used in these sessions.</p> <p>Sportscotland has also worked closely with Leap Sport Scotland to understand the impact of closure of facilities on the LGBT community and with the Children 1st Safeguarding in Sport service to produce guidance on 'Child wellbeing and protection considerations in the return of children and young people to sport'³²¹</p>	
Mitigations	
National guidance has been developed to provide support to the sport and leisure sector to help them plan and prepare for the resumption of activity	

³²⁰ <https://www.nhsinform.scot/ready-steady-baby/pregnancy/looking-after-yourself-and-your-baby/keeping-active-in-pregnancy>

³²¹ <https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf>

and is supported by additional more specific guidance for particular parts of the sector.

In addition sportscotland is supporting Scottish governing bodies of sport and local partners to plan for the return of sport and to develop specific guidance for their sports. This has included facilitating scenario planning based on the Scottish Government's Decision Making Framework and Route Map, and a template with prompts to facilitate planning, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed.

An operational guide has been developed and a checklist to sit alongside the guidance that includes a four-stage plan checklist for operators follow to ensure the health and safety of workers and participants is protected.

Further engagement with specific groups continue to better understand the impact of the closure of indoor swimming pools from different perspectives.

Sport, Culture and Leisure Activities

1.18 Snooker/ pool halls and indoor bowling facilities can re-open

<ul style="list-style-type: none"> • Snooker/ pool halls and indoor bowling (Tenpin) facilities can re-open – following guidance. 	
General impacts of the measure	Snooker, Billiards and pool are more popular amongst the most deprived 20% of communities in Scotland than in other areas ³²² Closure of these facilities has therefore affected a group in society who are significantly more at risk of physical inactivity.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	No evidence of a differential impact identified at this time.
Children and Young People	Younger age groups, proportionately are likely to have been impacted more. The 2019 Scottish Household Survey shows that participation in snooker/billiards/pool is higher in younger age groups than older (9%, 5% and 2% respectively for 16-34; 35-59; and 60+ year olds).
Sex: Women	No evidence of a differential impact identified at this time.
Men	Both snooker/billiards/pool and indoor bowling are significantly more popular amongst men than women, such that this is likely to have impacted men more than women. In 2019, 9% of men and 2% of women participated in snooker/billiards/pool There is no data on ten pin bowling (SHS 2019). ³²³
Race	No evidence of a differential impact identified at this time.
Disability	Those with a limiting illness are less likely to participate in snooker or bowling and therefore less likely to have been impacted by any changes. In 2019, 3% of those with a limiting illness participated in snooker/billiards/pool compared to 4% with a non-limiting illness and 6% of those without an illness. No evidence of a differential impact identified at this time.

³²² <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

³²³ <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	Snooker, Billiards and pool are more popular amongst the most deprived 20% of communities in Scotland than in other areas. This group will therefore have been more affected by the closure of these sports venues than other groups.
Stakeholder Engagement	
<p>Sportscotland has worked closely with Scottish Disability Sport (SDS), who have been involved in planning sessions with sports. SDS have developed a document of Principles for Participants with Disabilities Returning to Physical Activity and Sport in Scotland which are used in these sessions.</p> <p>Sportscotland has also worked closely with Leap Sport Scotland to understand the impact of the closure of facilities on the LGBT community and with the Children 1st Safeguarding in Sport service to produce guidance on 'Child wellbeing and protection considerations in the return of children and young people to sport'.³²⁴</p>	
Mitigations	
<p>National guidance has been developed to provide support to the sport and leisure sector to help them plan and prepare for the resumption of activity. This is supported by additional more specific guidance for particular parts of the sector.</p> <p>In addition, sportscotland is supporting the Scottish governing bodies of sport and local partners to plan for the return of sport and to develop specific guidance for their sports. This has included facilitating scenario planning based on the Scottish Government's Decision Making Framework and Route Map, and a template with prompts to facilitate planning, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed.</p>	

³²⁴ <https://sportscotland.org.uk/media/5774/cyp-return-to-sport-after-covid-19.pdf>

An operational guide and a checklist have been developed to sit alongside the guidance that includes a four-stage plan checklist for operators to follow to ensure the health and safety of workers and participants is protected.

Further engagement with specific groups will continue to better understand the impact of the closure of snooker/ pool halls and indoor bowling facilities from different perspectives.

Sport, Culture & Leisure Activities

1.19 Amusement arcades and casinos

<ul style="list-style-type: none"> Amusement arcades and casinos can re-open following guidance including enhanced hygiene. 	
<p>General impacts of the measure</p>	<p>The amusement arcades sector, which includes Adult Gaming Centres (AGCs) and Family Entertainment Centres (FECs), is an important part of Scotland's economy and society.</p> <p>Adult Gaming Centres, of which there are about 50 in Scotland, are much like any other High Street shop in terms of size, customer base and staff profile. Adult Gaming Centres are generally equivalent in size to other High Street retail units in the order of 1000 to 2000 square feet, with some smaller or larger. They contain fruit machines of different types.</p> <p>Family entertainment centres, of which there are about 25 in Scotland, are part of the visitor economy dependent upon families visiting as part of a day trip or during a holiday.</p> <p>Seaside arcades offer a wide range of facilities for various age groups. They are located usually on sea fronts with open frontages and often utilise the space outside on the pavement (subject to planning) to site coin-operated children's rides and vending machines.</p> <p>Face coverings have been required to be worn by everyone within amusement arcades and also in casinos (except in cafes, bars and restaurants within the premises).</p> <p>The measure will have had a positive economic impact as it will have enabled the sector to reopen. Visiting amusement arcades and casinos is a leisure activity for customers.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Older people may have been positively impacted by this measure as adult gaming centres and casinos are visited by people covering a range of different ages, including older people. People over 70 have a higher risk of infection or developing severe symptoms while interacting with others while attending or working at arcade</p>

<p>Children and Young People</p>	<p>businesses. However, businesses' compliance with legislative requirements to take reasonable measures to ensure physical distancing, to take other reasonable measures to reduce the risk of transmission, and adherence to BACTA guidance (approved by Scottish Ministers) should have helped mitigate this risk.</p> <p>The amusement arcades sector has generally two types of outlets, Adult Gaming Centres (AGCs) & Family Entertainment Centres (FECs); they have a mixed age workforce. The FECs staff tend to be younger and are seasonal, which often suits students especially over the summer³²⁵. The re-opening of arcades is likely to have allowed more young people to return to work.</p> <p>For young people returning to work, amusement arcades being open could therefore have positively increased their income and mental wellbeing, but could also have negatively increased their physical health risks, potentially raising anxieties about returning to work and infection transmission within households.</p> <p>We know that before the pandemic, younger people were more likely than those in older age groups to meet socially with friends, relatives, neighbours or work colleagues at least once a week. These restrictions will have reduced this social engagement for some young people.</p> <p>Therefore, restricting this measure could have had a negative impact for some young people, both in terms of employment and socialising.</p> <p>Children and young people may have been positively impacted by this measure as they could have visited family entertainment centres (which are often found at the seaside). Physical distancing will have been in place but babies, toddlers and children under 5 years of age are exempt from wearing face coverings. Children and young people will continue to be protected from the harmful effects of gambling in casinos through the operation of strict age limits that apply as part of a casino's licence to operate.</p>
<p>Sex: Women</p>	<p>Arcades may have provided an additional option for socialising for women who, prior to the pandemic, met socially with friends, relatives, neighbours and their families more than men.</p>

³²⁵ Information provided by BACTA

<p>Men</p>	<p>If arcades were open, but experiencing reduced custom and revenue, then employees and businesses may not have been able to access the full support scheme causing increased financial hardship for those on low-incomes and already at an economic disadvantage. Women make up a high proportion of this workforce, are more likely to work part-time and, more likely to be the earner in lone-parent households.</p> <p>Men, including single men who live alone, may have felt less isolated with the relaxing of restrictions through the Route Map, improving mental wellbeing.</p>
<p>Race</p>	<p>Given the acknowledged increased risks of COVID-19 to minority ethnic populations, employers needed to ensure safety and guidance were fully adhered to in order to protect these and all other employees.</p> <p>This had the potential to further entrench labour market inequalities for minority ethnic women who already faced multiple barriers to good quality employment.</p> <p>In Scotland's 2011 Census, people describing their ethnicity as one of the 'Asian' categories were more likely to live in a household with two or more families. Of those living in households, around 1 in 7 (15%) 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.</p> <p>These differences are pertinent in regard to the spread of COVID-19 and highlight particular risks for people from minority ethnic groups who are elderly or have pre-existing health conditions. If household members work in customer-facing roles in the arcades sector they may face higher risk of being exposed to the virus and subsequently bringing it back to their home setting.</p> <p>Without information in alternative language formats, information may not have been understood or have been more difficult to understand if a person's first language was not English.</p>
<p>Disability</p>	<p>The re-opening of the arcades sector may have allowed greater choice for disabled people to socialise. This may have had a positive impact in terms of accessibility and reducing social isolation and loneliness.</p> <p>Relaxation of restrictions around meeting up with others could have led to an increased risk of contracting COVID-</p>

	<p>19. This could have disproportionately affected some disabled people. Around 170,000 adults in Scotland have been defined on medical grounds as clinically extremely vulnerable due to having an existing health condition that puts them at very high risk of severe illness from COVID-19.</p> <p>Disabled workers may have found working in this sector more challenging, or not be able to attend work and undertake physical distancing, but the severity of impacts will have been dependent on individuals and specific job circumstances.</p> <p>Some disabled people may not have been able to gauge properly the required physical distance between themselves and other members of the public in arcade settings. This is likely to have been a cause of anxiety for many visually impaired people and learning disabled adults and children. A full risk assessment process should have been undertaken by individual businesses to mitigate such risks.</p> <p>Without information in accessible formats, information may not have been understood or been more difficult to understand. Information on both the Scottish Government and Health and Safety Executive websites had a range of accessibility options.</p> <p>In 2018, a higher percentage of disabled adults in Scotland (39%) said that they felt lonely some, most, or all of the time in the preceding week compared with all adults (21%) and non-disabled adults (16%). People with mental health issues may have been at greater risk of the impacts of social isolation. This might have been increased when these facilities were restricted or closed.</p>
<p>Religion and Belief</p>	<p>No evidence if a differential impact identified at this time.</p>
<p>Sexual Orientation</p>	<p>Inviting LGB people into the home may not have been an option for people who lived in a homophobic environment, so the opportunity for some to meet outside of their household in arcades settings may have been positive.</p> <p>The opportunity to attend informal social meetings in arcades settings with a wider range of friends who could offer support, will have been beneficial for an LGB person's mental health. Reduced opportunities to meet other people may have had a negative impact.</p>

	The Scottish Government has provided a package of support to organisations who support LGBT+ people across Scotland to help mitigate negative effects. ³²⁶
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	<p>Being able to meet people outside the home may have provided some help to those who are the main carers of children, especially lone mothers (who account for the majority of lone parents). Arcades may have provided an additional option for socialising.</p> <p>Allowing households with younger children to meet in arcades settings will have enabled mutual support and bonding, improving the mental health of the parents and the children.</p> <p>The opportunity to attend informal social meetings in arcades settings (for example new Mums meeting) with a wider range of friends in the earlier part of Phase 3, who could offer support, may have been beneficial for a pregnant woman's mental health. Reduced opportunities to meet other people may have had a negative impact especially for lone mothers.</p> <p>The particular risks for employees who are pregnant should have been considered, pregnant women have been included in the list of clinically vulnerable people at risk from COVID-19 as pregnant women can sometimes be more at risk from viruses.</p>
Gender Reassignment	The opportunity to attend informal social meetings in arcade settings with a wider range of friends in the earlier part of Phase 3, who could offer support, may have been beneficial for a trans or transgender person's mental health. Reduced opportunities to meet other people may have had a negative impact. The Scottish Government has provided a package of support to organisations who support LGBT+ people across Scotland to help mitigate negative effects. ³²⁷
Socio-economic disadvantage: any people	If arcades are open, but experiencing reduced custom and revenue, then employees and businesses may not have been able to access the full support scheme causing increased financial hardship for those on low-incomes or already at an economic disadvantage.

³²⁶ <https://www.equality-network.org/emergency-funding-for-lgbtq-organisations-and-groups/>

³²⁷ <https://www.equality-network.org/emergency-funding-for-lgbtq-organisations-and-groups/>

<p>experiencing poverty</p>	<p>We are not aware of any evidence that suggests the reopening of amusement arcades and casinos created any particular inequalities for people experiencing poverty. However, the potential for customers to lose money, particularly within adult gaming centres, should be noted. Also, staff may have experienced a period of financial uncertainty since the start of lockdown in March 2020.</p>
<p>Stakeholder Engagement</p> <p>Scottish Government have engaged with Bacta, the trade association for the amusement and gaming machine industry in the UK, regarding reopening this sector; and with the Betting and Gaming Council (BGC), regarding the reopening of casinos. We informed Bacta that their industry guidance was being placed with Scottish Government retail and hospitality guidance – both these Scottish Government guidance documents highlight commitments to Fair Work practices.</p>	
<p>Mitigations</p> <p>Industry developed guidance to support amusement arcades to reopen safely has been endorsed by Scottish Government. Adult gaming centres must also follow the SG retail guidance, and family entertainment centres the Scottish Government tourism and hospitality guidance. The industry guidance includes a link to the SG staying safe and protecting others guidance, which includes guidance on face coverings. Bacta have shared the industry guidance with their members. The BGC have similarly developed guidance for re-opening casinos, following the Scottish Government tourism and hospitality guidance, which it has agreed with the Scottish Government and circulated to its members.</p>	

Sport, Culture & Leisure Activities

1.20 Funfairs

<ul style="list-style-type: none">• Funfairs - both static and travelling - can re-open subject to relevant guidance.	
General impacts of the measure	<p>This measure intended to allow the operation of funfairs and fairground rides.</p> <p>There are two types:</p> <ul style="list-style-type: none">• Travelling funfairs. According to the Scottish Showmen's Guild, they represent approx. 400 member businesses or 2000 individuals. These have been unable to operate since lockdown.• Indoor funfairs or rides, semi-permanent rides or rides located within larger attractions. Some of these had been operating but in line with recent health advice and examination of the regulations were asked to close as they posed risks similar to, or equal to, travelling funfairs. For ride owners/operators who manage one or a few rides, they have been essentially unable to operate from March. For rides located within larger attractions, these attractions have opened permissible aspects of their attraction but have operated at significantly reduced capacity (usually around 25%) as rides have been closed. This has also reduced the offering so attractions may have been operating reduced ticket prices also. <p>The measure was to be to open all of these rides to the public. This would have supported these operators back to business, many of them rely on the seasonality of their businesses would have been able to gain some sort of income once more. This may have also had a community benefit for those using the rides.</p> <p>Separate guidance has been worked on with the sector, based on the Tourism and Hospitality Guidance³²⁸. This has meant a reduced operating capacity than before due to operating at 2m distancing, enhanced cleaning/hygiene etc. but could have meant the difference between survival and bankruptcy for self-employed and small business</p>

³²⁸ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-consumers/pages/tourism-and-hospitality/>

	owners, particularly given their seasonality and further limited income over the winter months.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People and Children and Young People	<p>The age distribution of owners and operators is unknown, although the structure is largely family-based so reopening has likely to have had positive benefits across all age groups.</p> <p>Funfair attendance may have had positive impacts for the mental wellbeing of mainly children, families and young adults.</p>
Sex: Men and Women	We have no specific data on this characteristic. The family-based structure of funfair operators means that there will have been some impact by sex, The physical nature of much of the building up and taking down, and driving of large vehicles, means that this was likely in the main to have been undertaken by men, although, for the operation of rides and sideshow, there may have been a greater distribution between men and women.
Race	<p>We have no specific data on this characteristic. However, there is likely to be little diversity in terms of race amongst funfair operators, given the sector's culture and heritage.</p> <p>Attendance at funfairs was likely to be spread across all of Scotland's racial groups.</p>
Disability	<p>We have no specific data on this characteristic. However, the physical nature of much of funfair activity outlined above means that is likely that there were limited numbers of physically disabled people working in the sector.</p> <p>The nature of many rides, and the location of many travelling funfairs (on rough ground) also mean that is unlikely these will have been used by many physically disabled people. In addition, there are certain safety and height requirements with specific rides.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	We have no specific data on this characteristic, but the physical nature of much of the operational activity means

	that tasks are unlikely to have been carried out by pregnant women or new mothers. Health and safety restrictions also means that pregnant women could not use most rides.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>We have had no data available on the socio-economic position of funfairs operators. However, the seasonal and itinerant nature of the business for travelling operators may have meant that there was some disadvantage for some families. We understand that some operators only manage one or two rides themselves and have not been able to operate for months. This may have helped to prevent business collapse for these small operators.</p> <p>Some operators have had permanent premises in rural areas providing much needed employment for the communities.</p>
Stakeholder Engagement	
<p>Engagement has taken place with sector representatives including: the Scottish Showmen's Guild who represent travelling operators; some of the larger theme parks or indoor operators; the Association for Scottish Visitor Attractions and the British Association of Leisure Parks, Piers and Attractions.</p>	
Mitigations	
<p>Comprehensive guidance was already in place in England, with funfairs - both static and travelling now operational. This was incorporated into the Scottish guidance, within wider guidance on tourism and hospitality.³²⁹</p> <p>Funfair operators have been aware of the need for a considered approach in terms of equalities. For example, ensuring that both staff and visitors have had access to sanitation facilities, that some disabled people may have required a slightly different approach for example, signs may have needed to be displayed for those who are deaf and cannot hear announcements or that it might not have been possible for those with breathing conditions to wear masks.</p>	

³²⁹ <https://showmensguild.co.uk/covid-19-guidance-for-risk-assessments-at-funfairs/>

Sport, Culture and Leisure Activities

1.21 Holiday accommodation permitted

<ul style="list-style-type: none"> All holiday accommodation permitted subject to physical distancing rules and guidance 	
<p>General impacts of the measure</p>	<p>Scotland's tourist industry has been particularly hard-hit by the pandemic because of its customer-facing nature. The sector has been almost totally closed during lockdown and it has been facing a difficult and uncertain road ahead as travelling restrictions were eased. The tourism sector is a significant employer across Scotland. It employs 184,000 people, constituting 6.9% of Scottish employment.³³⁰</p> <p>Registered enterprises within the sustainable tourism sector, which accounted for around 8% of all registered businesses in Scotland in 2019, with just under 15,000 tourism businesses in Scotland. Within the sustainable tourism growth sector, restaurants comprise the highest proportion (51%) while pubs and clubs and hotels account for 19% and 11% respectively.³³¹</p> <p>Reopening of the tourism sector has been conditional on supportive scientific and public health evidence and compliance with sector and public health guidance, including physical distancing and suitable hygiene measures.</p> <ul style="list-style-type: none"> All holiday accommodation that was not able to open from Phase 2, opened on the 15th July. This includes hotels, guest houses, B&Bs, campsites and caravan parks. It also included those accommodation types (including short-term lets with shared access and campsites). <p>The Scottish Government's tourism and hospitality guidance developed in collaboration with industry and trade unions was widely disseminated to Scotland's tourism sector to ensure compliance with safe operating procedures to minimise the risk of virus transmission. Risks of transmission of the virus have been mitigated through adherence to the sector guidance which includes recommended enhanced cleaning protocols, as well as</p>

³³⁰ Data has been extracted from the Annual Population Survey 2019, and the Annual Survey of Hours and Earnings 2018

³³¹ 14,970 in 2019

<https://www2.gov.scot/Topics/Statistics/Browse/Business/Publications/GrowthSectors/Database>

	<p>through work to encourage the responsible and considerate behaviour of visitors which have been widely disseminated through VisitScotland (VS) and other partners and agencies.³³²</p> <p>Specific Scottish Government guidance developed for customers on how the retail experience, shops, tourism and hospitality businesses have changed due to COVID-19 has also been disseminated to encourage responsible and considerate behaviour among guests.³³³ This is reinforced by VS guidance.³³⁴</p> <p>Reopening the sector has been essential to the recovery of Scotland's economy. It will have been of benefit to the operators directly, and those employed within it, but it will also have allowed for the potential of wider benefits from tourist expenditure to begin to be restored within areas where the properties are located in the peak summer season. Tourism businesses are over-represented in comparison with the national average in many rural areas including Argyll and Bute and Highland, which have the highest proportion of tourism businesses in Scotland as a share of overall businesses. However, the cities of Edinburgh and Glasgow also have higher proportions of tourism businesses within their business bases than Scotland overall. These areas in particular will have benefited from reopening.</p> <p>Some communities / residents (particularly those in tenements / flats with shared entrance-ways) had expressed concern about the reopening of tourism and the attendant risk of increased visitors from other places and further virus transmission. The reopening may have created anxiety and concern, particularly among those who are more vulnerable to the virus, in health terms.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Older people may have come under an increased risk of infection while possibly interacting with others on their way to / during attendance in holiday accommodation. However, businesses compliance with tourism and hospitality guidance should have helped mitigate this risk, alongside the published guidance for customers and</p>

³³² <https://www.gov.scot/publications/coronavirus-covid-19-tourism-and-hospitality-sector-guidance/>

³³³ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-consumers/pages/tourism-and-hospitality/>

³³⁴ <https://www.visitscotland.org/supporting-your-business/advice/coronavirus-recovery/visitor-charter>

<p>Children and Young People</p>	<p>compliance with guidance for retail, tourism and hospitality.</p> <p>Relative to other sectors, tourism workers are disproportionately young, from minority ethnic groups, non-UK nationals, low-skilled, low-paid or work part-time. 36% of workers in tourism are young (aged 16-24), compared to 12% overall for Scotland. Re-opening the accommodation sector will have allowed young people to return to work.³³⁵</p> <p>Larger families living in more overcrowded homes may have benefited from some time away in larger holiday accommodation.</p> <p>Allowing all holiday accommodation to open from 15 July benefitted families with children and young people during the school holidays as well as older people. The benefits of holidays on wellbeing and health are widely recognised.</p>
<p>Sex: Women</p> <p>Men</p>	<p>Women are more likely than men to work in the accommodation industry. They constitute 52.3% of the workforce, compared to 48.8% across all sectors³³⁶ and reopening of the sector would have had a positive impact both financially and from a mental health perspective.</p> <p>As primary carers, some women’s return to work was challenging during the school holidays, but schools and formal childcare opened and the easing of social restrictions meant that informal childcare was also more easily accessible.</p> <p>No evidence of a differential impact identified at this time.</p>
<p>Race</p>	<p>Non-UK nationals form 16% of the workforce, double the Scotland overall average of 8%. People from minority ethnic groups constitute 10% of employees, versus 4.3% of overall employment³³⁷.</p> <p>Re-opening the sector will have had beneficial employment impacts for these groups which are disproportionately represented in the tourism sector.</p>

³³⁵ Data has been extracted from the <https://www.gov.scot/publications/annual-population-survey-results-for-year-to-31-december-2019/>, and <https://www.gov.scot/publications/ashe-2018/>

³³⁶ Data has been extracted from the <https://www.gov.scot/publications/annual-population-survey-results-for-year-to-31-december-2019/> , and <https://www.gov.scot/publications/ashe-2018/>

³³⁷ Data has been extracted from the <https://www.gov.scot/publications/annual-population-survey-results-for-year-to-31-december-2019/> , and <https://www.gov.scot/publications/ashe-2018/>

	<p>Given the acknowledged increased risks of COVID-19 to minority ethnic groups, employers will have ensured that safety and guidance was fully adhered to protect these and all other employees.</p> <p>For minority ethnic residents living in shared entrance residential blocks alongside short term holiday let businesses, the additional risks of a high turnover of visitors may have added additional anxiety to leaving their homes, even to access shared outdoor green areas. Appropriate physical distancing will have been challenging in shared areas of these residential buildings.</p>
Disability	<p>The re-opening of the wider tourist accommodation sector will have allowed greater choice for disabled people, with a wider selection of accommodation being opened.</p> <p>For disabled residents living in shared entrance residential blocks alongside short term holiday let businesses, the additional risks of a high turnover of visitors may have added additional anxiety to leaving their homes, even to access shared outdoor green areas. Physical distancing will have been challenging in shared areas of these residential buildings.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	<p>The particular risks for employees who are pregnant will have been considered and all relevant workforce guidance adhered to.</p> <p>For pregnant women living in shared entrance residential blocks alongside short term holiday let businesses, the additional risks of a high turnover of visitors may have added additional anxiety to leaving their homes, even to access shared outdoor green areas. Physical distancing will have been challenging in shared areas of these residential buildings.</p>
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people	People who are socio-economically disadvantaged including those who may have lost their job or had their incomes reduced during lockdown may have been less able to afford a stay in holiday accommodation. However

<p>experiencing poverty</p>	<p>they may benefit from the work opportunities that the opening of the sector permitted. Employment within tourism is significantly concentrated on low-skilled roles, 37% (compared to 11% overall).³³⁸</p> <p>There is a high incidence of low pay in the tourism sector - 58% of adult tourism workers earn less than the living wage (an hourly rate set at £8.75 in 2018), compared to 19% overall in Scotland.</p> <ul style="list-style-type: none"> • Proportion earning below living wage is highest for young workers (82%), but remains high across all age ranges (39%-50%), • It's also higher for women (63%) than for men (52.5%). • And more prevalent across part-time workers (73.2%), than full-time workers (40.4%). <p>For seasonal tourism and hospitality workers, often in remote and rural areas, the summer season of tourism work would have been essential to survive a jigsaw of part time or temporary jobs that would have enabled them to financially survive for the year. Many of these people will have been self-employed and so their socio-economic disadvantage would have been hidden. Remote rural areas have twice the rate of self-employed people than the Scottish average. ³³⁹</p>
<p>Stakeholder Engagement</p> <p>There has been regular and ongoing engagement with business groups during the period of lockdown and beyond on a wide range of business issues, including physical distancing, including the Association of Scotland's Self-Caterers and the Scottish Tourism Alliance (STA). The Scottish Tourism Emergency Response Group, of which the STA is a member, also produced advice on reopening.</p>	
<p>Mitigations</p> <p>The Scottish Government's tourism and hospitality guidance developed in collaboration with industry and trade unions was widely disseminated to Scotland's tourism sector to ensure compliance with safe operating procedures to minimise the risk of virus transmission. This should have helped protect and minimise risk for employees and customers. Specific Scottish Government guidance was also developed for customers on how the retail experience, shops, tourism and hospitality businesses have</p>	

³³⁸ Data has been extracted from the Annual Population Survey 2019, and the Annual Survey of Hours and Earnings 2018. This source also applies to all subsequent figures.

<https://www.gov.scot/publications/annual-population-survey-results-for-year-to-31-december-2019/>

³³⁹ Rural Scotland: key facts 2018 <https://www.gov.scot/publications/rural-scotland-key-facts-2018/pages/4/>

changed due to COVID-19 to encourage responsible and considerate behaviour among guests, alongside VisitScotland's Visitor Charter.

Sport, Culture and Leisure Activities

1.22 Indoor activities for children and young people (unregulated)

<ul style="list-style-type: none"> Indoor activities for children and young people (unregulated) can resume subject to guidance that will vary by activity. 	
<p>General impacts of the measure</p>	<p>The scope of unregulated children’s activity is wide, and there is much overlap in the type of activity undertaken and how service providers might categorise themselves.</p> <p>Unregulated indoor activities for children and young people covers a broad scope of activity for an age range that covers from new-born babies up to 18 years old young people. They include, for example:</p> <ul style="list-style-type: none"> Indoor youth work for young people aged under 18 years of age (mentioned separately in the Route Map). Organised indoor play, activity clubs (excluding indoor sport and dance which is dealt with as part of indoor sport Route Map considerations) operating either in the school estate or in other community settings. Unregulated wrap around clubs and activities operating before and after school, including breakfast clubs and private tutoring. Group work, including for family support. Faith-related education for children and young people (not in schools and not taking place as part of an act of worship), such as Madrassahs. Activities to support parents with new-born and pre-school age children, including breastfeeding groups, peer support (including perinatal support), and supported learning sessions such as Bookbug, mother/toddler groups, baby massage. <p>Activities normally run daily in communities across the country. Families may attend multiple activities in one day, for instance a parent toddler group in the morning, after school club in the afternoon, then a youth club in the evening.</p> <p>The impact of lockdown on children, young people and families has been well-documented. The range of activities covered by this varied sector help support the wellbeing of children, young people and families across Scotland, in areas such as child development, childcare, socialisation, attainment, mental wellbeing and broad family support.</p>

Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age:	
Older People	No evidence of a differential impact identified at this time.
Children and Young People	<p>Children and young people have been heavily affected by not being able to access these activities. They have provided space for them to play, socialise and interact with their peers. Often they will have been for hobbies or personal interests that the children cannot get elsewhere. Children will have often attended multiple groups or clubs at different days across the week.</p> <p>A Co-SPYCE Oxford university study,³⁴⁰ which is based upon UK-wide data gathered between 17 April and 20 May reported that 47% of children spent no time playing with another child in their household and 51% are reported as not communicating at all via phone, video call or message with friends outside their home.</p> <p>A survey by Mary Immaculate College in Ireland³⁴¹ conducted from 21 May to 3 July during Ireland's phase 1 of easing restrictions reported that despite the easing of lockdown, less than a third (27%) of children had played with children from another household outdoors with social distancing at least once a week. Almost all children (90%) had missed their friends and playing with other children (87%).</p>
Sex: Men and Women	No disproportional impact has been identified between boys and girls that attend these activities.
Women	<p>Women are more likely to have missed out on the baby centred peer support activities such as breastfeeding groups.</p> <p>Women were more likely to have managed the larger share of childcare. Therefore mothers were affected, particularly mothers of young children who could not access support groups, or the support of the community such as parent and toddler groups, where they could bond with their child and also share experiences with other parents.</p>
Men	No evidence of a differential impact identified at this time.

³⁴⁰ https://emergingminds.org.uk/wp-content/uploads/2020/06/Co-SPYCE-report_1_Final.pdf

³⁴¹ <https://www.mic.ul.ie/sites/default/files/uploads/241/Impact%20of%20COVID19%20on%20Young%20Childrens%20Play%2C%20Learning%20%26%20Development%20-%20PLEY%20Survey%20Preliminary%20Findings.pdf>

Race	Not being able to access groups that particularly targeted support for minority ethnic groups will have stopped children and young people from being able to share their experiences in a safe space.
Disability	Groups specifically for disabled people have not been able to meet and will have been difficult to replace or replicate during lockdown.
Religion and Belief	Faith-related education groups will not have been able to meet, preventing children and young people exploring their faith with their peers outside of acts of worship.
Sexual Orientation	LGB groups where young people could discuss their sexual orientation in a safe space have not been able to meet. This will likely have been a difficult time for young people and have had a negative effect on their mental health.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	There are a number of support groups for pregnant women and new parents that have not been able to go ahead. These would have been helpful in providing new mothers and parents with a support group of peers who were all having the same experience.
Gender Reassignment	Any support groups for young people during gender reassignment will have stopped, removing a safe space for them. This will likely have been a difficult time for young people and have had a negative effect on their mental health.
Socio-economic disadvantage: any people experiencing poverty	<p>While some groups offered online support in place of meeting in person, this will have relied on people having sufficient technology and broadband or data provision to access it.</p> <p>Services that have been aimed at socio-economically disadvantaged children and young people are predominantly low or no cost. Some services will have offered food and drink. Children and young people from deprived areas may have felt their loss more keenly, as both a safe space to socialise with peers and as a source of nourishment. For more at risk children these sorts of activities go beyond simply being fun, they are a vital part of their wellbeing, development and even safety.</p>

	<p>The Children’s Commissioner for Wales survey,³⁴² that was completed by 23,700 children and young people aged between 3-18 reported children living in deprived areas had fewer places to play (57% compared to 72% in non-deprived).</p>
<p>Stakeholder Engagement</p> <p>The wide scope of the activities, covering any group or service for children under 18, means that this cuts across a number of Scottish Government portfolios. Policy officials have engaged with stakeholders throughout lockdown to ensure that every effort was being made to support children and young people. Guidance was developed for the reopening of services which will have involved some engagement with stakeholders, while acknowledging the broad range of services and that there is minimal sectoral organisation for many of these activities.</p>	
<p>Mitigations</p> <p>The Scottish Government published guidance on 31 August to allow unregulated indoor activity to restart.³⁴³</p> <p>Throughout lockdown stakeholders have been engaged with across the children and families age ranges to offer support while their groups and activities had to cease.</p> <p>Some groups were providing online versions of their support, connecting people and offering support or the space to chat with their peers online.</p> <p>The Scottish Government launched its Connecting Scotland programme in August 2020 with a £15 million investment to help 23,000 households get online.</p> <p>The Route Map allowed some groups to meet outside following physical distancing and within the guidance for the number of people and households allowed to meet at one time. Youth work was permitted outdoors.</p> <p>The Scottish Government has worked to support children and families through social marketing and messaging across all the traditional media and digital platforms.</p>	

³⁴² <https://www.childcomwales.org.uk/coronavirus-and-me-results/>

³⁴³ <https://www.gov.scot/publications/coronavirus-covid-19-organised-activities-for-children/>

Communities and Public Services

1.23 Further resumption of justice system processes and services

<ul style="list-style-type: none"> Further resumption and scaling up of public services and justice system processes and services. 	
<p>General impacts of the measure</p>	<p>High Court trials restarted on 20 July in Edinburgh and 21 July in Glasgow in new formats designed to ensure a safe and secure process for all involved, in accordance with public health guidelines on physical distancing and hygiene; remote jury centres are now also operational for High Court trials and are being explored for sheriff and jury cases.</p> <p>As noted in the EQFSIA for Phases 1 and 2 of the Route Map, COVID-19 has impacted key potential equalities issues around delays to courts and tribunals and conditions within prisons.</p> <p>The relevant impact assessments have already been completed for underpinning emergency legislation and the Scottish Government is continuing to assess the impact of recovery actions as more details of options are being developed.</p> <p>The significant impacts of delays to court business in particular are recognised. A criminal justice evidence base is being developed with stakeholders.³⁴⁴ The June 2020 meeting of the Victims Taskforce chaired by the Cabinet Secretary for Justice and the Lord Advocate focussed on the experience of victims during lockdown and the developing evidence both in Scotland and internationally. The resumption of more summary and solemn cases in the criminal justice system will therefore start to address these issues.</p> <p>However, while adjustments are being made, there may be further implications e.g. the use of remote hearings may make it more challenging for the court to identify vulnerability and put in place reasonable adjustments to ensure effective participation and consideration will need to be given as to appropriateness in some types of cases. The Scottish Government and the Scottish Courts and Tribunals Service are working to ensure that early evaluation of new approaches is embedded in the recovery approach carried out to identify any emerging issues and to ensure appropriate mitigation.</p>

³⁴⁴ <https://www.gov.scot/publications/victims-taskforce-papers-june-2020/>

	<p>Crime victimisation varies across the population and therefore any changes in offending patterns as restrictions are eased may have a disproportionate impact on different groups.</p> <p>The Scottish Government gathers information on crime victimisation via the Scottish Crime and Justice Survey.³⁴⁵ As this is a face-to-face survey, field work has been suspended due to the restrictions which have been in place. We are now working on an alternative telephone survey to be carried out over the next few months to help us understand how victimisation has changed during lockdown and throughout the recovery phases.</p> <p>While we know that not all crimes are reported to the police, the conditions of lockdown have had a significant impact on the number of crimes and offences recorded by the police in Scotland.³⁴⁶ Crime continues to change as lockdown restrictions are eased; overall crime levels are now approaching pre-lockdown levels.</p> <p>Recorded crime was 18% lower in April 2020 compared to the same period in 2019. In June 2020, recorded crime was 3% lower compared to June 2019. The types of crime recorded have also changed. Non-sexual crimes of violence, crimes of dishonesty, fire-raising, and vandalism etc. continued to trend at lower levels in June 2020 compared to June 2019. Whereas, the number of sexual crimes and other crimes recorded was higher in June 2020 than June 2019.</p> <p>In relation to the civil justice system, the Scottish Courts and Tribunals Service have issued guidance on priorities.³⁴⁷</p> <p>All prisons remain operational and continue to function in accordance with health guidance, taking into account local conditions.</p> <p>Virtual visits were commenced across the prison estate in June and these are now in place in every prison. Authorised mobile phones are now in use in all establishments, with the exception of HMP Kilmarnock – 1 of 2 private prisons in Scotland - who have instead implemented its own in-cell telephony option, which</p>
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³⁴⁵ <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

³⁴⁶ <https://www.gov.scot/publications/recorded-crime-scotland-june-2020/>

³⁴⁷ <https://www.scotcourts.gov.uk/docs/default-source/default-document-library/civil-business---coronavirus---phase-1-update-08-06-2020.pdf?sfvrsn=0>

	<p>provides similar functionality in terms of enabling contact with family and friends.</p> <p>On 24 July SPS announced the resumption of in-person visits which began to take place across the prison estate from 3 August but these arrangements have since been adapted in line with public health advice. The prison service will continue to align public health advice to regime restrictions including access to prison visits.</p> <p>Currently, for the 12 prisons in protection levels 3 & 4, in-person visits from all local authority areas will be permitted on a by exception basis. This will include for compassionate reasons where, for example, there has been a bereavement; to address welfare concerns and where there is a specific need to support children aged under 18. Visitors to the remaining 3 prisons- HMP Dumfries, HMP & YOI Grampian and HMP Inverness (which are located within level 1 or 2 areas) are open to visitors from all Level 1 or 2 Local Authorities areas. Visitors from level 3 and 4 local authority areas will be considered on a by exception basis. A travel exemption for the purpose of prison visits have been provided for in travel regulations and related guidance.</p> <p>A gradual lifting of other parts of the prison regime such as education, employment and home leave etc. is being phased across the estate subject to local health advice. Community sentences continue to be imposed by the courts. Justice social work (JSW) services are showing considerable flexibility and creativity in delivering services in a safe, pragmatic way, which prioritises cases where there is risk of harm and vulnerability and ensures appropriate measures are in place for staff and service users. Where appropriate, a transition to phone or video contact with service users has taken place.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Older people are less likely to experience crime than other adults³⁴⁸.</p> <p>The prison population is ageing. The average age of individuals spending any time in prison in 2010-11 was 31.8; by 2019-20 this had risen 35.9 The proportion of</p>

³⁴⁸ <https://www.gov.scot/news/scottish-crime-and-justice-survey-201819/>

	<p>cases to court, however negative impacts arising from ongoing delay will persist.</p> <p>The prison population is largely comprised of men aged 21 and over. In 2019-20, the average daily prison population was 8,200 overall, with the average daily population of women around 400 and the average daily population of men around 7,800.³⁵⁶</p>
Race	<p>Racially aggravated crimes are the most commonly reported hate crime.³⁵⁷</p> <p>Some evidence of disproportionate health impacts for minority ethnic communities³⁵⁸ may also limit participation, or heighten the risk of participation in the justice system.</p> <p>The average proportion of the prison population identifying as 'White' is around 96% in 2019-20.³⁵⁹ This is broadly in line with the profile of the Scottish population as a whole based on the 2011 Census.</p> <p>The rate of imprisonment does vary by ethnic group however. The imprisonment rate for people who identify as African, Caribbean or Black (6.1 to 10.2 per 1,000), or from 'Other ethnic' groups (5.6 to 9.0 per 1,000), is significantly higher than for people who identify as White (3.7 to 3.9 per 1,000).³⁶⁰</p> <p>People identifying as Asian, Asian Scottish or Asian British have the lowest imprisonment rates, and this rate has fallen from 3.8 per 1000 population in 2011-12 to between 2.2 and 2.8 in 2019-20.³⁶¹</p>
Disability	<p>Disabled people are more likely to be the victims of crime and also of requiring help with civil justice issues.³⁶² Changes to building use following COVID-19 may raise access issues.</p> <p>Compared to non-disabled people, disabled people were also more likely to be worried about certain specific crimes</p>

³⁵⁶ [Scottish Prison Population Statistics, 2019-20](#)

³⁵⁷ <https://www.copfs.gov.uk/publications/equality-and-diversity>

³⁵⁸ [ONS England & Wales COVID-19 deaths by ethnicity](#). Evidence from Scotland is limited, as provided by this [NRS paper](#)

³⁵⁹ [Scottish Prison Population Statistics, 2019-20](#)

³⁶⁰ [Scottish Prison Population Statistics, 2019-20](#)

³⁶¹ [Scottish Prison Population Statistics, 2019-20](#)

³⁶² <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

	<p>mentioned in the crime survey such as credit card or bank theft, stolen identity and vehicle vandalism.³⁶³</p> <p>In relation to remote hearings consideration needs to be given to the impact on parties with cognitive impairment and people who have additional communication needs.</p> <p>In addition, evidence from England suggests particular consideration should be given regarding mental health implications.³⁶⁴</p> <p>Consideration needs to be given to those who might be older who may, in line with wider public health advice, still be advised to avoid indoor gatherings or may be shielding.</p> <p>Around 9% of people who spent any time in prison over the past 5 years self-identified as being disabled on entry to prison.³⁶⁵</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>The likelihood of experiencing crime is higher for those living in deprived areas.³⁶⁶ Those in contact with the criminal justice system come disproportionately from disadvantaged groups. Specific impacts include lack of face-to-face access to advice services, victim support and post-prison release.</p> <p>Digital exclusion is greater for people from lower socioeconomic groups³⁶⁷ therefore needs to be considered in relation to digital justice solutions.</p> <p>There are clear links between experience of area level deprivation and likelihood of arriving in prison.</p>

³⁶³ SCJS 2017-18

³⁶⁴ <https://www.judiciary.uk/wp-content/uploads/2020/05/remote-hearings-rapid-review.pdf>

³⁶⁵ <https://www.gov.scot/publications/scottish-prison-population-statistics-2019-20/>

³⁶⁶ <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey>

³⁶⁷ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

	<p>The 10% most deprived areas are over-represented in prison arrivals by a factor of three. More than half of arrivals to prison come from the most deprived fifth of Scottish data-zones. This relationship has been more or less static over the past decade.</p> <p>The proportion of individuals arriving in prison who report having no fixed abode has increased over the past decade, from 4.4% to 7.5%.³⁶⁸</p>
<p>Stakeholder Engagement</p> <p>We are continuing to engage with organisations supporting victims to assess need as we move through Phase 3. 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 eight weeks. This has now been published.³⁶⁹ A regular 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.</p> <p>A key component towards developing and determining the framework for the resumption of High Court business and jury trials has been a commitment to test potential options within a number of scenarios and settings. This has involved targeted and ongoing stakeholder involvement in order to measure the extent to which future options would deliver the effective administration of justice that they would not be to the detriment of the most at risk in society, and provide sufficient reassurances around health and safety. Detailed feedback will be shared and analysed; where concerns have been developed, mitigation will be identified wherever possible, and a risk based analysis approach adopted to inform next steps.</p> <p>Work is ongoing to explore how links can be made between wider Scottish Government initiatives around digital inclusion and the rollout of virtual visits to prisons, with a focus on determining whether families affected by imprisonment may require appropriate technological support to make full use of these. As part of this consideration we will work closely with the Scottish Prison Service and other stakeholders such as Families Outside.</p>	

³⁶⁸ <https://www.gov.scot/publications/scottish-prison-population-statistics-2019-20/>

³⁶⁹ <https://www.gov.scot/publications/domestic-abuse-forms-violence-against-women-girls-vawg-during-covid-19-lockdown-period-30-3-20-22-05-20/>

Mitigations

Greater use of digital capability has allowed some court business to continue safely and therefore allowed equitable access to justice across the population. It is recognised that some types of business cannot be conducted in this way, and also that there are issues regarding accessibility for some court users. The Recover, Renew, Transform programme for criminal justice will consider the equality and human rights aspects of proposals, informed by the establishment of an Advisory Group.

As noted above, resumption of court business which cannot be carried out in this way will be subject to stakeholder engagement in order to ensure mitigations are identified and implemented where feasible. Consideration of particular options regarding solemn trials, virtual summary trials and the summary justice process, virtual custody courts and prisons/community justice is also taking into account potential impacts on ability to participate in justice processes due to caring responsibilities, ability to access public transport and other factors which may be exacerbated by the current context.

The resumption of court services also provides the necessary platform for individuals and groups to legally challenge decisions and actions which they consider to be discriminatory.

Community and Public Services

1.24 Face to face youth work can resume outdoors and indoors

<ul style="list-style-type: none"> Face to face youth work can resume outdoors (following relevant guidance) – 13 July and indoors from 31 August. 	
<p>General impacts of the measure</p>	<p>Survey data suggests that it may be younger people who are at greatest risk of loneliness during the pandemic. Mental Health Foundation research³⁷⁰ (conducted by YouGov) 17-18 March (Wave 1) on adults in the UK and 2-3 April 2020 (Wave 2) found that, at the time of the first survey, 10% said they had felt lonely in the previous 2 weeks because of coronavirus, rising to 24% by the time of the second survey. The equivalent figures for 16-24 year olds were 16% and 44%, respectively.</p> <p>The objective of youth work is to effectively engage people in communities in learning activities to help mitigate the barriers being faced by social disadvantage. Youth work helps to mitigate effects of social isolation and improve mental health and wellbeing improving opportunities for young people to progress and make decisions which affect their future.</p> <p>This type of learning activity is particularly important for young people who were facing barriers to learning before the restriction measures were implemented on 23 March 2020.</p> <p>Easing the restrictions to allow face to face youth work to take place whilst following public guidance offers support to young people who have been affected by the impacts of COVID-19 on their mental health and wellbeing or young people who are experiencing social isolation at this time.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age:</p> <p>Older People</p>	<p>No evidence of a differential impact identified at this time.</p>
<p>Children and Young People</p>	<p>Community Learning and Development (CLD) services are offered to people of all ages, including children and young people, Although the impact of lockdown is expected to have an impact on the mental health and wellbeing and social isolation of people from all age</p>

³⁷⁰ <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic>

	<p>groups, is expected that these impacts will be most prominent for young people.³⁷¹ (ONS data)</p> <p>Building trusted relationships with young people through youth work is known to have significant benefits to young people in relation to mental health, wellbeing and progressing opportunities for employment.</p> <p>Reopening face to face youth work will have a positive impact on young people as provision will focus on those most affected by the current restrictions measures.</p>
<p>Sex:</p> <p>Women</p> <p>Men</p>	<p>CLD is a profession where there are more women, therefore more woman than men are likely to be returning to work.³⁷²</p> <p>No evidence of a differential impact identified at this time.</p>
<p>Race</p>	<p>Some youth work takes place within race based organisations, so the young people who would normally attend these groups and activities will value these services being reinstated. Likewise, youth work integrating young people from a range of marginalised backgrounds into community groups.</p>
<p>Disability</p>	<p>The ONS Opinions and Lifestyle Survey indicates that people with underlying health conditions or long-term illness may be at a slightly greater risk of poor mental wellbeing during the pandemic.³⁷³</p> <p>Reopening face to face youth work will allow young disabled people to participate in learning activities within their local area which will promote interaction and engagement. This will have a positive effect on mental health and wellbeing of disabled young people.</p>
<p>Religion and Belief</p>	<p>Some youth work takes place within or with faith based organisations, so the young people who would normally attend these groups and activities will value these services being reinstated.</p>

³⁷¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsoneyoungpeopleingreatbritain/3aprilto10may2020#impacts-on-well-being>

³⁷² <https://cldstandardscouncil.org.uk/about-cld/working-with-scotlands-communities-2018/>

³⁷³ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/datasets/coronavirusandthesocialimpactsondisabledpeopleingreatbritainmay2020>

<p>Sexual Orientation</p>	<p>Youth work provides services to help people to break down barriers and progress an agenda of acceptance for individual identity. Organisations such as LGBT Youth Scotland³⁷⁴ provide support to young people and youth work organisations to mitigate the impacts felt by COVID-19.</p> <p>Some people face inequalities due to sexual orientation. LGBT YOUTH Scotland’s report states: “LGBT+ social spaces such as our youth groups are important to the wellbeing of LGBT+ young people who feel isolated and/or excluded. For many, these spaces are the only time they can feel safe and able to be themselves.”</p> <p>Opportunities created to participate in face to face youth work activities are non-discriminatory and encourage young people to foster acceptance of each other’s personal identity.</p>
<p>Marriage and Civil Partnership</p>	<p>No evidence of a differential impact identified at this time.</p>
<p>Pregnancy and Maternity</p>	<p>Some youth work will focus on communities of interest, for example facilitating groups for young pregnant women and mothers to meet each other to gain emotional support and learning opportunities.</p>
<p>Gender Reassignment</p>	<p>Youth work provides services to help people to break down barriers and progress an agenda of acceptance for individual identity. Organisations such as LGBT Youth Scotland³⁷⁵ provide support to young people and youth work organisations to mitigate the impacts felt by COVID-19.</p> <p>Some people face inequalities due to sexual orientation. LGBT YOUTH Scotland’s report states: “LGBT+ social spaces such as our youth groups are important to the wellbeing of LGBT+ young people who feel isolated and/or excluded. For many, these spaces are the only time they can feel safe and able to be themselves.”</p> <p>Opportunities created to participate in face to face youth work activities are non-discriminatory and encourage young people to foster acceptance of each other’s personal identity.</p>

³⁷⁴ <https://www.lgbtyouth.org.uk/groups-and-support/>

³⁷⁵ <https://www.lgbtyouth.org.uk/groups-and-support/>

<p>Socio-economic disadvantage: any people experiencing poverty</p>	<p>The pandemic and measures to contain and mitigate it have the potential to increase the extent of mental health problems and associated inequalities for socio-economically disadvantaged groups.³⁷⁶ This is coupled with the fact that people living in financial hardship tend to be at increased risk of mental health problems and lower mental wellbeing.³⁷⁷</p> <p>The Poverty Alliance has recently reported concerns at present among community organisations about the mental health impacts of the pandemic and associated measures, with one organisation reporting a higher than normal number of calls being received from people with suicidal ideation.³⁷⁸ We know through survey analysis, young people are suffering from poor mental health since lockdown began.³⁷⁹</p> <p>Restarting face to face youth work will provide support for young people facing socio economic disadvantage and will have a positive impact for young people engaged.</p>
<p>Stakeholder Engagement</p> <p>The Scottish Government has worked with stakeholders across the CLD sector including youth work, adult learning, community based college provision, CLD Managers Scotland, Education Scotland and the CLD Standards Council for Scotland alongside trade unions and COSLA to ensure that guidance offers clear expectations and practical approaches to a safe, phased full reopening of face to face youth work.</p> <p>The CLD sector guidance³⁸⁰ was created in partnership with these stakeholders. Policy managers will continue to work with stakeholders to ensure restriction measures are understood and easing of restrictions are implemented for organisations, staff, volunteers, students and communities.</p>	
<p>Mitigations</p> <p>Removing restrictions to allow young people to participate in face to face youth work has a positive impact on at risk young people and those most affected by disadvantage. Through fostering good relationships between young people and youth workers, young people have a safe space to learn</p>	

³⁷⁶ <https://www.bmj.com/content/369/bmj.m1557>

³⁷⁷ <https://www.mentalhealth.org.uk/publications/tackling-socialinequalities-reduce-mental-health-problems>

³⁷⁸ <https://www.povertyalliance.org/wp-content/uploads/2020/04/Community-organisations-and-COVID19-PA-briefing-6-April-2020.pdf>

³⁷⁹ <https://www.youthlinksotland.org/news/april-2020/survey-reveals-96-of-young-people-fear-for-future-due-to-covid-19/>

³⁸⁰ <https://www.gov.scot/publications/coronavirus-covid-19-community-learning-and-development-sector/pages/health-of-staff-and-service-users/>

and accept others whilst expressing their own individual and collective needs.

Restarting face to face youth work is likely to have a positive impact on young people with the following protected characteristics:

- Age – young people will benefit from engaging with other young people and youth workers which will help mitigate the effects of anxiety, mental health and social isolation as a result of restriction measures.
- Disability - Participation in community activities is essential in helping disabled people to feel included in the wider community. The resumption of community based learning activity in any form for young people will create opportunities for disabled and non-disabled students to interact with one another.
- Sexual orientation – Many young people from the LGB community have felt socially isolated as a result of lockdown. Restarting face to face youth work will allow young people to access support from a trusted professional whilst breaking down barriers and progressing an agenda of acceptance for individual identity.
- Socio economic disadvantage – during lockdown, some young people had difficulty in accessing learning opportunities by not having built digital skills prior to lockdown, or not having access to digital devices to access learning opportunities online. Restarting face to face youth work allows young people to restart their personal development and build confidence to continue their learning journey.

Restarting face to face youth work is likely to foster good relations between young people who face disadvantage. The Equality Act (2010) refers specifically to the characteristics of age, sex, sexual orientation, socio economic disadvantage and disabled young people, and youth workers foster good relations through building a trusted relationship and a rights based approach to learning.

Restarting youth work services will reduce inequality of outcomes for socio-economically disadvantaged groups by engaging young people in learning activity.

Youth work seeks to help people facing social or economic disadvantage to create, work towards and achieve self-determined goals. Building a trusted relationship in the context of youth work empowers those facing barriers to make decisions which affect the learner as well as the family and community in which they live.

In particular, young people who don't have digital skills, connectivity or access to digital devices for learning; learners affected by poor mental health and wellbeing and those facing social isolation would benefit most from the return to learning within the community.

Young people facing socio economic barriers prior to the pandemic are more likely to be further impacted as a result of the restriction measures. Reopening face to face youth work will have a positive impact on young people of as provision will focus on those most affected by the current restrictions measures.

CLD is particularly effective when used as a method of engagement to mitigate the effects of social isolation and the deterioration of mental health and wellbeing for young people.

Survey data from the Mental Health Foundation³⁸¹ also suggests that young people are at greater risk of loneliness and more likely to suffer from poor mental health during lockdown. Building trusted relationships with young people through youth work is known to have significant benefits to young people in relation to mental health, wellbeing and progressing opportunities for employment.

Restarting youth work provision in any format will have a positive impact on the health and wellbeing of young people.

To help with restarting face to face youth work, sectoral guidance³⁸² has been developed alongside stakeholders involved in community learning and development (CLD) provision and advice from Public Health Scotland should be followed at all times including but not limited to physical distancing and enhanced hygiene measures.

³⁸¹ <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic>

³⁸² <https://www.gov.scot/publications/coronavirus-covid-19-community-learning-and-development-sector/>

Communities and Public Services

1.25 Relax certain restrictions on some support groups and services

<ul style="list-style-type: none"> Relax certain restrictions on some support groups and services once relevant guidance is implemented. For example: Non-NHS drug and alcohol support groups can provide essential services following relevant guidance and with physical distancing. 	
General impacts of the measure	<p>A range of support groups and services are in operation to support our most disadvantaged and more at risk people and communities. These services will be received in particular by people who may be at risk from a range of issues whether it is drug abuse, domestic violence, alcohol problems or for at risk children and families needing support.</p>
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	<p>Older people may have been adversely affected by the COVID-19 pandemic and may have been shielded during lockdown. The resumption of specific support services will enable them to reintegrate into society as lockdown eases and access the support they need.</p>
Children and Young People	<p>Some children and families felt isolated during lockdown, and the resumption of services re-establishes support networks for them.</p>
Sex: Men and Women Women	<p>COVID-19 may have had indirect effects on men and women.</p> <p>Women in particular who may have had to juggle homeworking and childcare/home schooling during the pandemic. For lone parents in particular access to direct support services will enable them to seek the support required as restrictions ease.</p> <p>Many women and children already at risk of domestic abuse were likely to experience an increased risk of violence and abuse during lockdown. Although support services were still in operation, women suffered from a lack of face to face contact and/or support. In addition, women and children isolating with their abusers may have faced inherent difficulties in accessing any of the support that was available through phone or web chat functions. VAWG support services offer a much needed lifeline for many women and children and allowing these services to resume would have enabled much needed tangible help</p>

<p>Men</p>	<p>and support to be provided. The relaxing of restrictions will have helped women to access vitals support services.</p> <p>With the ability for lone parents to share the parenting of children, there may have been increased anxiety for the resumption of hidden domestic abuse. However, the joining of family households with grandparents may have offered much needed informal childcare and emotional support.</p> <p>No evidence of a differential impact identified at this time.</p>
<p>Race</p>	<p>Minority ethnic groups have been impacted greater in terms of COVID-19 death rates.</p> <p>Early data showed that the COVID-19 virus was more deadly for people with underlying health conditions. Prevalence of some of these health conditions is known to be higher in certain minority ethnic groups, for example Type 2 diabetes is 6 times more likely in people of South Asian descent and 3 times more likely in African and Afro-Caribbean people.</p> <p>In Scotland, as in other parts of the UK, people from minority ethnic groups have lower cancer rates but higher incidence of coronary heart disease and cardio vascular disease. Presence of these conditions is more likely to increase the anxiety and severity of COVID-19 but also means that people will be required to self-isolate in their homes for longer.</p>
<p>Disability</p>	<p>Access to support services will ensure that disabled people can access the required services to cope with the negative effects of isolation during lockdown and ensure that they access the services that they need.</p> <p>Through the relaxing of restrictions in the Phases, local disabled groups and service providers will have been able to work to ensure that disabled people were contacted in an appropriate way to ensure they are aware of the services that have been opening up following lockdown. Access to services ensures that disabled people can take a more active part in their community.</p> <p>Some disabled people may not have felt able to take part in the opening of services.</p>
<p>Religion and Belief</p>	<p>Access to religious buildings and services following lockdown will have opened up access to faith based support groups which will have been an additional support</p>

	to those people requiring to access specific support services once lockdown had ended.
Sexual Orientation	Following the ending of lockdown, access to support services will have ensured that those of differing sexual orientation could access the support services that they needed.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	Many support services will have been paused during lockdown so opening up opportunities to resume these services will have ensured that people in this group could access the services required.
Gender Reassignment	Many support services will have been paused during lockdown so opening up services will have ensured that people in this group could access the services that they needed.
Socio-economic disadvantage: any people experiencing poverty	People in these groups may have been particularly disadvantaged during lockdown because of a lack of access to services, digital access to online services, the impact of redundancies etc. This will have affected their mental health negatively. The resumption of support services will therefore have benefited those suffering from many aspects of disadvantage.
Stakeholder Engagement	
<p>The Scottish Government has worked with stakeholders from across a range of sectors primarily through the Children & Families Collective Leadership Group which has representation from local authorities, the third sector, Solace, Care inspectorate, Social Work Scotland and COSLA.</p>	
Mitigations	
<p>At the height of lockdown, the focus was on addressing risk and high priority situations. The relaxation of restrictions on support groups and services has enabled support and contact with a wider range of at risk people, including those whose needs have been negatively impacted during the crisis. This takes place as part of co-ordinated arrangements between partner agencies, building on the relationships that people already have with services.</p> <p>There is a continuing hybrid model of direct and indirect contact, but services take account of people who have been excluded because they have not had access to online and telephone approaches.</p>	

This includes:

- Contact with children and families where there may not have been immediate risk, but where children and young people have faced significant adversity during the pandemic, including children looked after at home; disabled children; young people in transitions; children and families involved in permanence planning.
- Contact with adults who may have experienced mental health difficulties or domestic abuse.
- Contact with adults who may have experienced deteriorating issues with addiction.
- Contact with adults and children newly at risk, who require a social work assessment and/or social work led plan.
- Increased implementation of plans that require support for contact between people and their family or significant others.
- Increased contact with adults and young people subject to Criminal Justice social work interventions, including those who present the highest risk to others, as well as people who present a lower risk but may have outstanding needs, and the gradual restart of interventions such as unpaid work and group work programmes.

Communities and Public Services

1.26 Child contact centres can open

Child contact centres can open	
<p>Section 1 General Impacts of Measure</p>	<p>Child contact centres could re-open from 24 August. The impact is that some non-resident parents will be able to see their children.</p> <p>Contact at child contact centres is often ordered by the courts, when a case on where the child should reside and/or who should have contact with the child is being considered.</p> <p>Most child contact centres in Scotland form part of the Relationships Scotland (RS) network. RS produce statistics on the use of their services.³⁸³ These show that 3,615 adults used an RS child contact centre in 2018-19 and 2,572 children were able to maintain contact with a non-resident parent.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>No evidence of a differential impact identified at this time.</p>
<p>Children and Young People</p>	<p>The RS statistics show that 83% of children at Child Contact Centres were aged eight or under.</p>
<p>Sex: Women</p>	<p>Women account for the majority of lone parents, therefore maintaining family contact with non-resident parents is likely to affect women.³⁸⁴</p>
<p>Men</p>	<p>The latest available figures suggest that 76% of parents using a child contact centre within the Relationships Scotland network are men.³⁸⁵ Most non-resident parents are men.</p>

³⁸³ Relationships Scotland statistics for 2018/19 are at <https://www.relationships-scotland.org.uk/wp-content/uploads/Relationships-Scotland-Summary-Statistics-2018-19.pdf> (Section 4 relates to child contact centres).

³⁸⁴ Women spent far more time than men caring for children on average in 2014-15 ([Centre for Time Use Research: Time Use Survey 2014-15 Results for Scotland](#)) and were far more likely to be looking after the home or family in 2018 ([Scottish Household Survey 2018](#)). The vast majority of single parents are also women ([Household composition for specific groups of people in Scotland](#)).

³⁸⁵ <https://www.gov.scot/publications/equality-impact-assessment-record-children-scotland-bill/pages/3/> (see point 3, under “sex”).

Race	No evidence of a differential impact identified at this time.
Disability	No evidence of a differential impact identified at this time.
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	No evidence of a differential impact identified at this time.
Stakeholder Engagement	
The Scottish Government has consulted the providers of child contact centres on guidance. This guidance is now in place. ³⁸⁶	
Mitigating Actions	
Contact between some non-resident parents and their children may happen on-line, by use of technology, by phone, or by letter.	
As indicated above, Scottish Government guidance on child contact centres is now in place.	

³⁸⁶ <https://www.gov.scot/publications/coronavirus-covid-19-child-contact-services/>

Gatherings and Occasions

1.27 Places of worship re-opened for congregational services, communal prayer and contemplation

<ul style="list-style-type: none"> Places of worship re-opened for congregational services, communal prayer and contemplation with physical distancing and limited numbers – 15 July. 	
<p>General impacts of the measure</p>	<p>Easing of restrictions around gathering for services and ceremonies within a place of worship has enabled more individuals to exercise their religious rights within a place of worship.</p> <p>However, not all services and faith based practices have been able to resume and some restrictions have remained on higher risk activities, such as singing. Additionally, numbers have been limited to a maximum total of 50 people at one time, regardless of the size of the venue, and 2 metre physical distancing must continue to be maintained. Congregations have also been required to wear face coverings as of 8 August, though individuals leading an act of worship are exempt.</p> <p>The date for re-opening of places of worship was brought forward to 15 July, in line with other sectors. This decision was taken following further discussion with our faith communities, working with them to ensure that appropriate mitigations were in place, and was guided in particular by evolving scientific and health advice on transmission risks.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Persons who are aged 70 and over had been advised to stay at home and minimise contact, and people who may be shielding had been strongly advised not to attend public places. However, advice to those in these high-risk groups was changed to be in line with advice to the general public on 1 August.</p>
<p>Children and Young People</p>	<p>Children and young people with faith have been able to attend their place of worship for more services, including life events such as baptisms, christenings and coming of age ceremonies.</p>

Sex:	The Scottish Church Census 2016 ³⁸⁷ indicated that three-fifths of churchgoers are women. We do not have similar data available for other religions.
Women	The Scotland Household Survey 2018 ³⁸⁸ indicated that more women than men volunteered with 'religion and belief' (17 and 13 per cent respectively). This suggests that re-opening places of worship may have a greater positive impact for women.
Men	No evidence of a differential impact identified at this time.
Race	No evidence of a differential impact identified at this time.
Disability	Consideration needs to be given to those disabled people who may, in line with wider public health advice, still be avoiding indoor gatherings for their safety. Disabled people that had been advised to shield have been able to attend places of worship, and exercise their Article 9 ECHR right to manifest their religion or belief, in worship, teaching, practice and observance, since shielding was paused on 1 August. This opportunity to meet others of a similar faith for emotional support may be particularly important for disabled people who have suffered a greater level of isolation than the general population. Some disabled people, for example wheelchair users or those with limited mobility, may face barriers to attending services if special arrangements are not made to ensure they are able to access, circulate and use all necessary facilities while maintaining a 2 metre physical distancing and hygiene requirements. Safe transport options to and from services may act as a barrier to attending.
Religion and Belief	Members of faith communities have been able to attend places of worship for communal or congregational worship and/or prayer, and wider activities, ceremonies and services since 15 July. This change has been of particular benefit to groups for whom individual prayer or contemplation is less significant.

³⁸⁷ See <https://www.brierleyconsultancy.com/scottish-church-census>

³⁸⁸ See <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/12/>

	<p>There are still limits on the numbers of people who can attend a place of worship to exercise their religious rights. This is currently 50 people at any one time.</p> <p>The restriction to the total number of people who can attend a place of worship at one time may have a negative impact on faiths that have larger catchment areas for an individual place of worship, which ordinarily has a high capacity, such as Muslim and Sikh communities.</p> <p>All those attending a place of worship are required to wear a face covering unless they are exempt on medical grounds, with the exception of the individual leading an act of worship. This may interfere with some people's spiritual connection when practicing their faith in a place of worship.</p> <p>Additionally, some restrictions on high risk activities, such as singing, remain in place, which will have a negative impact on some faith groups.</p>
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time. However, there are reference to weddings, funerals, civil partnerships, receptions and wakes, which are often held as faith ceremonies, earlier in this document.
Pregnancy and Maternity	<p>Women who are pregnant are currently considered at higher risk of infection and have previously been advised to stay at home and minimise contact. This may have impacted on the ability of pregnant women to attend a place of worship. It may also have impacted on their Article 9 ECHR right to manifest their religion or belief, in worship, teaching, practice and observance.</p> <p>However, from 24 July, people who had previously been advised to shield, have been able to attend indoor public spaces, as all shielding was paused on 1 August.</p>
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	Essential voluntary services, such as food banks, have been able to continue within places of worship throughout the lockdown period. We have therefore not identified an impact from the measures in Phase 3 for this group of disadvantaged people.

Stakeholder Engagement

Scottish Government Connected Communities officials have engaged closely with faith and belief communities on reopening places of worship and on ceremonies, including around faith-specific requirements and the content of supporting guidance. This ongoing commitment to engagement with stakeholders ensures any new or emerging concerns are addressed, and communities continue to feel supported. Current arrangements are for regular engagements with leaders and representatives from Scotland's faith communities. The Cabinet Secretary for Communities and Local Government has also taken part in a number of these engagement sessions.

Stakeholders engaged with include the principal Christian, Muslim, Sikh, Hindu, Jewish and Humanist communities and denominations, and we have consulted in writing more broadly still, when appropriate and necessary.

Mitigations

Removing some restrictions on the use of places of worship to allow congregational worship, communal prayer, marriages, funerals, and some other life event ceremonies (e.g. baptisms, christenings and coming of age ceremonies) has reduced indirect discrimination for people with the protected characteristic of religion or belief. Any remaining restrictions are on the basis of public health advice.

Regarding the mandatory wearing of face coverings, an exemption to this has been agreed for the individual leading an act of worship, following discussion with stakeholders. This is to minimise interference to the spiritual connection between congregation and the person leading an act of worship.

Removing the continuing restrictions on the use of places of worship will also mitigate the interference on rights to manifest a religion or belief in worship, teaching, practice and observance (Article 9 ECHR).

Reopening places of worship has also contributed to fostering good relations between those with religion or belief and those who do not share this protected characteristic. People who have been unable to attend their place of worship while other sectors have reopened had previously felt left behind or considered less important, particularly in comparison to sectors which are considered to contribute to the economy, such as non-essential shops.

Following further discussion with our faith communities, working with them to ensure that appropriate mitigations are in place, and guided in particular by evolving scientific and health advice on transmission risks, the date that places of worship would be able to re-open for congregational worship and prayer was brought forward to 15 July.

For some faith communities, a minimum number of people are required to gather together to form a congregation, and reopening for congregational worship has allowed services to take place for these communities. In addition, the change to allow up to 50 people to attend congregational acts of worship has been of particular benefit to groups for whom individual prayer or contemplation is less significant.

Restrictions that remain for public health reasons (e.g. numbers controlled, and the need to maintain 2 metre physical distancing) have been clearly communicated in guidance. Online streaming, broadcasting or recording of services will continue to help facilitate involvement for higher risk groups, who may decide not to attend places of worship to help protect their health.

The Scottish Government has provided funding to faith and belief organisations that has allowed equipment and software to be purchased to facilitate online worship services. This has enabled online access to prayer, worship, and funeral services, while places of worship were closed with persons able to attend from home. Online worship will be encouraged to continue once services in places of worship resume, particularly for higher risk groups, who may decide not to attend places of worship to help protect their health.

Comprehensive guidance has been drafted in consultation with faith and belief groups to support places of worship to reopen for congregational activities at Phase 3.³⁸⁹ Included within Phase 3 guidance are recommendations to undertake the following mitigating activity:

- Physical distancing through limiting capacity and the use of floor markings, cordoning off seating and the use of one-way systems, and limits to maximum number of people in attendance at any one time.
- Advice on cleaning and hygiene, including hand washing/sanitising facilities.
- Arranging layouts to reduce face-to-face time (in most places of worship, congregations face forward).
- Use of face coverings.
- Restrictions on singing/chanting. Where singing/chanting is essential to an act of worship, we suggest only one individual is permitted to sing or chant behind a plexi-glass screen which can be cleaned.
- Restrictions on the use of musical instruments that are operated by breath.
- Adaptation of the length of services to reduce time spent at a gathering.
- Avoiding touching or kissing devotional and other objects/resources.
- Avoiding food and drink where it is not essential to the act of worship. Where it is essential, avoiding the use of communal vessels.

³⁸⁹ See <https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-for-the-safe-use-of-places-of-worship/>

- Taking other mitigations for the handling of food, including strict hand hygiene, pre-wrapping food items and avoiding the sharing of cutlery, crockery or utensils. Avoiding speaking/singing/chanting across food or drink and, where this is essential to the act of worship, using a face covering and securely covering the food.
- Only using shared washing/ablution areas when it is essential. Washing/ablution rituals should be carried out at home.
- Recommended keeping of register of attendees to assist Test and Protect.

Gatherings and Occasions

1.28 Attendance limit for weddings, funerals, civil partnerships, receptions and wakes.

<ul style="list-style-type: none"> Easing of restrictions on attendance at funerals, marriage ceremonies, civil partnership registrations and at wedding/civil partnership receptions and funeral wakes. <p>From 10 September Review, this measure was modified to reflect that the attendance limit for wedding, funeral and civil partnership remains at 20. Receptions and wakes are permitted in regulated settings (e.g. hospitality venues) also with a limit of 20 people. (Social gathering rules apply elsewhere.)</p>	
<p>General impacts of the measure</p>	<p>Phase 3 has allowed for a larger number of funeral service attendees beyond 'close family'. In all previous phases, funerals were permitted to take place but attendance had been limited to close family only, while in-person attendees were also requested to be kept to the minimum number of people possible; the interruption to normal funeral arrangements can impact grieving.</p> <p>Measures in Phase 3 will gradually return towards existing arrangements/procedures before the pandemic and therefore we have not identified an impact for most protected characteristic groups. Initially, we have advised a maximum of 20 people attend a funeral service, marriage ceremony or civil partnership registration.³⁹⁰ This may be less if the selected venue is unable to safely accommodate 20 people and adhere to physical distancing rules.</p> <p>However, allowing these events to be attended by a greater number of people beyond close family, regardless of family or friend groupings, will have an overall positive impact on those with protected characteristic(s) and more widely on all in society, who may have been impacted by restrictions in place to date.</p> <p>As part of Phase 3 of Scotland's framework³⁹¹ for easing restrictions on lockdown, it was possible for marriages and civil partnerships to take place indoors, as well as outdoors. The easing of restrictions for marriages and civil</p>

³⁹⁰ The published guidance sets out exceptions, including for the celebrant. The recommended maximum does not include the celebrant and, in respect of a marriage or civil partnership any required interpreter.

³⁹¹ Coronavirus (COVID-19): Scotland's route map <https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/>

	<p>partnerships will enable more individuals to exercise their right to marry and will mitigate the impact on those groups most affected by the previous restrictions.</p> <p>As ceremonies and registrations gradually reflect existing arrangements and procedures before the pandemic, we have not identified an impact for most protected characteristic groups.</p> <p>From 28 September, where a ceremony or registration is taking place in a private dwelling, the persons participating should include no more than 6 people, being the couple, the registrar or celebrant, the witnesses and, if required, an interpreter. Ceremonies and registrations should only take place in private dwellings if it is not possible for them to take place in a public place, for example, if a party to the marriage or civil partnership is seriously ill.</p> <p>The National Records of Scotland holds information on the number of marriages and civil partnerships that took place in 2019.³⁹²</p> <p>From 8 August those attending indoor funeral services, marriage ceremonies or civil partnership registrations in certain indoor locations were required to wear a face covering, however those leading the service, giving the eulogy, or conducting the ceremony or registration were made exempt, but only if physical distancing or screens, were put in place; otherwise face coverings were required.</p> <p>The couple getting married or entering a civil partnership are no longer required to wear face coverings for the duration of the ceremony or registration.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>It may be the case that older people will, in line with wider public health advice, generally avoid gatherings due to the increased risk of transmission. Current NHS advice sets out that those aged over 70 are at higher risk from the virus and correspondingly should strictly adhere to all mitigations.³⁹³</p> <p>This wider health advice has particularly impacted older relatives or friends of the person who has died, who may</p>

³⁹² Vital Events Reference Tables <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables>

³⁹³ <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-physical-distancing>

Children and Young People	<p>have then decided (in order to help protect their health) not to attend a funeral in person.</p> <p>Any increase in risk of contracting COVID-19 due to attending mass gatherings would disproportionately affect older people. Up to 5 July 2020, 77% of all COVID-19 fatalities were aged 75 and over.³⁹⁴</p> <p>It may be the case that older people have generally avoided gatherings due to the increased risk of transmission. In addition to the impact of restrictions on marriages and civil partnerships, older people may have not been able to take part in such events. Shielding was paused on 1 August 2020 and increased participation at significant events such as marriages and civil partnerships would have had a positive impact on older people. The potential of increased participation nonetheless raises the risk that more at risk groups, including older people, will be exposed to the virus.</p> <p>The number of those seeking to marry in the age range of 16-19 has generally been reducing over time,³⁹⁵ though it remains possible in Scotland to marry or enter a civil partnership at the age of 16 without parental consent.</p>
Sex: Men and Women	<p>The further easing of restrictions and enabling more marriages and civil partnerships to take place would have a positive impact on the protected characteristic of sex. For example, marrying the mother of their child allows a biological father to obtain parental responsibilities and rights if they do not already have these through another legal route. Likewise, for a partner to marry another person to gain full legal rights to property and other benefits.</p>
Race	<p>No evidence of a differential impact identified at this time.</p>
Disability	<p>No evidence of a differential impact identified at this time.</p>
Religion and Belief	<p>Easing of restrictions on funerals has allowed more people who are not close family to attend funeral ceremonies held in places of worship. Numbers are still limited and funeral services will remain small, especially compared to pre-</p>

³⁹⁴ [Deaths involving coronavirus \(COVID-19\) in Scotland: Week 27 report](#), page 3

³⁹⁵ Data on numbers of people aged 16 to 19 marrying in Scotland each year in the period 1974 to 2019 is available on the National Records of Scotland website at <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables/2019/list-of-data-tables#section7>, in Table 7.01(b). In 1974, 17119 people aged 16-19 married. By 2000 this had reduced to 828 and by 2019, further reduced to 118.

	<p>pandemic levels. Before wider public health restrictions came into force, funerals and funeral service attendance were unregulated and unrestricted.</p> <p>The easing of restrictions for marriages and civil partnerships benefits individuals of religion or belief as it enables people of faith to marry and begin their married life together. For example, the inability to formalise a relationship impacts on those people for whom cohabitation before marriage is incompatible with their faith.</p> <p>In addition, for reasons of faith, some religious or belief bodies require more people to attend a ceremony than the legal minimum of 5 attendees. Allowing 15 people to attend would meet all the religious requirements we are aware of and the guidance requires that no more than 20 people should attend. Some religious and belief bodies also have a requirement or preference for ceremonies to take place indoors in a place of worship. This has been enabled by the easing of restrictions.</p> <p>Allowing wedding receptions with limited numbers may also benefit people from some faiths as some faiths may see the reception as part of the religious ceremony in relation to the marriage. Similarly, the same may apply with the increase of up to 20 people at funeral wakes.</p> <p>The National Records of Scotland holds information on the number of religious or belief marriages that took place in 2019.³⁹⁶</p>
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	Although the loosening of restrictions enables more people to marry or enter a civil partnership there is no evidence of a differential impact identified at this time.
Pregnancy and Maternity	The easing of restrictions enables more people who want to marry before starting a family to exercise their right to marry.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage:	No evidence of a differential impact identified at this time.

³⁹⁶ Vital Events Reference Tables <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/vital-events-reference-tables>

<p>any people experiencing poverty</p>	
<p>Stakeholder Engagement</p> <p>The Scottish Government continues to regularly engage with representatives of funeral director businesses, cremation authorities and burial authorities to inform our understanding of the impact of current restrictions on funeral service attendance.</p> <p>Officials responsible for funeral services policy have and will continue to engage with Scotland’s faith communities via the regular meetings that connected communities policy colleagues hold with communities and representative bodies. This has established an understanding of differing faith practices or requirements and how further measures might impact some groups due to varying cultural requirements.</p> <p>The Scottish Government will continue to meet regularly with faith representatives to inform our guidance and changes to the Route Map. We have engaged with key stakeholders on the impact of the pandemic on marriages and civil partnerships, including research and consultation with 17 religion and belief bodies. Officials are aware from consultation with religion and belief bodies whose celebrants conduct marriages or civil partnerships that for some, either cultural or religious requirements affected the number who they considered should attend a ceremony. Some groups also reported requirements for marriages to be conducted in a place of worship. One group reported a need for an indoor venue to better facilitate an essential religious aspect of their form of ceremony.</p> <p>National Records of Scotland have engaged regularly with local authority registrars.</p> <p>The Scottish Government has also engaged with the wedding industry.</p>	
<p>Mitigations</p> <p>Taking into account how the virus is known to be spread,³⁹⁷ it is the case that there will continue to be a heightened risk of transmission in settings where people come together, including for funeral services. Physical distancing will likely be particularly difficult for bereaved individuals at a funeral service.</p> <p>Measures in Phase 3 will gradually return towards existing arrangements / procedures before the pandemic and therefore we have not identified specific adverse impact on protected characteristic groups as a result of this. This measure affects all people who are bereaved and wish to attend a funeral in person and wider public health considerations that apply.</p>	

³⁹⁷ https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf pages 10-13

Restrictions that remain for public health reasons (e.g. numbers still controlled in order to maintain physical distancing) will need to be clearly communicated. Online streaming, broadcasting or recording of services will continue to help facilitate involvement for higher risk groups who may continue to be advised or decide not to attend in person, to help protect their health.

Since the beginning of restrictions in March, measures have been taken by cremation authorities, burial authorities and funeral director businesses to widen electronic access to services, such as provision for livestreaming services for those who cannot attend in person. Policies on electronic device usage in venues have also been considered by those offering funeral services, potentially permitting people to livestream a service themselves.

The Scottish Government has provided funding to faith and belief organisations that has allowed equipment and software to be purchased to facilitate online worship services. This has enabled viewing of prayer, worship, as well as funeral services, from home.

At the beginning of the restrictions, steps were taken to ensure the solemnisation of marriages and the registration of civil partnerships continued to be available where there was a pressing need. The restrictions have since been gradually eased enabling more people to exercise their right to marry and take part in significant life events.

There is potentially a heightened risk of transmission in certain situations, such as indoors including in a place of worship or gatherings for the consumption of food and alcohol. Allowing more people to attend the marriage ceremony and the civil partnership registration might lead to more people seeking to attend wedding receptions or celebrations. There may be issues around controlling access and preventing larger numbers from attending. The existing regulations place duties on those in control of business and other premises to take all reasonable measures to ensure that physical distancing is maintained and to admit people in sufficiently small numbers to make physical distancing possible.

The Scottish Government has engaged with religious and belief bodies on the impact of the pandemic, including the impact on marriages and civil partnerships. This work has helped to inform guidance issued by the Scottish Government. The easing of restrictions for marriages and civil partnerships will enable more individuals to exercise their right to marry and will reduce the impact on those groups most affected by the previous restrictions, including religious and belief bodies. The Scottish Government will continue to engage with key stakeholders to consider the impact of the restrictions on marriages and civil partnerships and to ensure that the easing does not adversely affect individuals of a particular religion or belief.

The Scottish Government has published guidance on marriage ceremonies and civil partnership registrations³⁹⁸ to help people planning to get married or form a civil partnership in Scotland, those responsible for venues that may host such events, and the celebrants who conduct them. Guidance is also available on the National Records of Scotland website.³⁹⁹

Guidance refers to use of public health guidance and hygiene measures in relation to some cultural or religious symbolism as part of ceremony or service.⁴⁰⁰

The industry are producing guidance on wedding receptions and funeral wakes.

During Phase 3, with relevant physical distancing and hygiene guidance still in place, those with a protected characteristic(s) will be able to more readily participate in a funeral service as before the pandemic, easing the grieving process. This will be the case for all people who are bereaved at this time across society, regardless of protected characteristic(s),

Generally, the easing of restrictions on marriages and civil partnerships would enable more people to exercise their right to marry.

We are aware from consultation with religion and belief bodies whose celebrants conduct marriages or civil partnerships that for some, either cultural or religious requirements affected the number who they considered should attend a ceremony. Some groups also reported requirements for marriages to be conducted in a place of worship or indoors. This is enabled by the easing of restrictions and may foster good relations.

Increasing limits on attendance at marriage ceremonies and civil partnership registrations will allow couples more choice on who to invite, if they wish to do so, and so may also foster good relations.

³⁹⁸ At <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-small-marriages-and-civil-partnership-registrations/pages/purpose-of-guidance/>.

³⁹⁹ Getting Married or Civilly Partnered in Scotland <https://www.nrscotland.gov.uk/registration/getting-married-in-scotland>

⁴⁰⁰ Health and Safety <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-small-marriages-and-civil-partnership-registrations/pages/health-and-safety/>

Health and Social Care

1.29 Further expansion of NHS screening services

<ul style="list-style-type: none"> In line with the NHS remobilisation plan there will be a further expansion of screening services. 	
<p>General impacts of the measure</p>	<p>Scotland's adult national Screening programmes are resuming following temporary pause due to COVID-19.</p> <p>Screening restarted over the summer, with the initial focus on higher-risk screening participants.</p> <p>Following good progress at these first stages, routine screening appointments are now taking place for the Breast Cancer, Cervical Cancer, Abdominal Aortic Aneurysm, and Diabetic Retinopathy screening programmes.</p> <p>For Bowel Cancer screening, NHS Boards have resumed bowel screening colonoscopies, with appointments being clinically prioritised. New home testing kits for the bowel screening programme will begin to be posted from 12 October.</p> <p>The impacts of COVID-19, including the need for physical distancing and increased infection control measures, continue to pose challenges to capacity, but we are working closely with Boards to monitor and address these as necessary.</p> <p>The adult national screening programmes are co-ordinated by NHS National Services Scotland (NSS) and overseen by the National Screening Oversight Board. Each of the screening programmes has a Health Inequalities Impact Assessment (HIIA). HIIA is a tool to assess the impact on people of applying a proposed, new or revised policy or practice. HIIA goes beyond the public sector's legal duty of the Equality Act 2010 to assess impact (EQIA) by assessing the impact on</p> <ul style="list-style-type: none"> health inequalities people with protected characteristics human rights socioeconomic circumstances. <p>Public Health Scotland (PHS) is leading work to update the HIAs starting with a stakeholder held workshop in August to take account of the impacts of COVID-19 on the</p>

	<p>programmes as they move through the stages of resumption following the pause.</p> <p>As health services gradually resume, consideration should be given to ensure equality of access and services between mainland and island communities.</p>
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	<p>There will be health benefits for older people from the further expansion of the following screening programmes:</p> <ul style="list-style-type: none"> • The bowel screening programme is for people over 50 years old. • The breast screening programme is aimed at women over 50 years old. • AAA is offered to men at the age of 65.
Children and Young People	<p>The DRS screening programme is offered to anyone with diabetes aged 12 and above.</p>
Sex: Women	<p>The further expansion of services under the breast screening programme and cervical screening programme will bring particular health benefits for women.</p>
Men	<p>The expansion of AAA screening services will bring particular health benefits for men.</p>
Race	<p>No evidence of a differential impact identified at this time.</p>
Disability	<p>No evidence of a differential impact identified at this time.</p>
Religion and Belief	<p>No evidence of a differential impact identified at this time.</p>
Sexual Orientation	<p>No evidence of a differential impact identified at this time.</p>
Marriage and Civil Partnership	<p>No evidence of a differential impact identified at this time.</p>
Pregnancy and Maternity	<p>No evidence of a differential impact identified at this time.</p>
Gender Reassignment	<p>No evidence of a differential impact identified at this time.</p>
Socio-economic disadvantage: any people	<p>No evidence of a differential impact identified at this time.</p>

experiencing poverty	
<p>Stakeholder Engagement</p> <p>Each Screening Programme has a Programme Board, which following the pause to the screening programmes has been meeting more frequently to plan actively for their recommencement and expansion. The Programme Boards include third sector representation as follows:</p> <ul style="list-style-type: none"> • Breast Screening: Breast Cancer Now on behalf of the Scottish Cancer Coalition; • Bowel Screening: Bowel Cancer UK on behalf of the Scottish Cancer Coalition; • Cervical Screening: Jo’s Cervical Cancer Trust; • DRS: Diabetes UK and RNIB <p>Work to update the HIAs involves a range of key stakeholders from across the system including the NHS Board Equality Leads Network, Disability Equality Scotland, Voluntary Health Scotland and other partners who can support the health system to reduce inequalities in screening.</p>	
<p>Mitigations</p> <p>A Communications Action Plan has been developed for the further expansion of the screening programmes, led by Public Health Scotland. This will include a focus on providing reassurance that it is safe to attend screening appointments when they restart, and include channels to communicate with at risk audiences. Printed inserts will be posted out with screening invitation letters to explain the changes that have taken place in the light of COVID-19 – these will be made available in Polish, Arabic, Simplified and Traditional Chinese, BSL, audio and Easy Read. Requests for translations into additional languages will also be considered upon request. Translated versions of all new and updated materials will be made available and will also be promoted through social media channels.</p> <p>The Cancer Strategy 2016-20 includes up to £5 million over the lifetime of the strategy to support new innovative activity targeted at addressing health inequalities, particularly through addressing barriers to taking part in screening. Projects run by third sector organisations and Health Boards have aimed to address barriers to involvement in the screening programmes faced by a wide range of specific groups, including people with learning disabilities, homeless people, women from areas of socio-economic deprivation, and minority ethnic groups. The learning from these projects, together with opportunities to adapt ongoing projects, will enable us to develop future approaches to tackling inequalities in access to screening. A call for new projects was issued in September, seeking proposals for work specifically looking to identify and address the additional challenges posed by COVID-19 and the temporary pause to the screening programmes.</p>	

Health and Social Care

1.30 GP practices will continue to expand offered services according to local mobilisation plans.

<ul style="list-style-type: none"> GP practices have continued to provide essential care throughout, utilising telephone, Near Me and in-person where required. Services will continue to remobilise according to local plans, including in person care if necessary, following public health guidance and with additional protective measures in place. 	
General impacts of the measure	<p>Expansion of services offered by General Practice staff.</p> <p>Where possible mitigating measures will be introduced such as virtual appointments (Near Me/Attend Anywhere), physical distancing and non-face to face contact (i.e. shoulder to shoulder or back to back). Increased use of additional hygiene methods and PPE where appropriate. Local Health Board, Scottish Government and Health Protection Scotland guidance will all be utilised.</p>
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	<p>Reduced public transport and lack of access to IT technology may impact on ability to access face to face and virtual appointments for some older people. However, being able to contact the GP from home may also have positive impacts saving older people the inconvenience of having to travel and wait in surgeries.</p>
Children and Young People	<p>No evidence of a differential impact identified at this time.</p>
Sex: Men and Women	<p>No evidence of a differential impact identified at this time.</p>
Race	<p>Language barriers and therefore miscommunication may be exacerbated through Near Me. However, Near Me has the functionality to include a third party i.e. interpreter into the consultation.</p>
Disability	<p>Reduced public transport and need for access to specialist IT technology for some disabled people may impact on the ability to access face to face and virtual appointments. However, being able to contact the GP from home may also have positive impacts for some disabled people.</p>
Religion and Belief	<p>No evidence of a differential impact identified at this time.</p>

Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	Reduced public transport and lack of access to IT technology may impact on the ability to access face to face and virtual appointments.
Stakeholder Engagement Stakeholder engagement will be undertaken at a local level as service introduction will be varied depending on local remobilisation plans.	
Mitigations Mitigation measures will be identified and developed at a local level as service introduction will be varied depending on local remobilisation plans. Mitigating measures could include a range of accessible communication methods and materials to promote services in the community as well as specific measures such as emphasis on telephone appointments for older people or use of interpreters in Near Me virtual communications for people for whom English is not a first language.	

Health and Social Care

1.31 Maternity and Neonatal care

<ul style="list-style-type: none"> • Women may identify one designated visitor to accompany them to scans/antenatal/postnatal appointments. In addition to the birth partner, women can choose to have one additional person attending the birth. Women can have their birth partner and one designated visitor visit in antenatal and postnatal wards. In areas with a high prevalence of COVID-19 visiting will be restricted for essential visits which includes one birth partner supporting a woman during hospital visits • The full range of birth options will be available across Health Boards, including home births. • The full national routine schedule of antenatal care and postnatal care with face to face appointments in a home or clinical setting is to resume, subject to appropriate physical distancing and hygiene measures in waiting areas. • The upscaling of use of digital technology and home monitoring to supplement routine care in maternity and neonatal services will continue. • Antenatal and postnatal Group Sessions to be resumed, virtually or face to face, subject to appropriate physical distancing and hygiene measures. 	
<p>General impacts of the measure</p>	<p>Guidance has been developed for health professionals delivering maternity and neonatal care, which sets out expectations for returning to maternity service standards before lockdown. This enabled women and their families to be able to have additional support at antenatal appointments, during and after birth.</p> <p>Whilst maternity and neonatal services have continued, some changes to the way they are delivered were introduced to reduce footfall in a hospital setting including the introduction of 'Near Me' virtual appointments, the introduction of BP home monitoring for women at risk of high blood pressure.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People and Children and Young People</p>	<p>No evidence of a differential impact identified at this time.</p>

Sex: Men and Women	The remobilisation of maternity services takes into account re-establishing family-centred care, ensuring that partners feel included.
Race	<p>MBRRACE-UK report, Saving Lives, Improving Mothers' Care, published in December 2019 continues to indicate that women from older age groups, black, Asian or mixed ethnic groups or who live in deprived areas continue to have higher maternal death rates across the UK.</p> <p>Additional support such as the requirement of an interpreter will be accommodated.</p> <p>Maternity care is individualised around each woman, taking account of any additional requirements.</p> <p>Various guidance has been issued from the Scottish Government to assist maternity services in delivering care throughout the pandemic. This includes specific additional requirements for the care of minority ethnic women.</p>
Disability	<p>Additional support during appointments such as the support of a carer will be accommodated.</p> <p>Maternity care is individualised around each woman and any clinical, social, physical and psychological needs.</p> <p>Wherever possible care will be delivered closer to home, including the use of Near Me technology where appropriate.</p>
Religion and Belief	The ethos of maternity services is that care is individualised around each woman which would include any religious or cultural need.
Sexual Orientation	The term partner is intended to be inclusive of all sexual orientations.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	Covered in general impacts, above.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people	MBRRACE-UK report, Saving Lives, Improving Mothers' Care, published in December 2019 continues to indicate that women from older age groups, black, Asian or mixed ethnic groups or who live in deprived areas continue to have higher maternal death rates across the UK.

<p>experiencing poverty</p>	<p>Accessing remote monitoring, Near Me appointments or group/ online antenatal classes may be problematic for people who may not have access to technology, wifi or a mobile data plan due to financial poverty or remote and rural living, where the broadband infrastructure does not reach.</p>
<p>Stakeholder Engagement</p> <p>We will continue to engage on a regular basis with Heads of Midwifery and obstetric Clinical Directors across all Health Boards in Scotland who are close to the needs of all pregnant women and their families; meetings currently take place on a weekly basis.</p> <p>Guidance has been developed to aid NHS Boards on implementing their local remobilisation planning for maternity and neonatal services in Scotland. This was developed with Heads of Midwifery, Clinical Directors and SG Professional Advisers.</p> <p>We will also continue to regularly engage with NHS 24 (including NHS Inform) and Health Protection Scotland to ensure clear communications for pregnant women and their families, and with third sector organisations such as Bliss.</p>	
<p>Mitigations</p> <p>Guidance has issued to NHS Boards providing updated advice on specific issues relevant to the maternity profession during this pandemic. All pregnant women and their families will continue to receive high quality maternity care throughout the pandemic. Various guidance has been issued from the Scottish Government to assist maternity services in delivering care throughout the pandemic. This included specific additional requirements for care of minority ethnic pregnant women.</p> <p>Women can now be supported during appointments, during labour and birth as well as following birth.</p> <p>Maternity care is a universal service for all pregnant women in Scotland. Socio-economically disadvantaged people are less likely to have technology to engage with services virtually so the resumption of face to face services should reduce some inequalities in access.</p> <p>MBRRACE-UK report '<i>Saving Lives, Improving Mothers' Care</i>, published in December 2019 continues to indicate that women from older age groups, black, Asian or mixed ethnic groups or who live in deprived areas continue to have higher maternal death rates across the UK.</p>	

Health and Social Care

1.32 Physiotherapy and Podiatry services to continue to remobilise

<ul style="list-style-type: none"> Physiotherapy and Podiatry services have continued to provide essential care throughout, utilising telephone, Near Me, and in-person where required. Non-urgent care is also now being provided and both services will continue to remobilise according to local plans, including in person care if necessary, following public health guidance and with additional protective measures in place. 	
General impacts of the measure	<p>Reintroduction of non-urgent/elective services offered by Physiotherapists and Podiatrists.</p> <p>Where possible mitigating measures will be introduced such as virtual appointments (Near Me/Attend Anywhere), physical distancing and non-face to face contact (i.e. shoulder to shoulder or back to back). Increased use of additional hygiene methods and PPE will be used where appropriate. Local Health Board, Scottish Government, Health Protection Scotland, Health and Care Professional Council and Professional Body's guidance will all be utilised. Contact Tracing methods to be introduced. Due to there being no protected characteristics of who receives NHS physio or podiatry services, or on protected characteristics of the NHS physio and podiatry workforce, there is no data centrally held.</p>
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	<p>Reduced public transport and lack of access to IT technology may impact on the ability to access face to face and virtual appointments. Older people have more likely benefited from this service, which would have been provided mainly in person.</p>
Children and Young People	<p>No evidence of a differential impact identified at this time.</p>
Sex: Men and Women	<p>No evidence of a differential impact identified at this time.</p>
Race	<p>No evidence of a differential impact identified at this time.</p>
Disability	<p>Reduced public transport and the need for access to specialist IT technology for some disabled people may impact on their ability to access face to face and virtual appointments.</p>

Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	Reduced public transport and lack of access to IT technology may impact on ability to access face to face and virtual appointments.
Stakeholder Engagement	
Where the service is offered by the local Health Board or Health and Social Care Partnership, stakeholder engagement will be undertaken at a local level as the service re-introduction will be varied depending on local remobilisation plans.	
Mitigations	
Where the service is offered by the local Health Board or Health and Social Care Partnership, stakeholder engagement will be undertaken at a local level as the service re-introduction will be varied depending on local remobilisation plans.	

Health and Social Care

1.33 District Nursing services

<ul style="list-style-type: none"> District Nursing services continue to provide essential care throughout, and services will continue to expand according to local mobilisation plans. 	
<p>General impacts of the measure</p>	<p>The District Nursing (DN) service has been central to the delivery of essential and urgent care during COVID-19 and will continue to be during recovery therefore targeted investment to grow this workforce will support services across Scotland. Anticipating further waves of harm, an enhanced DN workforce is key to ensuring people can be cared for at home or in a homely setting, managing the pressure on acute services, and enhancing 24/7 provision in primary care</p> <p>There is now a stepping back up and a renewal of services for delivery of primary and community care, in particular supporting Care Homes and care at home.</p> <p>Changing demographics, including increasing numbers of older people with increasing complexities, frailty and increasing co-morbidity, are placing growing demands on the district nursing service</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>Prevalence of health issues increases with age so older people most likely to benefit from resumption of any services.⁴⁰¹</p> <p>Older people are likely to have benefitted from this service along with those who have multiple co-morbidities. In the main the service will have been provided in person.</p>
<p>Children and Young People</p>	<p>No evidence of a differential impact identified at this time.</p>
<p>Sex: Women</p>	<p>The nursing workforce is predominantly women, therefore of note is the increased exposure given the public facing nature of this role.</p>

⁴⁰¹ <https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/>

Men	No evidence of a differential impact identified at this time.
Race	No evidence of a differential impact identified at this time.
Disability	No evidence of a differential impact identified at this time.
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	No evidence of a differential impact identified at this time.
Stakeholder Engagement	
<p>Scottish Government has established and facilitates the CNOD and Senior Executives Nurse Directors meeting who link to managers and users of the DN service to consider current issues. A community nursing group has also been established (COVID-19 Community Nursing for Adults Group).</p>	
Mitigations	
<p>Guidance for DN and community nursing has been updated (August) providing updated advice on specific issues relevant to community nursing during Phase 3⁴⁰².</p> <p>The Scottish Government Occupational Risk Assessment Guidance⁴⁰³ (27 July) provides staff and managers with guidance on how to assess the specific risk of COVID 19 to individuals in the work place and considers both individual and occupational risk factors including age, sex, ethnicity, and BMI in addition to underlying health conditions.</p>	

⁴⁰² <https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/>

⁴⁰³ <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/>

Health and Social Care

1.34 Pain support services

<ul style="list-style-type: none"> Health Boards will continue to remobilise pain support services taking into account clinical guidance and local circumstances, in line with the national approach set out in the Scottish Government's Remobilise, Recover and Re-design Framework. 	
General impacts of the measure	Hospital specialist pain services treat chronic pain that has lasted for three months or more, despite appropriate treatment.
Differential Impacts by Equality Group or Socio-Economic disadvantage	
Age: Older People	Chronic pain disproportionately affects older people, who have an increased risk of severe illness from COVID-19. Older people may be less able to make effective use of digital consultations. (Only 38% of those aged 75 plus use the internet – Source SHS 2019) Prevalence of health issues increases with age so older people most likely to benefit from resumption of any services ⁴⁰⁴
Children and Young People	No evidence of a differential impact identified at this time.
Sex: Women	More women than men have a longstanding illness (48% compared to 43%). ⁴⁰⁵
Men	No evidence of a differential impact identified at this time.
Race	Language barriers may be more common amongst minority ethnic groups and therefore miscommunication may be exacerbated through Near Me. Near Me has the functionality to include a third party i.e. interpreter into the consultation.
Disability	In Scotland it is estimated up to 14% of people experience moderate to severely disabling chronic pain.

⁴⁰⁴ <https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/>

⁴⁰⁵ <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/>

	<p>Chronic pain exacerbates, and is exacerbated by depression and social isolation. The measures put in place to protect at risk groups and prevent community transmission (e.g. shielding and physical distancing) may therefore increase the distress caused by chronic pain, and its effects on mental and social health.</p> <p>Disabled people may be less able to make effective use of digital consultations.</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>People in deprived circumstances may be less able to make effective use of digital consultations due to lower access to the internet.⁴⁰⁶</p> <p>People in deprived circumstances at greater risk of health issues so most likely to benefit from resumption of any services.⁴⁰⁷</p> <p>56% of people from most deprived areas have a longstanding illness compared to 39% of people from the least deprived areas.⁴⁰⁸</p>
Stakeholder Engagement	
<p>Community services were provided with a range of advice and information, which was well received and consulted on with staff, the Royal Colleges and services prior to issue⁴⁰⁹.</p> <p>We will continue to liaise with stakeholder groups – involving lived experience, third sector organisations and Health Boards/ Health and Social Care Partnerships to evolve the Scottish Service Model for Chronic Pain. Taking a whole system approach to the re-design of pathways to ensure</p>	

⁴⁰⁶ Scottish Household Survey 2019 <https://www.gov.scot/publications/scottish-household-survey-2019-supplementary-analysis/>

⁴⁰⁷ Scottish Government (2020) Equality and Fairer Scotland Duty Assessment of Health and Social Impacts of Coronavirus

⁴⁰⁸ Scottish Health Survey 2018

⁴⁰⁹ <https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/>

people are able to access care and support in the right location, and by the right professional at the right time.

Mitigations

Chronic Pain content on NHS Inform was reviewed and updated at the start of lockdown to ensure people in Scotland were signposted to available resources to support them manage their pain.

The Scottish Government also published patient leaflets including a leaflet on chronic pain to provide information and contact details for third sector organisations that could remotely help with pain management advice.⁴¹⁰

On 24 September 2020 we published a Framework for the Recovery of Pain Management services that outlines principles and priorities for Health Board planning and prioritisation that takes quality of life into account. This was informed by feedback from stakeholders including patient groups.

⁴¹⁰ <https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/>

Health and Social Care

1.35 Dental Practices

<ul style="list-style-type: none"> All dental practices may begin to see registered patients for non-aerosol routine care. Urgent care centres will continue to provide aerosol generating procedures. We have commissioned an expert review into the safe introduction of aerosol generating procedures. 	
<p>General impacts of the measure</p>	<p>Phase 3 means that from 13 July, dental practices have been able to see NHS patients for a wider range of dental treatments, providing the care does not involve an aerosol.</p> <p>Aerosol generating procedures (AGPs) such as dental drilling may be associated with a higher risk of COVID-19 transmission. They are currently provided in 75 NHS Board-run urgent dental care centres, where face-fitted PPE is provided to dental staff. From 17 August practices may also provide limited AGPs on NHS patients in need of urgent dental care, in accordance with clear guidance.</p> <p>The Scottish Dental Clinical Effectiveness Programme have completed a Rapid Review of Aerosol Generating Procedures in Dentistry, published on 25 September 2020.⁴¹¹</p> <p>These measures have offered a small increase in dental activity compared with Phase 2. We are enabling practices to see more patients but because of safe physical distancing and fallow time in between, practices are able to run 1-2 surgeries with around 10 patients per surgery per day. Up to five AGPs per day may also be offered per practice.</p> <p>As well as urgent dental care, dentists may provide only a very limited selection of other treatments including oral cancer checks. The priority will still continue to be for practices to see their NHS patients in need of urgent care.</p>
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age:</p>	<p>Difficult to assess at this stage. Lower levels of dental activity may disproportionately affect those with poorer oral health.</p>

⁴¹¹ <https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/>

Older People	For people living in care homes or requiring a domiciliary care visit to their own home, the limitations of domiciliary oral health care could have an impact.
Children and Young People	<p>Temporary loss of the Childsmile oral health prevention programme - targeted at nursery and young children – may have a disproportionate effect on child oral health. This programme is delivered through nurseries and schools, and will have been impacted by the wider lockdown.</p> <p>The remobilisation of NHS dental services, as part of Phase 2 and 3 will therefore have a disproportionate benefit for those groups.</p>
Sex: Men and Women	No evidence of a differential impact identified at this time.
Race	No evidence of a differential impact identified at this time.
Disability	All dental practices which provide NHS treatment are required to have access for disabled people.
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	<p>Poorer oral health is correlated with socio-economic disadvantage. It is possible that lower levels of dental activity may have a disproportionate effect on people from lower socio-economic groups, as they may require additional appointments to maintain oral health.</p> <p>Therefore remobilisation of NHS dentistry will have the opposing disproportionate benefit for this group.</p>
Stakeholder Engagement	
We are in the process of setting up NHS dental services through a phased remobilisation plan; this is largely an engagement exercise with NHS dental practices.	

Mitigations

The remobilisation plan for NHS Dentistry has seen us move from a situation where no dental practices were open, and care was available through the urgent dental care centres, to dental practices opening first for urgent dental care, and then from the 13 July for a wider range of care. Urgent AGPs may be provided in practices from 17 August. The remobilisation plan is repatriating activity back to dental practice. In Phase 2 we made 10,000 appointments per day available, and have increased this activity in Phase 3. As we move forward with the remobilisation plan we continue to mitigate the effects of reduced dental activity in the community.

We are mitigating these effects and are offering access to all dependent on the state of each individual's oral health.

We are also at present offering this treatment free of charge. As the treatments available are from a limited set, NHS patient charges have been suspended.

To the extent that the closure of local practice-based dental services may impact disproportionately on patients that have poorer oral health, then the remobilisation of these services has a disproportionate benefit in reducing inequalities of outcome for socio-economically disadvantaged people.

The remobilisation of NHS dental services is likely to disproportionately benefit patients with poorer oral health which is associated with socio-economic disadvantaged groups.

¹ <https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/>

Health and Social Care

1.36 Optometry: Phase 3: Changes introduced from 13 July 2020

<ul style="list-style-type: none">Increasing capacity within community optometry practices for emergency and essential eye care	
General impacts of the measure	<p>From 13 July, community optometry practices may increase the provision of needs-led and/or symptoms-led emergency and essential eye care services, and start to meet outstanding eye care needs, as capacity permits. Optometrists will make a clinical decision on a case-by-case basis as to who can safely be seen face-to-face.</p> <p>The focus will remain on emergency and essential eye care. Emergency Eyecare Treatment Centres that were temporarily set up across Scotland to safely see patients for face-to-face emergency and essential eye care during Lockdown and Phase 1 have now closed.</p> <p>Remote telephone triage and consultations must continue to be used in the first instance, to determine whether the patient requires, in the practitioner's professional judgement, a face-to-face appointment. Remote consultations may take advantage of the increased rollout of 'Attend Anywhere' and NHS Near Me software to enhance these consultations, wherever needed.</p> <p>Face-to-face domiciliary eye care in any setting remains suspended until further notice. The Scottish Government is currently reviewing domiciliary eye care with a view to remobilising some face-to-face visits as soon as it is considered safe to do so, in line with wider Government policy.</p> <p><u>Positive</u></p> <p>Extending the scope of care in Phase 3 means optometrists will be able to see patients with outstanding eye care needs, e.g. recalling those awaiting or who have had a supplementary eye examination cancelled or seeing patients concerned about a deterioration to their eyesight, which in the optometrist's clinical opinion is having a detrimental effect on their sight and wellbeing.</p> <p>If patients have lost or broken their optical appliances and, in the optometrist's clinical opinion, require these to be repaired or replaced in order to function, they may also be seen. If an optometrist feels that a dispensing of new spectacles is required, it may be possible for this to be</p>

	<p>undertaken remotely. However, if the patient needs to attend the practice, appropriate physical distancing and infection control measures will be in place to ensure the safety of the patient and staff.</p> <p>The benefits of using software such as ‘Attend Anywhere’ to deliver ‘Near Me’ video consultations have become even more apparent during Lockdown, with both patients and staff getting used to remote consultations being effectively conducted this way. Patients can be seen in the comfort of their own home, eliminating unnecessary travel, and saving time and money.</p> <p><u>Negative</u></p> <p>The changes required to practice premises and ways of working to ensure safety, including continuing to maintain a 2m distance when possible, will continue to reduce the number of patients that practices can safely see face-to-face, compared to pre-COVID-19 levels.</p> <p>In contrast to pre-COVID appointments, optometrists carrying out clinical assessments must wear appropriate PPE which some people, e.g. those with asthma, may find problematic. Patients will be required to wear face coverings. Patients without symptoms and who require a routine eye examination (Primary Eye Examination) may need to wait longer to be seen. Currently, only Supplementary Eye Examinations can be undertaken under Phase 3.</p> <ul style="list-style-type: none"> • Some patients may find the use of technology for virtual appointments too challenging. • Patients in care homes and residential centres cannot currently be seen face-to-face in these settings by optometrists. • Patients may be uncertain of what services are available, when.
<p>Differential Impacts by Equality Group or Socio-Economic disadvantage</p>	
<p>Age: Older People</p>	<p>As domiciliary eye care is resumed in Phase 3, some patients (who tend to be older people) will be able to be seen again in their own homes for face-to-face emergency and essential eye care. This will not only address the most urgent needs of this group, but will also help with basic requirements such as new prescriptions for failing eyesight or the replacement, or repair of broken or lost spectacles.</p>

Children and Young People	More children and young people can be seen for emergency and essential eye care.
Sex: Men and Women	No evidence of a differential impact identified at this time.
Race	The increased provision to see patients face-to-face for emergency and essential eye care will allow a larger number of people to be seen across all minority ethnic groups. This will particularly benefit certain minority ethnic patients who have been waiting to be seen. There is a higher prevalence of some sight-threatening conditions in some minority ethnic groups e.g. glaucoma. ⁴¹²
Disability	More disabled people with emergency or essential needs will be able to come into their local community optometry practice for assistance, after phoning their practice initially for advice. There is a positive impact for those who require to visit a practice for assistance. Seeing someone in person might be easier for some than communicating remotely.
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	No evidence of a differential impact identified at this time.
Stakeholder Engagement	
<p>We will continue to regularly engage with Optometry Scotland (the representative body for the optometry profession in Scotland) and with NHS Board Optometric Advisors. Both of these groups are close to the needs of both community optometry practices and patients.</p> <p>We will continue to liaise closely with colleagues internally within the Scottish Government, including in Primary and Secondary Care and the</p>	

⁴¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139275/>

Assisted Communications team, and externally within the Scottish Sight Loss Sector Group, to support patients who are visually impaired.

We will also continue to regularly engage with NHS National Services Scotland, NHS 24 (including NHS Inform) and Health Protection Scotland to ensure clear communications for the public and practitioners regarding community eye care provision.

Mitigations

Professional advice: Regular circulars (PCAs)⁴¹³ continue to be issued to NHS Boards and professionals providing updated advice on specific issues relevant to the profession during this pandemic. These circulars include links to current guidance issued by the leading professional bodies. NHS Education for Scotland has also produced comprehensive guidance for practices and practitioners in resuming services.⁴¹⁴

Community optometry practices are being reminded that it is imperative that careful consideration continues to be given during Phase 3 to the number of face-to-face patient appointments they can safely allocate, given that capacity is still reduced due to the required changes in practice premises and ways of working put in place to ensure patient safety.

Personal Protective Equipment (PPE) Supply: We continue to work closely with NHS National Procurement, NHS Boards and SG colleagues around the supply of PPE. To support practices, a free supply of NHS-provided PPE was delivered to each optometry practice in w/c 22 June 2020 and w/c 13 July. To enable mobile practices to provide domiciliary eye care at a future date, an initial supply of NHS PPE was also provided to mobile practices at no charge in w/c 13 July 2020.

Safety measures: To provide assurance and appropriate governance regarding practices resuming providing face-to-face eye care in Phase 2, practices were required to complete and return a declaration form to the local Health Board, declaring that they had the appropriate PPE and were able to comply with appropriate infection control and physical distancing measures.

Domiciliary visits to care homes and residential centres: Circular PCA(O)2020(11)⁴¹⁵ issued to the optometry profession makes clear domiciliary visits to care homes and residential centres are currently suspended. However, it further advises that domiciliary eye care providers (both practice premises and mobile practices) should continue to be available to provide a remote triage and consultation service to patients in a domiciliary setting. If a practitioner is concerned about the health and

⁴¹³<https://www.sehd.scot.nhs.uk/index.asp?name=&org=&keyword=PCA%28O%29&category=7&number=10&sort=tDate&order=DESC&Submit=Go&offset=0>

⁴¹⁴<https://www.sehd.scot.nhs.uk/index.asp?name=&org=&keyword=PCA%28O%29&category=7&number=10&sort=tDate&order=DESC&Submit=Go&offset=0>

⁴¹⁵ [http://www.sehd.scot.nhs.uk/pca/PCA2020\(O\)11.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2020(O)11.pdf)

wellbeing of a patient in a domiciliary setting after undertaking a remote consultation, they should speak to the patient's GP in the first instance and the relevant Health Board, in order that care is provided in line with local pathways.

Finance: To protect the current infrastructure and workforce at a time when the need for appropriate infection control and physical distancing measures will reduce the number of patients that practices can safely see face-to-face at the current time, compared to pre-COVID-19 levels, financial support was provided to optometry practices. Practices will continue until further notice to receive this support, subject to certain conditions.

While face-to-face domiciliary eye care services continue to be suspended, this places individuals who cannot get to a practice at a disadvantage in terms of service access. Reviewing domiciliary eye care provision with a view to remobilising some parts of this service during Phase 3, where it is safe to do so, will help reduce this disadvantage.

Increasing capacity within community optometry practices for emergency and essential eye care means that more people can be seen face-to-face, including for repairs or the replacement for broken or lost optical appliances.

Community optometry practices have been required to ensure and declare that appropriate physical distancing measures and infection control measures are in place, and that they have the appropriate PPE. Practices are expected to ensure that the needs of all their patients are met including older people and disabled people who may have specific requirements.

Should a patient present for an appointment without a face covering, practices are permitted in exceptional circumstances to provide a face mask from their NHS supply to the patient.

It will be possible during Phase 3 for more children and young people to be seen for emergency and essential eye care, which can include the repair or replacement of optical appliances (for which financial help in the form of optical vouchers is available) where not to do so would be detrimental to the sight or wellbeing of the patient.

It might also include exercises for the early detection and correction of eye conditions such as squints.

Expanding emergency and essential eye care services should work in favour of all who have been anxious about an eye condition which appears to have been getting worse. This might include children and young people, older people concerned about the deterioration in their sight or a more serious ongoing eye conditions, and disabled people who require a physical appointment for assistance.

1.37 Optometry – Phase 3: Changes introduced from 3 August and 7 September 2020

	<ul style="list-style-type: none"> • 3 August 2020: Resumption of routine eye care services within community optometry practice premises and in patients' own homes. • 7 September 2020: Resumption of routine eye care services within day centres and residential centres, including care homes.
<p>General impacts of the measure</p>	<p>From 3 August 2020, routine eye care in community optometry practice premises and in patients' own homes resumed.</p> <p>From 7 September 2020, routine eye care services within day centres and residential centres, including care homes, resumed.</p> <p><u>Positive</u></p> <p>The resumption of routine eye care services has enabled more people to have their eyes examined. This has immediate health benefits for the whole population, because regular eye examinations can help diagnose or identify early signs of conditions which may have gone unnoticed for some time.</p> <p><u>Negative</u></p> <p>The changes required to practice premises and ways of working to ensure safety, including continuing to maintain a 2 metre distance when possible, will continue to reduce the number of patients that practices can safely see face-to-face, compared to pre-COVID-19 levels.</p> <p>Optometrists must wear appropriate PPE which some people, e.g. those with asthma, may find problematic. Patients are required to wear face coverings.</p> <p>Other things that may be a factor include:</p> <ul style="list-style-type: none"> • Some patients may be very concerned about whether it is safe to visit their local practice. • Some patients may be reliant on public transport to visit an optometry practice but may be reluctant to use it. • Some patients who are unable to leave home may be very concerned about allowing an optometrist into their home. • Patients may still be uncertain as to what services are available and who to contact.

Differential Impacts by Equality Group or Socio-Economic disadvantage	
<p>Age: Older People</p> <p>Children and Young People</p>	<p>The resumption of domiciliary eye care in day centres, and patients' homes, including residential homes, has meant that eligible patients (who tend to be older people) have been able to have their eyes examined. In addition to meeting the most urgent needs of this group, this has helped meet basic requirements such as new prescriptions for failing eyesight or the replacement or repair of broken or lost spectacles.</p> <p>A routine primary eye examination helps detect any conditions which may have gone undetected for some time. The resumption of these examinations has made it possible to take action to prevent any further unnecessary deterioration, including avoidable loss of eyesight.</p> <p>More children and young people have been able to have their eyes examined. This has and continues to be invaluable in correcting potentially long-term conditions such as squints, or in detecting worsening eyesight early so that children and young people do not find themselves adversely affected educationally or unable to fully participate in social settings, with a subsequent loss of confidence.</p>
Sex: Men and Women	No evidence of a differential impact identified at this time.
Race	<p>The resumption of routine eye care has benefitted certain minority ethnic patients who have been waiting to have a regular eye examination, because there is a higher prevalence of some sight-threatening conditions in some minority ethnic groups e.g. glaucoma.⁴¹⁶</p> <p>The resumption of routine eye care services has also benefitted minority ethnic families on a low income, as vouchers are available to those who meet qualifying criteria which help offset the cost of new optical appliances. There is a higher prevalence of poverty amongst minority ethnic families in Scotland⁴¹⁷.</p>
Disability	Disabled people who were awaiting a regular eye examination have been able to have a face-to-face appointment in an optometry practice or, where they are

⁴¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139275/>

⁴¹⁷ <https://www.gov.scot/publications/child-poverty-minority-ethnic-families-annex-c-tackling-child-poverty-delivery-plan-first-year-progress-report/>

	<p>eligible, to have had this take place in their own home, including residential homes, or in a day centre.</p> <p>For patients with low vision, being able to visit their local optometrist in a known environment for an appointment will have been and will continue to be reassuring, particularly as staff have been able to provide assurance in person and assist with their navigation of any new layouts. Those who have been shielding have also been able to benefit in this way since 31 July.⁴¹⁸</p>
Religion and Belief	No evidence of a differential impact identified at this time.
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	The resumption of routine eye care and regular eye examinations has enabled more eligible people to be able to benefit from help towards the cost of spectacles or contact lenses, in the form of a NHS optical voucher. This has allowed them to function better in their daily lives which in turn has helped reduce inequality.
Stakeholder Engagement	
<p>We continue to engage regularly with Optometry Scotland (the representative body for the optometry profession in Scotland) and with NHS Board Optometric Advisors. Both of these groups are close to the needs of both community optometry practices and patients.</p> <p>We continue to liaise closely with colleagues internally within the Scottish Government, including in Primary and Secondary Care and the Assisted Communications team, and externally within the Scottish Sight Loss Sector Group, to support patients who are visually impaired.</p> <p>We will also continue to regularly engage with NHS National Services Scotland, NHS 24 (including NHS Inform) and Health Protection Scotland to ensure clear communications for the public and practitioners regarding community eye care provision.</p>	

⁴¹⁸ <https://www.gov.scot/publications/covid-shielding/>

Mitigations

Professional advice: Regular circulars (PCAs)⁴¹⁹ continue to be issued to NHS Boards and professionals, providing updated advice on specific issues relevant to the profession during this pandemic. These circulars include links to current guidance issued by the leading professional bodies. NHS Education for Scotland has also produced comprehensive guidance for practices and practitioners in resuming services.⁴²⁰

Personal Protective Equipment (PPE) supply: The Scottish Government continues to work closely with NHS National Procurement and NHS Boards regarding the supply of PPE. To support practices, free supplies of NHS-provided PPE have and continue to be provided to practices for the provision of NHS services.

Safety measures:

- To provide assurance and appropriate governance regarding practices resuming providing face-to-face eye care in Phase 2, practices were required to complete and return a declaration form and Health and Safety Risk Assessment to the local Health Board, declaring that they had the appropriate PPE and were able to comply with appropriate infection control and physical distancing measures.
- In Phase 3, before mobile practices could resume the provision of routine eye care in patients' own individual homes from 3 August 2020, and in day centres and residential homes from 7 September 2020, they must have also completed and returned a similar declaration form and Health and Safety Risk Assessment.
- Community optometry practices are regularly reminded that it is imperative that careful consideration continues to be given during Phase 3 to the number of face-to-face patient appointments that they can safely allocate, given that capacity is still reduced due to the required changes in practice premises and ways of working put in place to ensure patient safety.
- Should a patient present for an appointment without a face covering, practices have been and continue to be permitted in exceptional circumstances to provide a face mask from their NHS supply to the patient.

Finance: To protect the current infrastructure and workforce at a time when the need for appropriate infection control and physical distancing measures will reduce the number of patients that practices can safely be seen face-to-

⁴¹⁹<https://www.sehd.scot.nhs.uk/index.asp?name=&org=&keyword=PCA%28O%29&category=7&number=10&sort=tDate&order=DESC&Submit=Go&offset=0>

⁴²⁰<https://www.sehd.scot.nhs.uk/index.asp?name=&org=&keyword=PCA%28O%29&category=7&number=10&sort=tDate&order=DESC&Submit=Go&offset=0>

face at the current time, compared to pre-COVID-19 levels, financial support was provided to optometry practices. Practices will continue until further notice to receive this support, subject to certain conditions.

Access to services: The resumption of the provision of face-to-face domiciliary eye care services for eligible patients in their own homes, including a residential home, or in a day centre, meant that such individuals who could not get to a practice, were no longer disadvantaged in terms of service access.

With community optometry practices permitted to provide routine eye care, it has been possible during Phase 3 for all sectors of society to have a free NHS funded eye examination.

More conditions have been able to be detected earlier, thus preventing long-term problems with increased expense. Eligible people struggling with the costs of spectacles or contact lenses have been able to apply for help in the form of an optical voucher.

The resumption of routine eye care in practice premises and in patients' own individual homes from 3 August 2020, and in day centres and residential homes from 7 September 2020, has been of particular advantage to older people and disabled people, some of whom may have struggled with online technology and who have benefitted most from being seen face-to-face.