

# **End of Covid Highest Risk (formerly Shielding) List**

**Equality and Fairer Scotland Impact  
Assessment**

**May 2022**



**Scottish Government**  
Riaghaltas na h-Alba  
gov.scot

# Equality and Fairer Scotland Impact Assessment

## End of Covid Highest Risk (formerly Shielding) List

### 1. Introduction

1.1 This paper sets out an assessment of any differential impact on each of the protected characteristics of the decision to end Scotland's Covid Highest Risk List, formerly the Shielding List. It also considers any possible inequality of outcomes of the policy due to socio-economic differences. This assessment also outlines the actions and measures that have been or will be put in place to mitigate or eliminate any negative impacts that have been identified, in line with the requirements of the Public Sector Equality Duty and the Fairer Scotland Duty. 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. 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 by engaging with people on the Highest Risk List, throughout the pandemic, to shape the support and guidance available.

### 2. Policy Background

2.1 At the beginning of the COVID-19 pandemic, the four Chief Medical Officers across the UK agreed a range of treatments and health conditions<sup>1</sup> which they believed, at that point based on the available evidence at the time, would place people at higher risk of severe illness or death if they caught the virus. In March 2020, people who were identified as being most likely to be at highest risk were advised to 'shield' or stay indoors and added to a Shielding List. This shielding period lasted until 31 July 2020. The Scottish Government, with partners, provided emergency support during this period, including access to food and medicines, and communicated advice and support through letters from the Chief Medical Officer (CMO), online guidance and via a text messaging service.

2.2 From October 2020, the CMO provided additional advice about daily interactions such as working, shopping, transport and social contacts, aligned to the five protection levels introduced by the first Strategic Framework.

2.3 In January 2021, when Scotland went back into lockdown, everyone on the Shielding List who could not work from home was advised not to go into the workplace or use public transport until this lockdown was lifted on 26 April 2021.

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<sup>1</sup> [COVID Highest Risk - Highest Risk Classification - Scottish Government - Publications \(www.gov.scot\)](https://www.gov.scot/publications/covid-highest-risk-classification-2020-03-20/pages/10/)

2.4 In July 2021, we changed the name of the Shielding List to the Highest Risk List (HRL) to reflect the fact that it was extremely unlikely we would ask people to shield again. People on the HRL were advised that they could follow the same advice as the rest of the population, unless advised otherwise by their GP or clinician. This has been the advice to this group since that time.

2.5 Although people have not been advised to shield since July 2020, we know from user research<sup>2</sup> and a more recent survey by Public Health Scotland (PHS) of people on the HRL<sup>3</sup> that although seven in ten (71%) respondents reported they are less afraid of COVID-19 infection since they have been fully vaccinated, 81% agreed with the statement that they still make decisions that are mainly driven by fear of COVID-19 infection and 36% still try to minimise all physical contact with other households.

2.6 At its peak, over 184,000 people were on the Highest Risk List (HRL). As of 4 April 2022, there were 176,292 people on the Highest Risk List, around 3.2% of the population. (The composition of the Highest Risk List as of 4 April 2022 is set out in Appendix 1.)

2.7 This decision has been based upon clinical evidence and discussions with external stakeholders in Scotland. It has sought to use existing and emerging information and evidence and analysis, as part and parcel of the decision making process.

2.8 There has been discussion and dialogue with a group of medical experts (the Clinical Advisory Group for Scotland, or CLAGS, led by Dr John Harden) which has shaped this decision. In addition Scottish Government has also sought the views of other external organisations where possible these have included organisations representing disabled people, older people, women, minority ethnic people, etc. In spring 2021 we also actively sought to encourage people with these protected characteristics to join the group of people who were willing to participate in user research , and collected equality data. Our 'research participant list', increased in this period from 3,758 people to 6,429.

2.9 The Scottish Government has considered the evidence gathered and the inputs provided, both in implementation of the HRL and in the ending of the HRL. This in turn will help in the consideration of the existing and potential impacts – negative and positive – that this decision might have on each of the protected characteristics. It is recognised that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. Therefore it should be recognised that mitigating actions do not stand alone and form part of that wider consideration of the duty.

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<sup>2</sup> [Coronavirus \(COVID-19\): highest risk - survey report - July 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-highest-risk-survey-report-july-2021/pages/1-1-introduction.aspx)

<sup>3</sup> [COVID-19 shielding programme \(Scotland\) impact and experience survey – part two 30 March 2022 - COVID-19 shielding programme \(Scotland\) impact and experience survey – part two - Publications - Public Health Scotland](https://www.gov.scot/publications/covid-19-shielding-programme-scotland-impact-and-experience-survey-part-two-30-march-2022/pages/1-1-introduction.aspx)

2.10 Specifically, this EQIA assesses any impacts of applying a proposed new or revised policy or practice against the needs relevant to a public authority's duty to meet the public sector equality duty.

2.11 The needs are to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations

### 3. Current Clinical Advice

3.1 There is now a far better understanding of the range of risk factors that may put an individual at increased risk of becoming seriously unwell from COVID-19. In addition, the evidence on the effectiveness of vaccines for people on the Highest Risk List (HRL), coupled with the availability and efficacy of new treatments such as antivirals, immune modulators and monoclonal antibodies, have changed the context significantly.

3.2 We have seen significant improvements in outcomes since vaccination for the majority of people on the HRL and this is also seen, although to a lesser extent, within people who are immunosuppressed or immunocompromised. While vaccine efficacy may not be as high for all people on the HRL, it still provides a good level of protection from becoming severely ill or dying.

3.3 The evidence for this decision is set out in the 'Review of the Evidence for Scottish Government Advice to People on the Scotland's Highest Risk List'<sup>4</sup>.

### 4. Impact - Protected characteristics

4.1 This policy will directly affect those individuals who are currently on the Covid Highest Risk List. (HRL). The following table assesses any differential impact (positive or negative) of the decision on each of the protected characteristics<sup>5</sup> and any possible inequality of outcomes due to socio-economic differences.

#### Age: Older People

Background	There is clear evidence that age is the highest risk factor for COVID-19 <sup>6</sup> , which is reflected in the statistics for the Highest Risk List where 81% are 50 years or older, and 51% are 65 years or over.
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<sup>4</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/foreword-covid-19-advice-people-highest-risk-list-evidence-review/pages/1-10.aspx)

<sup>5</sup> Section 4 of the Equality Act 2010 lists 9 protected characteristics and due regard must be had to each of these in relation to the 3 needs set out in section 149 of that Act (except for "marriage and civil partnership" which needs to be considered only in relation to work under the Part 5 of the Act.)

<sup>6</sup> [NRS Deaths involving coronavirus in Scotland September 2021](https://www.gov.scot/publications/nrs-deaths-involving-coronavirus-scotland-september-2021/pages/1-10.aspx)

	The highest level of vaccination rates within the population are also amongst those aged 50 or over <sup>7</sup> .
Differential Impact	<p>There is strong evidence to show that vaccines are offering significant protection to people on the HRL from becoming severely ill, including older people<sup>8</sup>. Clinicians are therefore of the view that removing the HRL will not significantly increase the risk for older people.</p> <p>However, this change may cause anxiety for some older people on the HRL which could impact on their confidence about using services, public transport and indoor public places<sup>9</sup>.</p> <p>Conversely, there are also potential benefits to this change in policy as some older people on the Highest Risk List may now feel less anxious and less restricted as they go about their daily lives<sup>10</sup>.</p> <p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>11</sup>.</p>

### Age: Children and Young People

Background	<p>There were 1,369 children and young people under 16 on the Highest Risk List as at 4 April 2022<sup>12</sup>.</p> <p>57% (2,567) of children and young people were removed from the HRL during the summer of 2020. This was because the evidence indicated that children and young people with long term health conditions were very unlikely to suffer severe illness or outcomes when infected with COVID-19.</p> <p>Children and young people aged 12 to 15 in particular clinical risk groups, became eligible for vaccination in July 2021, with other risk</p>
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<sup>7</sup> [COVID-19 Daily Dashboard | Tableau Public](#) Accessed 10 March 2022

<sup>8</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](#)

<sup>9</sup> [COVID-19 shielding programme \(Scotland\) impact and experience survey – part two 30 March 2022 - COVID-19 shielding programme \(Scotland\) impact and experience survey – part two - Publications - Public Health Scotland](#)

<sup>10</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](#)

<sup>11</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

<sup>12</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](#)

	<p>groups added in September 2021; all will now have been offered two doses as a primary course or, in the case of children who are severely immunosuppressed, three doses as a primary course. In addition, children aged 5 to 11 in particular clinical risk groups have been eligible to receive their primary course since January 2022.</p>
Differential Impact	<p>There is strong evidence to show that vaccines are offering significant protection to people on the HRL from becoming severely ill, including children and young people<sup>13</sup>. Clinicians are therefore of the view that removing the HRL will not significantly increase the risk for children and young people, including those who are immunosuppressed or immuno-compromised.</p> <p>There are potential positive impacts to removing these restrictions so that everyone, including children and young people on the HRL, can feel less restricted in how they go about their daily lives<sup>14</sup>.</p> <p>However, this change in policy may cause anxiety for some of the children and young people on the HRL and/or their parents/guardians which could impact on their confidence about using services, public transport and indoor public places<sup>15</sup>.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>16</sup>.</p>

## Sex

Background	<p>After adjusting for age, COVID-related deaths for men were 1.4 times more likely than for women.<sup>17</sup> During 2021, the number of deaths due to COVID-19 continued to be higher in men compared to women<sup>18</sup>.</p> <p>COVID-19 admissions to hospital have been higher for men in the age groups 45 to 64 and above.</p>
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<sup>13</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](https://www.gov.scot)

<sup>14</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot)

<sup>15</sup> [COVID-19 shielding programme \(Scotland\) impact and experience survey – part two 30 March 2022 - COVID-19 shielding programme \(Scotland\) impact and experience survey – part two - Publications - Public Health Scotland](https://www.gov.scot)

<sup>16</sup> [COVID-19 Daily Dashboard | Tableau Public](https://www.gov.scot)

<sup>17</sup> National Records of Scotland (6 October 2020). [The Registrar General's Annual Review of Demographic Trends](https://www.gov.scot)

<sup>18</sup> [Deaths involving coronavirus \(COVID-19\) in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.gov.scot)

	<p>Total vaccination coverage rates among men have been slightly higher than for women in the age bracket 55 to 59 and above, and lower (by up to 9.6% in the 18 to 29 age group – 45.4% compared to 55%) in age groups 50 to 54 and below<sup>19</sup>.</p> <p>Women up to the age group of 50 to 54 have higher levels of total vaccination coverage than for males, with those 18 to 29 showing the biggest difference – 55% to 45.4%. Above that group, the rate for males is slightly higher<sup>20</sup>.</p> <p>As at 4 April 2022, 56% (98,353) of those on the HRL were women and 44% (77,905) were men.</p> <p>A YouGov poll for the Scottish Government found that in February 2022, 46% of women and 38% of men agreed that they were worried about the effect of the ongoing pandemic on their mental health<sup>21</sup>.</p>
Differential Impact	<p>There is strong evidence to show that vaccines are offering significant protection to people on the HRL from becoming severely ill<sup>22</sup>. Clinicians are therefore of the view that ending the HRL will not significantly increase the risk for men or women.</p> <p>However, the ending of the HRL may lead to anxiety amongst a higher proportion of women as there are more women on the HRL<sup>23</sup>. This could compound the general level of anxieties about the effect of the ongoing pandemic on their mental health which are generally higher in women. However, given that men are at higher risk of dying from COVID-19, and older men have a higher risk of admission to hospital after contracting the virus, higher levels of anxiety may be felt by men as a result of this change in policy.</p> <p>There are also potential benefits for men and women as a result of this policy, given that some may feel less restricted</p>

<sup>19</sup> [COVID-19 Daily Dashboard | Tableau Public](https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview/viz/COVID-19DailyDashboard_15960160643010/Overview)  
[https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard\\_15960160643010/Overview/viz/COVID-19DailyDashboard\\_15960160643010/Overview](https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview/viz/COVID-19DailyDashboard_15960160643010/Overview)

<sup>20</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

<sup>21</sup> [Public attitudes to coronavirus: tracker - data tables - gov.scot \(www.gov.scot\)](#) (15-17 February 2022, Week 100).

<sup>22</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](#)

<sup>23</sup> [COVID-19 shielding programme \(Scotland\) impact and experience survey – part two 30 March 2022 - COVID-19 shielding programme \(Scotland\) impact and experience survey – part two - Publications - Public Health Scotland](#)



<p>Differential Impact</p>	<p>There is strong evidence to show that vaccines are offering significant protection to people on the HRL from becoming severely ill<sup>30</sup>. Clinicians are therefore of the view that removing the HRL will not significantly increase the risk for minority ethnic people.</p> <p>For members of some minority ethnic communities who are on the HRL, the removal of the list may cause them greater anxiety given the higher proportion of deaths amongst some ethnic minorities especially if they live in communities where there is lower vaccine uptake. This could lead to decisions on self-shielding and/or to restrict activities and interactions, which would impact on quality of life and mental health and wellbeing.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>31</sup>.</p> <p>There are also potential benefits for individuals of minority ethnic communities on the Highest Risk List who may feel less restricted as they go about their daily lives as a result of this policy<sup>32</sup>.</p> <p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life.</p>
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### Religion and Faith

<p>Background</p>	<p>We do not have figures on the religion and faith of individuals on the HRL, however, a substantial proportion of attendees of places of worship are of an older demographic and are therefore more likely to be on the HRL.</p>
<p>Differential Impact</p>	<p>This change in policy may bring a potential benefit to people on the Highest Risk List with a religion or faith as they may have fewer reservations about attending places of worship after being removed from the list.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>33</sup>.</p>

<sup>30</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/foreword-covid-19-advice-for-people-on-the-highest-risk-list-evidence-review/pages/1-100.aspx)

<sup>31</sup> [COVID-19 Daily Dashboard | Tableau Public](https://www.gov.scot/publications/covid-19-daily-dashboards/pages/1-100.aspx)

<sup>32</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/background-covid-19-highest-risk-interviews-report-august-2021/pages/1-100.aspx)

<sup>33</sup> [COVID-19 Daily Dashboard | Tableau Public](https://www.gov.scot/publications/covid-19-daily-dashboards/pages/1-100.aspx)

## Disability

Background	<p>COVID has a disproportionate impact on the health of disabled people: 93% of people who had died from COVID-19 up until June 2021 had at least one pre-existing condition.<sup>34</sup> Some evidence (although not peer-reviewed) also suggests that people with learning disabilities may be twice as likely to become infected with COVID-19 and three times more likely to die than the general population.<sup>3536</sup></p> <p>Disabled people may be more likely to be immunocompromised, or otherwise suffer more intense/fatal symptoms from COVID.<sup>37</sup></p> <p>ONS has also found the negative social impacts of the pandemic have been greater for disabled people. Among people who indicated that their wellbeing had been affected by COVID-19, 46% of disabled people said the pandemic had a negative impact on their mental health<sup>38</sup>. This compares with 29% for non-disabled people. The pandemic also impacted on access to services for disabled people and the level of care that they received. The move to putting services online for disabled people may have impacted adversely for those who were digitally excluded<sup>39</sup>.</p> <p>The CMO regularly wrote to those on the HRL to communicate any changes in advice. Letters are available to be translated into any format and language needed. On each occasion, we produce 60 different variants of the <a href="#">letters</a>, translated into 'Easy Read', large print, BSL, alongside several languages such as Urdu, Cantonese and Mandarin. An SMS service was also available for individuals on the HRL to receive key messages and updates.</p> <p>Of those individuals who are currently on the highest risk list, some will be disabled but we do not currently hold data to confirm how many.</p> <p>Data on vaccination uptake rates for disabled people is not currently collected.</p>
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<sup>34</sup> [Deaths involving COVID-19 Week 27: 5 - 11 July 2021 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

<sup>35</sup> [Updated estimates of coronavirus \(COVID-19\) related deaths by disability status, England - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

<sup>36</sup> HENDERSON, A. et al (Pre-print). COVID-19 infection and outcomes in a population-based cohort of 17,173 adults with intellectual disabilities compared with the general population

<sup>37</sup> [Outcomes in patients with and without disability admitted to hospital with COVID-19: a retrospective cohort study | CMAJ](#)

<sup>38</sup> [Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsongdisabledpeopleingreatbritain/february2021)  
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsongdisabledpeopleingreatbritain/february2021>

<sup>39</sup> [COVID-19 Disabled People: Health, Social and Economic Harms - Research Report - Scottish Government - Publications \(www.gov.scot\)](https://www.gov.scot)

Differential Impact	<p>There is strong evidence which shows that vaccines are offering significant protection to people on the HRL from becoming severely ill, including those who are immunosuppressed or immunocompromised<sup>40</sup>. In addition, we have seen significant improvement in outcomes since vaccination, and this is also seen, although to a lesser extent, within people who are immunosuppressed or immunocompromised.</p> <p>Clinicians are therefore of the view that removing the HRL will not significantly increase the risk for disabled people.</p> <p>However, given that COVID has had a disproportionate impact on the health of disabled people, and the negative social impacts of the pandemic have been greater for disabled people, the removal of list may cause a higher level of anxiety for some disabled people on the HRL. This could lead to decisions around self-shielding or restricting activities and interactions, which would impact on their quality of life as well as their mental health and wellbeing.</p> <p>Conversely this policy could have potential benefits by making some disabled people on the Highest Risk List feel less restricted as they go about their daily lives, including accessing services which were previously only available online.</p> <p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life<sup>41</sup>.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>42</sup>.</p>
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## Sexual Orientation

Background	<p>During the COVID-19 pandemic, loneliness and isolation have been an issue particularly for LGBTi people of all ages.<sup>43</sup> <a href="#">Age UK</a> also reported that older LGBTi people are especially vulnerable to loneliness as they are more likely to be single, live alone, and have less contact with relatives.<sup>44</sup></p>
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<sup>40</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](#)

<sup>41</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](#)

<sup>42</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

<sup>43</sup> Just Like Us (18 February 2021). [LGBT+ young people twice as likely to feel lonely and worry daily about mental health than peers.](#)

<sup>44</sup> Age UK (February 2018). [Combating loneliness amongst older LGBT people](#)

	Of those individuals who are currently on the highest risk list some may identify as LGBTi but we don't know how many.
Differential Impact	<p>This policy could have potential benefits by making some LGBTi individuals on the HRL feel less restricted as they go about their daily lives, which could address the higher level of loneliness and isolation reported by this group during the pandemic.</p> <p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life<sup>45</sup>.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>46</sup>.</p>

### **Marriage And Civil Partnership**

Differential Impact	<p>It is not considered that the removal of the HRL will have a specific differential impact on people in relation to this protected characteristic.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>47</sup>.</p>
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### **Pregnancy and Maternity**

Background	<p>Pregnancy itself was not considered as a Highest Risk List condition, however there may have been individuals on the Highest Risk List due to other comorbidities, who were also pregnant.</p> <p>In terms of direct harm to health from the virus, evidence suggests that pregnant women are no more likely to get COVID-19 than adults without health conditions, but that they may be at increased risk of becoming severely unwell compared to non-pregnant women, particularly in the third trimester.<sup>48</sup></p> <p>Studies have also shown that there are higher rates of admission to intensive care units for pregnant women with COVID-19 compared to non-pregnant women with COVID-19. It is important to note that this may be because clinicians are more likely to take a more</p>
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<sup>45</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Background-Coronavirus-(COVID-19)-highest-risk-interviews-report-August-2021)

<sup>46</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

<sup>47</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

<sup>48</sup> Royal College of Obstetricians & Gynaecologists (23 April 2021). [Coronavirus infection and pregnancy FAQs](#)

	<p>cautious approach when deciding whether to admit someone to the intensive care unit when a woman is pregnant<sup>49</sup>.</p> <p>Vaccine uptake among pregnant women remains consistently below that of the general female population<sup>50</sup>.</p> <p>There was initially much reluctance among people who were pregnant to receive vaccinations because of mixed reports of side-effects, however clinicians and advisers are clear it is safe to get the vaccine if you are pregnant. This was confirmed in the Royal College of Obstetricians and Gynaecologist's Coronavirus (COVID-19) Infections in Pregnancy report<sup>51</sup>, published March 2022.</p> <p>It remains a key priority to ensure all pregnant women have the most up-to-date information. As such Public Health Scotland have developed a leaflet setting out important information about the COVID-19 vaccination and pregnancy, including information on fertility and breastfeeding. All health boards have copies of this leaflet to distribute to pregnant women in their care, in addition to the information on Public Health Scotland's website and information from the Royal College of Obstetricians and Gynaecologists.</p> <p>Health professionals across the country have access to learning resources about COVID vaccination in pregnancy which are continually reviewed and updated. Bespoke vaccination teams are present in many maternity units to provide on the spot vaccination.</p> <p>There is currently no data available on the number of pregnant women on the HRL.</p>
Differential Impact	<p>The removal of the HRL may cause a higher level of anxiety amongst pregnant women on the list given the evidence that suggests they may be at increased risk of becoming severely unwell compared to non-pregnant women, particularly in the third trimester, and that they are less likely to have been vaccinated.<sup>52</sup></p> <p>This could lead to decisions around self-shielding or restricting activities and interactions, which would impact on their quality of life as well as their mental health and wellbeing.</p> <p>Conversely this policy could have potential benefits by making some pregnant women on the Highest Risk List feel less restricted as they go about their daily lives.</p>

<sup>49</sup> [Coronavirus infection and pregnancy \(rcog.org.uk\) https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy](https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy)

<sup>50</sup> [COVID-19 & Winter Statistical Report \(publichealthscotland.scot\) \(7 March\) https://www.publichealthscotland.scot/media/12100/22-03-09-covid19-winter\\_publication\\_report.pdf](https://www.publichealthscotland.scot/media/12100/22-03-09-covid19-winter_publication_report.pdf)

<sup>51</sup> [Royal College of Obstetricians & Gynaecologists \(23 April 2021\). Coronavirus infection and pregnancy FAQs](#)

<sup>52</sup> [Royal College of Obstetricians & Gynaecologists \(23 April 2021\). Coronavirus infection and pregnancy FAQs](#)

	<p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life<sup>53</sup>.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>54</sup>.</p>
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## Gender Reassignment

Background	<p>As of May 2018, around 0.5% of the population of Scotland (24,000 people) were estimated to be transgender.<sup>55</sup> Trans people suffer disproportionately from mental health conditions. A systematic review concluded that they were twice as likely as the general population to take their own lives, and that a lack of health care access adds particular pressure onto trans communities.<sup>56</sup></p> <p>There is currently no data available on the number of trans people on the HRL.</p>
Differential Impact	<p>Given that trans people suffer disproportionately from mental health conditions, the removal of the HRL, could lead to greater anxiety for some trans individuals on the HRL and compound those mental health.</p> <p>Conversely this policy could have potential benefits by improving the mental health of some trans people on the Highest Risk List though making them feel less restricted in going about their daily lives.</p> <p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life<sup>57</sup>.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>58</sup>.</p>

<sup>53</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/background-reports/pages/background-coronavirus-covid-19-highest-risk-interviews-report-august-2021.aspx)

<sup>54</sup> [COVID-19 Daily Dashboard | Tableau Public](https://www.tableau.com/publications/covid-19-daily-dashboard)

<sup>55</sup> Scottish Public Health Network (May 2018). [Health Care Needs Assessment of Gender Identity Services](https://www.sphn.org.uk/health-care-needs-assessment-of-gender-identity-services)

<sup>56</sup> Mcneil, J. et al (2017). [Suicide in trans populations: a systematic review of prevalence and correlates](https://doi.org/10.1080/17445019.2017.1345441). Psychology of Sexual Orientation and Gender Diversity, Issue 3, Vol. 4 p. 341-353.

<sup>57</sup> [Background - Coronavirus \(COVID-19\): highest risk – interviews report – August 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/background-reports/pages/background-coronavirus-covid-19-highest-risk-interviews-report-august-2021.aspx)

<sup>58</sup> [COVID-19 Daily Dashboard | Tableau Public](https://www.tableau.com/publications/covid-19-daily-dashboard)

## Socio-economic disadvantage

Background	<p>The evidence suggests that people in the most deprived areas are over twice as likely to die with Covid-19 than those in the least deprived areas<sup>59</sup>.</p> <p>In addition, of those individuals who are on the HRL, as of 4 April 2022, almost half (48% or 84,957) live in the two most deprived Scottish Index of Multiple Deprivation quintiles<sup>60</sup>.</p>
Differential Impact	<p>There is strong evidence to show that vaccines are offering significant protection to people on the HRL from becoming severely ill. Clinicians are therefore of the view that removing the HRL will not significantly increase the risk for individuals on the list including those from deprived areas.</p> <p>However, the removal of the HRL may cause a higher level of anxiety for some people on the list who live in the most deprived areas, given the higher likelihood of dying from Covid amongst this group. In addition, recent research suggests that a much higher proportion of individuals on the HRL from socio-economic vulnerable households (61% compared to 28% from less socio-economic vulnerable households) still try to minimise all physical contact with people from other households<sup>61</sup>. Furthermore, the same research showed that the following concerns were more common amongst those with socio-economic vulnerability: negative impacts of being on HRL; the likelihood of ongoing worries; and feeling less supported.</p> <p>A higher level of anxiety amongst this group could affect their decision to self-shield or restrict activities and interactions, which would impact on their quality of life as well as their mental health and wellbeing.</p> <p>In relation to employment, the same research showed that:</p> <ul style="list-style-type: none"><li>• 63% reported an ongoing negative impact on their employment from the initial shielding period</li><li>• 42% reported flexibility from their employer as a positive impact of being on the HRL</li><li>• 77% said they had received the advice and support they needed</li><li>• 60% have looked at the SG advice on workplace safety, which has influenced some of their actions</li><li>• 31% still try to minimise all physical contacts (less than 36% across all respondents)</li></ul>

<sup>59</sup> [Deaths involving coronavirus \(COVID-19\) in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

<sup>60</sup> [COVID-19 statistical report - 2 March 2022 - COVID-19 statistical report - Publications - Public Health Scotland](#)

<sup>61</sup> [COVID-19 shielding programme \(Scotland\) impact and experience survey – part two 30 March 2022 - COVID-19 shielding programme \(Scotland\) impact and experience survey – part two - Publications - Public Health Scotland](#)

	<ul style="list-style-type: none"> <li>• 9% think support to help them return to work or find a new job would be helpful</li> <li>• 46% consider it very or quite problematic that they are no longer advised not to go into the workplace</li> <li>• 52% agree it is safe to go into the workplace</li> </ul> <p>It is estimated 60% of working age people on the Highest Risk List are employed in jobs that cannot be easily done from home.</p> <p>There are therefore also potential benefits for people on the Highest Risk List from more deprived socio-economic backgrounds who may feel less restricted as they go about their daily lives as a result of this policy, including returning to the workplace.</p> <p>Understanding that their risk has now reduced may help people to feel more confident and less vulnerable about adapting a more normal way of life.</p> <p>Vaccination has progressed extremely well overall for the Highest Risk List population with approximately 96% of highest risk individuals now having received two doses, and around 91% having received a third dose or booster<sup>62</sup>.</p>
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## 5. Mitigations

5.1 The following mitigations are either in place or planned which will address the differential impacts for those on the highest risk list with protected characteristics to 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/or from disadvantaged socio-economic groups. Overall we have sought to enable through, review of the evidence, engaging with stakeholders and engagement and communication with people on the Highest Risk List.

## 6. Mental Health and Wellbeing and ongoing information, advice and support

6.1 With regard to mitigating any mental health and wellbeing concerns of those on the highest risk list with protected characteristics and/or from disadvantaged socio-economic groups associated with the removal of the HRL, we will continue to provide evidence and reassurance.

6.2 The Chief Medical Officer has written to everyone on the Highest Risk List to:

- explain the decision to end the Highest Risk List

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<sup>62</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

- set out the identification process the NHS will retain to quickly identify people who should be prioritised for vaccination, treatments and, if the threat level increases, for additional protective advice
- ask them to follow the same advice in relation to COVID-19 as the rest of the population, unless advised otherwise by their GP or clinician.

6.3 Two different versions of the Chief Medical Officer letter have been issued, one version to those on the Highest Risk List who are no longer considered to be Highest Risk, and a separate version to those on the Highest Risk List who may still be considered at higher risk as a result of being unable to mount a full immune response due to their health condition and/or treatment, which will give any final advice needed.

6.4 Letters are available to be translated into any format and language needed. On each occasion, we produce 60 different variants of the [letters](#), translated into 'Easy Read', large print, BSL, alongside several languages such as Urdu, Cantonese and Mandarin<sup>63</sup>. All direct communications with individuals on the HRL have been made available in these different formats throughout the pandemic.

6.5 We carried out user testing on letters/messages around the ending of the HRL with people on the List (aiming to be as representative and include protected characteristics as possible with small sample numbers for qualitative work) to ensure they were understood and accessible.

6.6 We have published an evidence review<sup>64</sup> to show how the vaccination programme has made a significant difference. GPs, clinicians and third sector organisations which support people with the range of conditions which have put them on the HRL will be able to use the Review to underpin discussions about risk with individual patients and people they support.

6.7 The evidence review and the letter from the CMO should help to address any clinical concerns of people on the Highest Risk List, with protected characteristics for example disabilities and/or from disadvantaged socio-economic groups, to understand they are no longer at highest risk and can get back to a more normal way of life.

6.8 As before the pandemic, people who are immunosuppressed or immunocompromised can get advice from their GP or clinician on how best to protect themselves, including reminding family and friends not to visit or come into close contact with them if they're unwell.

6.9 We have published two sets of guidance around the ending of the HRL. The first guidance is specifically for people who remain at higher risk because of suppressed immune system, and includes information on vaccination, testing and treatments as well as mental health support<sup>65</sup>. The second

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<sup>63</sup> [Coronavirus \(COVID-19\): communications to the high risk group - gov.scot \(www.gov.scot\)](#)

<sup>64</sup> [Foreword - Coronavirus \(COVID-19\) advice for people on the Highest Risk List: evidence review - gov.scot \(www.gov.scot\)](#)

<sup>65</sup> [Coronavirus \(COVID-19\): Guidance for immunosuppressed people - gov.scot \(www.gov.scot\)](#)

guidance is for people who are on Scotland's Highest Risk List but who are no longer considered to be at higher risk than the general population<sup>66</sup>.

6.10 We have carried out engagement with various medical charity stakeholders to ensure they are fully briefed and able to respond to questions and concerns from people they represent in relation to the ending of the HRL. Details of stakeholders who we have engaged with can be found in Annex 2.

6.11 We are also exploring with delivery partners in local authorities and health and social care partnerships what more we can do to support people who have been on the HRL to recover and reconnect with people and things they were doing before the pandemic. Third sector partners are also crucial in providing support, exemplified by the British Red Cross Connecting with You Service. Funded through the Social Isolation and Loneliness Fund, this service is open to anyone experiencing issues with loneliness but has been targeted at those on the HRL to provide one-to-one support to remake those connections.

6.12 We have and will continue to provide advice about daily life including shopping and going to work and have encouraged employers to consider the needs of those on the HRL as they implement flexible and hybrid working. We have developed workplace guidance specifically for people at highest risk, including support to get back to working, at [mygov.scot/covid-highest-risk/work](https://mygov.scot/covid-highest-risk/work). In addition to safety at work advice, this highlights services and support to help people return to work or re-skill and find new work.

## 7. Preventative measures

7.1 With regard to addressing the concerns of people on the HRL with one or more of the protected characteristics and/or from disadvantaged socio-economic groups about their clinical risk, we are taking forward a range of measures to limit the spread and impact of Covid.

7.2 Key to this is the vaccination programme. We know that vaccination uptake is high; over 77% of everyone over 18 years of age have now received their 3rd dose or booster<sup>67</sup>. As the number of people who have been vaccinated rises, the population overall benefits from greater protection against the serious effects of the virus, including those on the Highest Risk List. Approximately 96% of highest risk individuals have now received two doses of the vaccine, and around 91% have received a third dose or booster<sup>68</sup>.

7.3 However, we recognise that uptake could be improved further to address the concerns of those on the HRL with regard to the associated with the removal of the list. The CMO has consistently and strongly advised everyone on the HRL, including through his regular letters, to take up vaccines offered and prioritised. There are very few people who may not be

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<sup>66</sup> [Coronavirus \(COVID-19\): Guidance for people previously at highest risk - gov.scot \(www.gov.scot\)](https://www.gov.scot)

<sup>67</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

<sup>68</sup> [COVID-19 Daily Dashboard | Tableau Public](#)

suitable for getting COVID vaccinations, the main reason being those who are allergic to the ingredients, and anyone who is unsure has been advised to consult with their clinician.

7.4 In addition, a spring booster dose has been announced and will be offered at least 24 weeks after the last vaccine dose to:

- adults aged 75 years and over
- residents in care homes for older adults
- individuals aged 12 years and over who are immunosuppressed

7.5 Support with transport to vaccinations has also been a consistent offer to people on the HRL since February 2021.

7.6 The Scottish Government has also worked with a range of national and local community, third sector and faith organisations supporting minority ethnic communities to ensure positive messaging about the vaccine is promoted. This includes providing over £80,000 of funding to organisations that are influential within communities to support vaccine uptake within minority ethnic groups.

7.7 A National Inclusive Vaccine Steering Group was also established so that information and learning could be shared and solutions to issues co-produced with those who know their communities best. Key vaccination information is available on NHS Inform in multiple languages accessible formats such as audio, easy read and BSL<sup>69</sup>. To reach out to minority ethnic and people of different race, and advance equality of opportunity, various tailored and translated Q&A sessions have been hosted by partners with clinicians on Jambo! radio, Awaz FM and Facebook Live. An explainer video<sup>70</sup> for minority ethnic communities

## **8. New treatments**

8.1 We will continue to respond to scientific and clinical advice regarding COVID treatments, making sure that those who we know will benefit most from them are able to access them. Individuals identified as being at high risk from coronavirus, and with a clinical condition prioritised for treatment, are eligible for direct access to new treatments to minimise the impact of Covid-19, should they contract it, and will have ongoing access to testing to ensure they receive these treatments as quickly as possible.

## **9. New Identification Process**

9.1 We are working with PHS to stand up an identification process to be able to rapidly generate an accurate list of individuals for vaccine prioritisation, treatments and to provide additional advice in the event of an escalated threat

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<sup>69</sup> [The coronavirus \(COVID-19\) vaccine \(nhsinform.scot\) https://www.nhsinform.scot/covid-19-vaccine/](https://www.nhsinform.scot/covid-19-vaccine/)

<sup>70</sup> [COVID-19 Vaccine - NHS Scotland Explainer Video - Full Length - YouTube https://www.youtube.com/watch?v=qc7U-tlmVRs](https://www.youtube.com/watch?v=qc7U-tlmVRs)

level. We have communicated the new identification process to those on the list at the time of announcing the end of the HRL.

## **10. New Guidance and Future Threat Levels**

10.1 With regard to mitigating the concerns associated with the behaviour of others, which may be heightened amongst some on the highest risk list with protected characteristics and/or from disadvantaged socio-economic groups, the new guidance for businesses and individuals to replace the regulations on ongoing protection measures will encourage ongoing NPI measures such as face coverings, ventilation, hygiene and distancing, alongside the ability to strengthen and scale up measures if needed in response to any increased threat.

10.2 The Scottish Government also continues to encourage workplaces to offer a mixture of home and office working (hybrid working) if possible. Government guidance also continues to stress the need for businesses and organisations to consider what they can do to reduce the spread of the virus, and protect their employees and customers. It notes that adaptations are crucial to keeping the spread of the virus low, especially important in order to improve consumer confidence and minimise the potential of further disruption if the threat level increases.

10.3 To help improve awareness of the measures that people who do not speak English can undertake themselves to reduce the risk from being infected or spreading the virus, the Scottish Government continues to provide material in a range of alternative languages, including Arabic, Mandarin and Polish. To help improve awareness of the measures that people with learning/intellectual disabilities can undertake themselves to reduce the risk from being infected or spreading the virus, the Scottish Government also provides material in easy read format.

## **11. Distance Aware Scheme**

11.1 We know from our user research with individuals on the HRL undertaken in July 2021<sup>71</sup> that 73% of respondents indicated they would like the offer of a small wearable item to indicate to others they would like them to keep a distance.

11.2 In response, we developed the Distance Aware Scheme as a voluntary measure to enable people to wear a badge or lanyard to indicate they would like more space and care around them for any reason. It is open to anyone who feels this would give them greater confidence and comfort for whatever reason when they are out and about in public places and the workplace.

11.3 This has been promoted widely with free badges and lanyards available in all community and mobile libraries, as well as ASDA making badges available in their stores. Following distribution of more than 100,000

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<sup>71</sup> [Coronavirus \(COVID-19\): highest risk - survey report - July 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/embedded/Coronavirus_COVID-19_highest_risk_survey_report_July_2021.pdf)

badges and lanyards through libraries, we have ordered more for distribution through local authority partners. This scheme has also been promoted to businesses and other organisations to encourage awareness raising about being considerate and responsible amongst staff, customers and members. This will complement existing guidance or regulations on protection measures [for more information see Coronavirus (COVID-19): distance aware scheme - gov.scot (www.gov.scot)]

11.4 Faith and belief stakeholders have indicated that many places of worship will continue to observe precautionary measures in order to keep people feeling safe, this includes some promoting the Distance Aware<sup>72</sup> scheme for their congregations.

11.5 These measures should help to mitigate the concerns associated with the removal of the list of those on the HRL with protected characteristics and/or from disadvantaged socio-economic groups.

## **12. Digital connectivity**

12.1 Some places of worship received funding from the Scottish Government's Community and Third Sector Recovery Programme's Adapt and Thrive funding support<sup>73 74</sup>, which allowed services to be recorded and accessed online. Many may continue to utilise this function, allowing worshippers on the HRL who have anxieties about returning to places of worship in person to participate with online.

## **13. Summary**

13.1 In undertaking this EQIA, it was recognised that some, though not all protected characteristics, could be differentially impacted by the removal of the HRL, as well as some individuals from socio-economically vulnerable groups.

13.2 Our focus remains on ensuring the most at risk in our society are supported, and are not negatively impacted by the removal of the list, in line with the PSED.

13.3 As outlined above, the Scottish Government has or will put in place a range of measures to mitigate potential negative differential impacts of the policy to end the HRL for those on the list with protected characteristics or from socio-economically vulnerable groups.

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<sup>72</sup> [Distance Aware - Scottish Government - News \(www.gov.scot\)](https://www.gov.scot/news/distance-aware-scottish-government/)

<sup>73</sup> [Community and Third Sector Recovery Programme \(findbusinesssupport.gov.scot\)](https://findbusinesssupport.gov.scot/service/funding/community-and-third-sector-recovery-programme)  
<https://findbusinesssupport.gov.scot/service/funding/community-and-third-sector-recovery-programme>

<sup>74</sup> [Churches across Scotland continue to benefit from Adapt and Thrive funding | The Church of Scotland](https://www.churchofscotland.org.uk/news-and-events/news/2021/articles/churches-across-scotland-continue-to-benefit-from-adapt-and-thrive-funding) <https://www.churchofscotland.org.uk/news-and-events/news/2021/articles/churches-across-scotland-continue-to-benefit-from-adapt-and-thrive-funding>

## Annex 1 - Composition of the Highest Risk List

As at 4 April 2022, there were 176,292 people on the Highest Risk List (around 3.2% of the population). This includes people with the following conditions:

### Number of individuals on the Highest Risk list by group (as at 4 April 2022)

Highest Risk Group <sup>^</sup>	On highest risk list
1 (Organ transplant recipients)	6,632
2 (Specific cancers)	25,598
3 (severe respiratory conditions)	69,391
4 (Rare diseases, including people with Downs Syndrome)	10,539
5 (On immunosuppression therapies)	36,143
6 (Pregnant with heart disease)	82
7 (GP or clinician identified)	50,380

<sup>^</sup> The same individual may be counted in one or more of the highest risk groups.

Of those individuals who are currently on the highest risk list as of 4 April 2022:

- 51% are 65 years of age or over
- 56% are women
- there are 1,369 children aged under 16
- some people will be disabled but we don't have numbers
- some people will be from minority ethnic communities but we don't have numbers
- Almost half (48%) live in the two most deprived Scottish Index of Multiple Deprivation quintiles

## **Annex 2 – Medical Charity Stakeholder Engagement**

The following section shows an at a glance summary of Medical Charities Stakeholders we have engaged with regarding the ending of the Highest Risk List.

- Scottish Cancer Coalition
- Lymphoma Action
- Myeloma UK
- Leukaemia UK
- Teenage Cancer Trust
- Blood Cancer Alliance
- Anthony Nolan Trust
- Macmillan Cancer Support
- Cancer Research UK
- Action Duchenne
- Kidney Kids
- Chest, Heart & Stroke Scotland
- Diabetes UK (Scotland)
- Genetic Alliance UK
- IMD Scotland
- Rare Disease UK
- Downs Syndrome Scotland
- MND Scotland
- Scottish Huntington's Association
- My Aware (Myasthenia Gravis charity)
- My Name's Doddie
- Asthma UK/ British Lung Foundation
- NARA (The breathing charity)
- Chest, Heart and Stroke Scotland
- Vasculitis UK
- CGD Society UK (Granulomatous Disease)
- Sickle Cell Society
- Sickle Cell Thalassaemia Support Group Scotland
- Versus Arthritis
- Edinburgh Network for Crohn's and Colitis
- Revive MS
- MS Society Scotland
- Psoriasis Scotland
- Crohn's and Colitis UK
- Neurological Alliance of Scotland
- British Thyroid Foundation, Edinburgh Group
- Lupus UK
- British Sjogren's Syndrome
- Polymyalgia Rheumatica and Giant Cell Arteritis
- Kawasaki Syndrome Support Group
- Scleroderma & Raynauds UK
- HIV Scotland
- British Liver Trust

- Kidney Care UK
- Cystic Fibrosis UK
- British Heart Foundation
- Inclusion Scotland



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Any enquiries regarding this publication should be sent to us at

The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-80435-477-3 (web only)

Published by The Scottish Government, May 2022

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS1090402 (05/22)

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