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Coronavirus (COVID-19): Our shared role in containing the virus

Analysis of responses submitted as part of the Scottish Government's second public engagement exercise

January 2021

The Scottish Government is grateful to the 1,242 members of the public who contributed to the second Coronavirus (COVID-19) public engagement exercise.

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1) Introduction

This report summarises the responses submitted as part of the Scottish Government's second public engagement exercise regarding our approach to tackling Coronavirus (COVID-19): "Coronavirus (COVID-19): Our shared role in containing the virus". The exercise used the Dialogue "platform" and was promoted on the Scottish Government's Twitter, Facebook and Instagram channels and was open from 12.30 on 5 October until 22.00 on 11 October 2020. All ideas and comments published on the platform are available to view at <https://www.ideas.gov.scot/coronavirus-continuing-the-conversation>.

The first exercise in May 2020¹ represented one of the means of dialogue with the public during the pandemic and was designed to meet 'the immediate need for public engagement on the decision-making process concerning the current restrictions, [so that] we may also develop tools and habits of discourse that can be adapted to inform the longer term recovery and renewal process to come.' Responses covered a large range of issues affecting society, given the breadth of reach of the initial "lockdown". They provided context to Ministers and policy makers as they set out the [Route map for moving out of lockdown](#), published on 21 May 2020. Submissions indicated support for the approach the Scottish Government proposed to take, and shaped specific provisions around households meeting and services to be re-opened.

This second exercise in October was designed to gather views from the public on the Government approach at this critical stage of the pandemic, when a period of re-opening the economy over the Summer months was followed by a need to implement some restrictions. As with our first engagement exercise, the range of sectors touched by the measures to manage the pandemic was wide, with impacts experienced by individuals across their day-to-day activity. The platform represented an opportunity for the public to raise issues of interest to them, and contribute to the information available to decision makers in government.

The digital platform involved the submission of "ideas" by registered users. The contributor had the opportunity to provide a title for their idea, and say "why the contribution is important". Registered users could rate the idea on a five-star scale, and/or provide comments. All written contributions to the website were pre-moderated in accordance with the published moderation policy before appearing on the site². The site was visible to members of the public, whether or not they registered as users.

Nine ideas were "pre-seeded" by the Scottish Government Digital Communications Team so that key themes were explored on the government's approach, individuals'

¹ The first exercise took place on 5-11 May 2020, and the [summary report](#) was published. All ideas and comments published on the platform are available to view at www.ideas.gov.scot/covid-19-a-framework-for-decision-making.

² Of the 588 ideas submitted to the site, 24 ideas were rejected due to being breach of the [moderation policy](#).

actions, impact on key sectors, testing and use of information. Of these seeds, the ideas on [‘Getting the balance right’](#), [‘New learning norms’](#), [‘Tackling the virus: Other concerns and suggestions’](#) and [‘Individual and household action’](#) were among the most commented-on threads. A full overview of the top 20 threads by comments, number of ratings and unique page views is provided in Annex A.

Users were encouraged to join an existing discussion on an idea similar to their concerns, but were free to add their own idea. Moderators locked discussion on ideas where it was thought they were significantly duplicating something already on the site.

Engagement, in terms of ideas, comments and users, was significantly lower than the first exercise in May³, which had been announced by the First Minister and garnered prominent media coverage. The volume of response was approximately 10 per cent of the level of contribution of the first exercise. Traffic on the site increased after social media promotions on Day 1 and Day 7, with Day 1 (Monday 5 October) being the busiest. The biggest share of visitors came via Facebook (42 per cent) with 20 per cent via Twitter and 23 per cent visiting directly. Around 20,000 people visited the site, of whom around 15,000 were in Scotland.

³ In the Dialogue exercise of 5-11 May 2020, 4,122 ideas were published and 17,966 comments were posted. These came from 11,692 registered users, of whom 3,274 submitted ideas.

2) Methodology

Over the course of the platform “challenge”, 564 ideas were published on the site, with 1,633 comments and 1,242 users registered. Comments were also posted on social media in response to the promotions, including 229 Twitter replies and 1,900 Facebook comments. A small number of emails were also received via the site administration. We have included an assessment of these contributions throughout the report.

Once posted, ideas had “topics” added to them by members of the moderation team and members of the Scottish Government’s Social Research Group. Topics were taken from a thematic “coding” framework that was developed by the Social Research Group to correspond with the subjects in the seeded themes and anticipated commentary. The thematic coding framework was updated as new topics emerged during the challenge. The added topics are visible on the website, and ensured that contributions were rapidly categorised for further analysis. An ‘optimisation’ exercise was conducted once the challenge was closed in order to rationalise the topics to ensure consistency, and to make sure similar topics, or different spellings, e.g. “reopening” and “re-opening” were grouped together⁴.

Although responses were about a tenth of the volume seen in May, the level of engagement is nonetheless high relative to many Scottish Government consultations in a notably shorter timescale. During the challenge, social researchers identified emerging themes through analysis of the most engaged-with threads (by number of ratings, and number of comments) as well as searches by theme. Researchers also analysed ideas and comments as they were posted in real time. Therefore themes also emerged from threads with lower overall engagement. Throughout the challenge, social researchers produced daily analytical notes.

Once the website was closed for submissions, researchers continued to carry out further analysis by themes. Given that many ideas were rated or commented on a small number of times, researchers identified the “most engaged-with ideas” (idea threads with the highest number of ratings, or the highest number of comments) (See Annex A). These included “highly rated” ideas – ideas with high engagement (among the top 20 threads by number of ratings) and high average rating (above 4.5 stars) – but it also included ideas with high engagement by number of comments/ratings but with lower average ratings. The high engagement with these ideas was taken by the researchers to suggest a degree of traction among contributors. Further analysis took place to group ideas together by topic, and ensure that topics which attracted a large number of less engaged-with ideas were nonetheless identified if they had not been among the most engaged-with ideas.

⁴ At this time it is not possible to say categorically that coders’ approaches were highly consistent. There are a number of inherent checks in the methodology, such as multiple researchers having sight of the most-engaged with threads, real-time sight of incoming ideas, ensuring similar topic tags are treated together, and sample searches to provide further re-assurance that the findings are broadly consistent.

As a number of ideas covered similar issues, we have grouped these, where obvious, under the ‘topics’ in the thematic framework and reported the total number of comments and ratings as a measure of engagement in Annex B. We have attempted to provide an overview of commentary on key ideas, but have not, in the time available, coded each comment as being in support or opposition to the original idea. Furthermore, in many cases, ideas may differ in their advocated approach and context, to the extent that definitively judging the level of support for them, relative to other ideas on the subject, is not possible. Alternatively, the number and characteristics of users rating ideas may not be comparable across ideas, nor the search strategies employed by users to find relevant ideas to them, so additional caution should be exercised in comparing average ratings.

Over the course of the “challenge”, it was clear to researchers working on emerging themes that there was a broad degree of consistency from day to day. While [new restrictions](#) were announced by the First Minister on 9 October, during the course of the challenge, this largely caused commentary to be directed at the specific measures, rather than potential possibilities, and not seen to change the overall sentiment. After the challenge, researchers, working within the seeded themes, organised the key ideas direct from the final dataset and reported the main solutions and attitudes expressed. The two approaches were found to yield similar findings.

Respondents were self-selecting and do not represent a random sample of the population of Scotland. We did not require evidence of residence in Scotland, or ask people to report their demographic characteristics, so do not have independent evidence of representativeness. It is likely that the group who engaged with the platform were the digitally included, and the peaks in activity on Day 1 and Day 7, suggest that many users were also likely to be active on social media. This is a reason for caution in interpreting the findings. However, it must be understood the platform was designed to solicit ideas from the public and give them the opportunity to comment on the Scottish Government’s approach, not to measure their attitudes. All quotes used in this report are verbatim, although some have been shortened. Full quotes are indented in the text, and single quotation marks used where the report’s discussion includes terms or phrases taken directly from individual contributions.

Finally, this analysis does not set out to be a detailed examination of all the ideas and their relative effectiveness, accuracy or relevance to the issues. This is an overview of what those who engaged with the platform said to us. Given the rapid nature of this analysis, it has not been possible to be comprehensive, or definitively quantify the balance of opinion on the platform. It is one part of the information to be considered by decision makers.

3) The Scottish Government Approach

There was a considerable cluster of ideas on the general approach taken by the Scottish Government to tackle the pandemic⁵. Views on the continued use of restrictions (as well as ‘circuit-breaks’ or further ‘lockdowns’) attracted extensive engagement, appearing among a large share of the most engaged-with ideas. The engagement took place at a critical time for managing the pandemic, with infections rising and increasing restrictions following an ease in conditions over the Summer.

Views about the overall Scottish Government approach could generally be grouped into three wider “attitudes”: some were largely supportive of the the approach, though called for more stringent and enforced measures; some were opposed to the overall strategy and continued use of measures that restricted population freedoms and behaviour; and an intermediate view was that individual measures, should be eased or tweaked to better balance broader considerations around wider health and the economy. There were also general views on governance and government decision making which often informed and/or confirmed these wider attitudes.

The key themes of discussion were:

- Views on the strategy behind the Scottish Government approach
- Modifications that could be made to the Scottish Government approach
- Views on central and local government decision-making processes

Views on the strategy behind the Scottish Government approach

There was a range of views on the overall direction of the Scottish Government in tackling the virus. This included support for the approach being taken but more critical views were prominent on the platform.

Those that supported the government saw it as **making good use of its powers in a difficult situation**. Actions to control the spread of infection, such as “circuit breakers” were seen to be necessary, and there was confidence expressed in the scientific evidence that was taken into account.

‘Goodness, I love the amount of epidemiologists on here [the Dialogue platform] assuring me that all will be fine or that there is no need for a further lockdown. Hmm. I prefer to go with the advice from the myriad of experts (...) who come together to advise the Government. I may not 100% like the decisions which come from this advice but can accept them as being considered’

⁵ The most-commented idea concerning the Scottish Government approach was a Scottish Government pre-seeded idea on [‘Getting the balance right’](#) which had 100 comments and 63 votes.

At the same time, some respondents thought that stronger action would be required in order to address rising infections, and to forestall the need for more prolonged action at a later date. The provision of a furlough scheme (at the time up to 31 October) also figured in some respondents' concerns for improving compliance with self isolation and face-covering, combined with an effective test and trace regime (discussed in other chapters).

Those that opposed the Scottish Government approach came from a range of positions. There was opposition to the continued use of **restrictions that curbed population freedoms and controlled societal behaviour** - and a view that the Scottish Government should completely 'rethink' their strategy at the population level.

Some respondents felt that we needed to 'learn to live with Covid' and that further restrictions would not help in the long-term, particularly given the probable timescale associated with the development of a reliable vaccine or cure, and difficulty with compliance and enforcement over a long period of time. There was concern that with each cycle of the virus re-emerging, the efficacy of lockdown measures would begin to break down.

'[...] we can't keep going in and out of lockdowns. It's clear from our last attempt that it's only suitable as a temporary measure and that a rise in cases will be inevitable as soon as we restore some normality.'

A further group felt that the **public health benefits of restrictions on virus suppression were outweighed by the negative ramifications on the wider economy and business environment, and wider population health and wellbeing.**

'I understand the public health concern but we have to learn to live with the virus. (...) We must find a way to function as a society with this virus and not be ruled by fear. We cannot do that if our economy and country fails financially, mentally, physically and emotionally.'

There was also frustration with restricted individual freedoms and calls for more personal responsibility and choice in how people can live during the pandemic.

'People who want to shield. Let them. The people who want to live their life and make this choice. Let them. (...)'

Linked to this were concerns about the evidence underpinning restrictions (more detail below) and a desire for greater use of local-level data on transmission sites and rates. Greater evidence-based messaging was seen as being crucial in allowing individuals the freedom to make informed and empowered choices about their own behaviour and risk exposure.

'We really should be told where the positive cases are so we can protect ourselves and our loved ones. There should be more transparency so we can make informed decisions over where we go.'

A number of respondents felt that **society should be opened up to all low-risk groups**, while supporting and protecting vulnerable groups. This seemed to build on the [Great Barrington Declaration](#) - a communique which began circulating among international academics shortly before the engagement opened, calling for 'focussed protection' for vulnerable groups while letting others decide what risks they are prepared to adopt.

'Instead of lockdown and quarantining the healthy - I propose we protect the vulnerable and allow all others to return to normal life. Open all businesses and social/civic activities. The young and healthy are at minimal risk from harm caused by Covid and the more exposed to it the quicker we can achieve herd immunity - thus protecting those with compromising health conditions and the elderly. Those who are fearful can choose to continue isolating. Treat us like adults who can make informed decisions.'

However, there was opposition to this idea because of the difficulty in defining who fits under 'vulnerable' categories and the ethical considerations associated with limiting the freedoms of those considered most 'at risk' in society. There were also counter-suggestions about how, in the case of a mass re-opening of society, high-risk groups could be further protected by increased testing (see chapter on Testing and Use of Information).

'[The] words "protect the vulnerable" concern me. Who will be the judge of who is vulnerable? There is a real danger that people considered vulnerable will be isolated. Unacceptable.'

Views on modifying the Scottish Government approach

There were differing views on the best balance that could be achieved between restrictions for public health and and support for the economy and broader health and wellbeing, while protecting the most at risk in society.

There were many pleas to **ease restrictions on social contact**, particularly because of the mental health benefits and need to counter isolation and loneliness (see section on mental health, loneliness and isolation).

'Many like myself live alone and their partners or those closest to them do not live with them, due to work or distance etc. Please continue to allow us these bubbles and to stay within our new extended households. And allow us to travel between them. (...) Mental health needs to be brought to the front.'

There was much discussion on the extent to which social restrictions could be eased, what constituted a bubble, how many people should be able to meet at any one time, and how many households per day. Seasonal changes were emphasised - with respondents worried that it would be harder to meet people outdoors as winter approached.

'It is essential that we be allowed to have small gatherings in private homes - the mental health impact of banning these is already severe, and will become catastrophic as we get further into autumn and winter.'

A number of comments with some of the highest engagement on the Scottish Government social media posts announcing the engagement exercise, were about care/nursing homes and the isolation and loneliness faced by their residents due to lack of contact with families.

There were also comments which advocated lifting guest limits on weddings and funerals and on associated receptions and wakes. With regard to weddings, there was concern that uncertainty was making it difficult for people to plan and putting increased stress on couples. There was also a perceived contradiction associated with restrictions on weddings compared with other areas of mixed socialising (such as restaurants or religious services). It was suggested that businesses overseeing wedding venues should have more jurisdiction over guest limits - and that perhaps this could be linked to the size and capacity of the venue itself.

There were calls for an easing on **some restrictions on certain economic sectors** and calls to reopen some businesses. Proponents voiced concern about the impact of continued and/or increased restrictions on the broader economy and the associated welfare of business owners and employees. Sectors highlighted were the beauty industry, arts and entertainment industry, tourism industry and night-time economy (such as night-clubs).

Some contributors expressed safety concerns about hospitality venues and customers' abilities to maintain physical distancing, and proposed a variety of solutions designed to better ensure safety, ranging from booking systems and temperature checks to entire closure of premises or the wider sector.

However, there was particular evidence of support for hospitality (and tourism), especially following the restrictions on licensed premises announced mid-way through the Dialogue project. There was a view that licensed premises were being scapegoated and the restrictions would only negatively affect business owners and the economy more generally. Additionally, there was debate about the efficacy of curfews, with some voicing concerns that curfews would result in increased numbers congregating in the street, on public transport and inside private homes.

'We run an extremely Covid secure restaurant, we have distance, one way systems, ventilation, track and trace system, traffic light system, temperature checking and many other procedures in place (...), [Why] is a small day run tearoom put under the same umbrella as a late night pub/music venue with everything that falls in between. We are a massive contribution to the national and local economy but are painted as the villains of corona virus. Activate your EHO's to do unannounced spot checks on all their local venues to make sure of compliance and therefore preventing the "bad apples" of hospitality destroying the whole barrel.'

There was an argument for extending travel restrictions, both nationally, and locally. Ideas included testing at airports, better checks on quarantining on arrival from abroad, and restricted travel between Scotland and other parts of the UK.

Some argued that greater use of targeted restrictions would represent a more balanced and proportionate approach to generic national ones. Localised geographical restrictions were favoured because of the perceived fairness in keeping communities without high infection rates unaffected by further individual restrictions; the advantage of being able to keep the economy and community support open in areas without high infection rates; and lack of trust in the public complying with a full national lockdown. There were also arguments that local data could enable highly targeted action by local authorities to meet issues specific to the area.

'I believe the Scottish Government was correct in taking a comparatively more cautious approach to leaving lockdown. A long and painful necessity. However now we know more. We know who the virus affects, how it spreads, where there are likely to be / are particular issues. A more targeted approach allows for swift action but for areas of the economy and community unaffected to continue. I also worry how (...) tolerant and ultimately compliant people will be with a full lockdown.'

An alternative idea was that a targeted approach take account of demography in terms of high-risk categories (as discussed above) and/or groups who were deemed more likely to be transmitting the virus based on recent data.

'It can be shown that infection is not being spread by retired people to any great extent but rather in settings attended by younger people such as colleges, universities, schools, nurseries, house parties, etc., then further restrictions should be targeted on those groups by making restrictions age specific. In this example, those aged 60 and over (not in mixed age households) could be made exempt from further restrictions.'

However, there was also counter-arguments to localised restrictions because of a perceived lack of evidence of the positive impact where they had been imposed (e.g. North of England and Glasgow area) and a perceived inconsistency with where administrative 'borders' lay and other local conditions which would determine how practical it would be to comply.

Views on the Scottish Government decision-making processes

A number of contributions were submitted on how decisions were made. Some ideas explored these processes in principle. However general views on governance and government decision making were also evident in discussion on the wider attitudes outlined above, and sentiment about decision making could be similar to the attitudes on the decision itself.

There was discussion around the **science, data and evidence informing decision making**, and calls for a wider evidence base to be sought and utilised,

particularly on the range of impacts associated with introducing restrictions, and utilising testing data to a greater degree. There was a range of views on where scientific opinion lay, with respondents citing it both in opposition to the lockdowns, and in calling for stronger restrictions.

Contributions were also received on **how decisions were being communicated** to the wider public with some respondents wanting to see **greater transparency** about the evidence informing decision making. There was a suggestion that public support and compliance, though initially at higher levels, was decreasing because some believed the risk of the virus to many in the population is relatively low.

‘Although the initial unprecedented public health response to this crisis had been generally understood and supported, the subsequent measures lacked coherence and scientific justification. There is a clear decreasing support for continued restrictive measures when for vast majority of the public the risk of serious illness or death of this virus is low.’

There was positive commentary on the First Minister’s daily briefings – seeing it as a key source of information which was well communicated. However views included wanting the briefing to be at another time outside the working day to allow for greater convenience for the television audience, but also that the briefings should be scaled back due to perceived repetition.

There were concerns about how potential future measures were discussed. ‘Threats’ of further restrictions in the media and in government briefings, without full details and/or rationale behind them were said to cause anxiety, frustration and confusion and contributors suggested that this had the potential to erode trust in government and individual compliance.

‘Waking up to see articles that seem to know everything [on] ‘circuit breaker introduced from 7pm Friday’ is not only confusing but causing people extreme anxiety. I don't think anything above will be taken into consideration[;] the decisions have clearly already been made.’

Others found the government messaging confusing, with a perception of uncertainty about what the ‘end goal’ is (‘flattening the curve’ or ‘eradicating the virus’) and the principles underpinning them. They wanted to see clearer explanation in order for the public to better evaluate measures taken and whether they are justifiable.

Some contributions suggested that there was a need for **greater parliamentary debate, scrutiny and approval** of further measures, and greater citizen participation⁶.

⁶ This was not exclusive to the Scottish Government. There was one [thread](#) on perceptions that local councils were introducing active travel measures in response to the pandemic, but for other wider reasons.

'The government is making a decision that preventing deaths from Covid is the most important thing for the population and dominates every other disease and quality of life issue. This assumption needs to be tested with the population and deserves rigorous debate in the Scottish Parliament.'

Views on the Dialogue platform itself were relevant here. Some contributors deemed it 'tokenistic' and/or were sceptical that it would be useful or used to influence government policy. However, the Scottish Government promotion of the platform was retweeted by many users who stated the importance of participating, and there were requests that the site remain open longer for more contributions. There was also a call for a wider variety of feedback routes to be available for citizens to voice their opinions on the Scottish Government response.

In terms of comparison with the approach of other countries, there was limited discussion, with contrasts being made with other governments often associated with the respondent's preference (for example, Sweden or New Zealand as exemplars of different approaches). Commentary pointed out that lessons should be learned from outside the UK as well as through comparison within the UK.

4) Individual behaviour

Commentary covered a range of actions taken by individuals to control the spread of the virus and keep others safe. These included actions to maintain physical distancing, wearing face coverings, limiting travel, adhering to quarantine guidance and choosing to go out at less busy times.

However, there was considerable discussion on how to encourage those actions to be taken by individuals, what level of enforcement there should be and the circumstances under which compliance would be more likely.

Key themes discussed included:

- Hygiene
- Physical distancing
- Changing behaviour
- Safe travel

Hygiene⁷

Some respondents reported that they took measures to **maintain good hand hygiene** or reduce risk by ensuring school clothes were changed daily.

Face covering was a recurring theme across a large number of ideas. Respondents had **concerns about enforcement**, and were concerned about safety in situations where individuals did not wear masks, particularly in crowded or enclosed spaces. Some contributors wanted stronger mandates for face coverings in public places, including outdoors, schools and in the workplace as seen in other countries such as Japan.

Contributors expressed their concerns with the lack of face coverings and masks they had observed while using public transport. These concerns had made some fear using public transport. Additionally, some contributors advocated for greater powers to be given to bus/train drivers and staff to enforce the use of face masks. This was among one of the more commented-on ideas.

'I too can become very frustrated when people do not wear masks on buses, or just over their mouth or (my particular "favourite") on their chin. But some people are genuinely exempt, and if people are wilfully disregarding the rules, I am not sure how bus drivers can keep safe themselves and enforce this. And I am not sure it is fair on drivers either.'

⁷ The most commented-on idea concerning hygiene was ['Family meetings indoors'](#) which had 24 comments and 48 ratings. The Scottish Government seeded idea ['Individual and household action'](#) attracted 20 comments and 9 ratings.

Contributors recognised that some people are exempt from wearing face coverings and masks. Ideas were given about how to justify exemptions, including cards/certificates or lanyards that can be presented to show they are unable to wear a mask. This attracted a high level of engagement. However, concerns were expressed over this being discriminatory towards those with disabilities. Additionally there was some concern that drivers could not be expected to enforce this. One contributor suggested looking at how countries with a higher rate of compliance had managed to enforce the use of masks on public transport.

Still others were concerned about the lack of people following good practice in how to wear face coverings and the circumstances in which this should happen (on buses, entering or leaving buildings etc.). Education of the public was considered to be necessary to remedy this. However others believed that it was simply not being enforced to the same extent as in other countries with the force of law and escalating fines.

‘The main reason why the UK is back to being one of Europe’s most affected countries is because what here is [treated as] “advice”, in other countries is law and it is enforced by the police. If face masks are compulsory in shops and on buses, those who don’t wear it should be fined for the first time (min. £250), the fine should be triple for the second time, and after the second time you should go to court, and jail. Do you have a medical condition? It should be proven by a specialist doctor, after detailed analysis.’

A number of contributors proposed the introduction of an app where people could report non-compliance. Some criticised the idea, saying that this would encourage spying between members of the public while others saw this as an act of social solidarity with those suffering because of the restrictions they comply with. It was also argued that it would enable the police and others to be smarter in their enforcement by being able to identify particular ‘hotspots’ and patterns for deploying resources.

Physical distancing⁸

Respondents said they undertook a range of actions to comply with physical distancing guidelines and advice:

- Not meeting up with others indoors
- Keeping to a household bubble
- Working from home
- Applying ‘common sense’
- Avoiding public transport
- Avoiding shops - relying on ‘click & collect’ and home delivery more

⁸ The most commented-on idea concerning physical distancing was [‘The Great Barrington Declaration’](#) which had three comments and six ratings.

- Voluntary shielding

A small number of respondents expressed a **belief that there was inconsistency in relation to the restrictions in place**, for example, controls on indoor meetings, compared to numbers allowed in licensed premises. Others felt that some of the restrictions, such as social distancing between friends, were unrealistic or impractical, even where they were being otherwise cautious across their day to day lives.

Contributors highlighted a number of aspects in the restrictions where changes would help them to comply. These included more information sharing about local virus data and allowing people to form larger social bubbles. Conversely, some argued for simpler sets of rules, reinforced by government communications, that would ensure greater clarity on what was required.

Changing behaviour⁹

Respondents differed on how to secure compliance with the measures that were announced. **Frustration with the perceived lack of adherence to the rules** was commonplace in contributions, some of which asked for greater enforcement, including the employment of ‘marshals’ who could be furloughed or unemployed workers. However, this idea attracted limited support. Enforcement by the police was often called for, but seen by others to be difficult because of the scale of the task, e.g. house parties, or not visible enough, e.g. on trains.

Compliance could also be secured by restricting the amount of alcohol sold by off-licenses or supermarkets, which was perceived to cause gathering of groups less likely to keep their distance. Others believed that incentives were helpful in ensuring people did the right thing.

‘It’s (...) for other smarter people to figure out ways to; a) correctly track those who are engaging in good behaviours for Covid-19 b) provide incentives to continue those good behaviours. basic psych, carrot is better than stick (...).’

Others were concerned that the circumstances, in which good social distancing or hygiene was possible, were difficult. This was rooted in a range of concerns – overcrowding on public transport, in public spaces, crowding after the 10pm curfew or school/work rush hours, and a lack of good examples being given to follow.

Safe travel¹⁰

Contributions covered public transport, with some advocating for limited seating, and others proposing there should be greater encouragement to use buses and trains for wider reasons generally. Specific concerns were raised about the number

⁹ The most-commented idea concerning changing behaviour was a Scottish Government pre-seeded idea on [‘New day-to-day habits’](#) which had 13 comments and two ratings.

¹⁰ The most commented-on idea concerning travel was [‘Not another national lockdown’](#) which had 20 comments and 64 ratings.

of school students that use public transport at peak times. Some called for separate services to be operated by schools in order to limit passenger numbers.

'Running secondary school buses at maximum capacity is not social distancing. Especially when a high percentage of pupils now refuse to wear a mask. There is no enforcement and they are not refused transport as education is considered more important. I think extra school buses are needed on these busy contracts to allow for social distancing. Some of these 12 [metre] single deck coaches carry 70 pupils. Too many in my opinion.'¹¹

¹¹ [Further guidance](#) has subsequently been issued on safety in public transport.

5) Protection and Support

Much of the discussion revolved around questions concerning who the restrictions should apply to, and who should be categorised as ‘at risk’. Views on ‘community spirit’ were divided with some seeing a positive impact on a feeling of togetherness in local areas and neighbourhoods, while others felt judged on their actions. There was widespread concern about NHS access and resilience in terms of non-COVID related conditions, and many contributors wanted to see dental practices opening up in particular. Mental health was one of the most central themes across the exercise and it was discussed across the different topics – but especially in relation to social restrictions.

Key themes of discussion included:

- Protection
- Health sector response
- Mental health, loneliness and isolation
- Community Support

Protection¹²

A number of contributions covered the sort of protection and support that would be available for those that would have to self-isolate or be less able to participate in society.

In terms of economic harms, contributors discussed having lost their livelihoods or their fear of this happening. There was a suggestion to introduce a universal basic income due to the concern that poverty – current or impending – has meant some people are unable to isolate when needed. Some highlighted that the restrictions, as they were at the time, meant that you could only see friends and family indoors if you were able to pay to socialise in places such as hospitality settings.

Health sector response¹³

More generally, with more information becoming available on the backlog within the NHS of scans, operations, cancer treatment etc, many respondents highlighted the need to keep all areas of the NHS mobilised, including dentists, opticians, physiotherapists and GP surgeries, as well as acute care, surgery and medical treatments in hospital settings.

‘Many conditions including cancer, eye disease, mental health, arthritic hips, and dental decay are not being managed properly. The numbers of people affected,

¹² The most commented-on idea concerning protection was [‘End lockdown, shield the vulnerable and open society back up’](#) which had 18 comments and 36 ratings.

¹³ The most commented-on idea concerning health sector response was [‘Open all dentists not just private’](#) which had 10 comments and 42 ratings.

QALYs^[14] and impact on economy far outweigh the COVID numbers. We must rebalance or we lose the progress made over previous decades. Invest more money in the system, retrain our people to help.’

There were calls for GP surgeries to open up for more in-person consultations. The lack of access to dental care in particular was mentioned across a number of contributions. One contributor suggested recruiting younger or ‘low-risk’ volunteers to support local NHS services over the winter.

It was argued that the restrictions on hospital visits can have serious mental health impacts for pregnant women or new mothers. In particular, restrictions on having partners attend scans or neonatal appointments, limiting the time a birth partner can spend with the mother during labour, and not allowing the father, partner or a named person visit after the birth were mentioned.

Care homes continued to be a key topic of discussion, and some contributors highlighted the severe impact of preventing people from visiting loved ones. It was argued that not being able to visit those in care homes was accelerating the deterioration of other health conditions, particularly dementia, and leaving many care home residents extremely confused and distressed. It was also stated that within care homes themselves, residents are required to socially distance from each other, thus further limiting social and physical contact other than with members of staff. A range of suggestions were made for allowing more contact between residents and their families, including testing of visitors, and more facilitated outdoor visits. It was pointed out that many of these concerns also extend to older patients in hospitals.

While many called for a COVID-19 vaccine to be rolled out as soon as possible, there was also concern regarding the safety and reliability of such a vaccine and that it should undergo rigorous verification prior to being deployed.

Mental health, loneliness and isolation¹⁵

Mental health was one of the most discussed issues on the platform, and it cut across different themes and topics. It was noted that ‘mental health is frail country-wide at the moment’. However it was mainly discussed in relation to social restrictions and the lack of social contact. There were many contributions asking to continue to allow extended households and social interaction, and this was especially seen as key in the effort to support those seen as being ‘the most vulnerable’. The relationship between grandparents and grandchildren was raised in relation to mental health concerns. There were calls to allow grandparents to see grandchildren regardless of whether they are eligible to form a social bubble.

‘My mental health as a grandparent suffered when I couldn’t see my grandchildren during lockdown. I missed their birthdays and they have missed 3

¹⁴ Quality-adjusted Life Years: a measure of the impact of health interventions.

¹⁵ The most commented-on idea concerning mental health, loneliness and isolation was [‘Allow small gatherings in private homes’](#) which had 28 comments and 86 ratings.

planned holiday times with me already this year due to the various restrictions. I offer family support, informal childcare during key holiday periods and they keep me young and energised. I do not go to pubs, clubs or restaurants, it's just not my thing!

Many contributors, especially those who were single and/or living by themselves, expressed that they felt isolated and lonely. The following quote came from someone who had migrated to Scotland, and therefore highlights some of the particular difficulties and 'double isolation' faced by those whose families live in a different country:

'My friends are my family in the UK and at the moment I can only see one friend in doors as she lives on her own. I also been working from home and my current team has not put any effort into online socialising as they have extra caring responsibilities (I understand them) but I never before felt so isolated and cut off from the world.'

Community support¹⁶

Some contributors felt that the virus had brought to the fore community strength and resilience, and brought communities together. The importance of community involvement and inclusion were highlighted as a key health determinant and contributors argued that community initiatives that had started during the pandemic should be supported and maintained in the long term. It was also suggested that communities should be given more decision-making power in their local areas.

'The power of communities to affect not only health and wellbeing but also prevent use of formal services make them cost effective, preventative and allow for targeted and not generic resource use from the public sector. This is a rare opportunity to regain some of the traditional family and community strengths of the past.'

Others highlighted negative impacts in their community, including feeling unfairly vilified for apparent infringements, and the frustration at the lack of compliance in others, seen in a variety of threads. Secondly, people missed the community services which keep people connected and supported (including within the school setting).

'I don't particularly feel that there is a community when all the extra-curricular activities have so many restrictions a lot of them can't even go ahead (eg toddler groups, out of school activities). It's hard to feel like you're part of the school community when you're not allowed in for parents evening. You feel like you're doing the wrong thing taking children to the shops because there's so many

¹⁶ The most commented-on idea concerning support was ['Your community – the ways we support each other'](#) which was pre-seeded by the Scottish Government and had six comments and one rating.

rules. There's nowhere to go. It's very isolating at the moment if you have young kids, and there's no opportunity to make new friends.'

6) Testing and Use of Information

A number of contributions on this theme indicated confidence in the value of testing, as a key determinant for greater safety and a return to previous conditions. However, much discussion cited lack of access or availability of testing, with suggestions for improvement. The efficacy of tests was also questioned, and issues with the Protect Scotland mobile app were flagged. There were calls to improve the reporting on local statistics, and share greater granularity of the data.

Key themes discussed included:

- Testing, tracking and self-isolation
- Use of information

Testing, tracking and self-isolation¹⁷

A number of contributions included **concerns about availability of tests** in rural areas, and examples of respondents being directed to testing stations outside Scotland, and students' lack of access to tests. In some cases the booking system was seen as not being able to handle the volume of applications and access to home-test kits was also perceived to be limited.

Suggestions to improve access included involving community nurses and furloughed workers with administering testing, and for Scotland to develop its own testing system.

Some contributors raised issues regarding the **waiting times for results**, especially given the requirement to self-isolate while waiting and uncertainty around whether self-isolation would have to continue following the result, which was perceived to be a cause of stress and inconvenience.

A range of contributors highlighted the **importance of testing to support appropriate public health responses** and give a quick outcome to those uncertain about their symptoms. In addition to comments about the efficiency of the testing system, there were respondents who showed support for the concept of test and trace specifically. At the same time, a number of contributors were concerned about the **efficacy of tests**. 'False positives' were seen as leading to unnecessary self-isolation. However there was also some perception that a negative test might not be a guarantee of a lack of infection. Some respondents argued that false positives would give an inaccurate basis for informing decisions about how to manage the pandemic, or judge individual risk.

Others were keen to see **'rapid testing' introduced as a way of ensuring that people could have the assurance that they were not infectious**. Rapid testing could then be employed at events, for school teachers, at care homes and prior to

¹⁷ The most commented-on idea concerning testing, tracking and isolation was the Scottish Government's pre-seeded idea ['Test and Protect'](#) which had 12 comments and five ratings.

air travel. There were calls to have testing available at airports upon arrival. However, other contributors cautioned that this was not necessarily a guarantee they were free of infection, merely that it was not detectable at the time.

There were calls for antibody testing to be made available for key workers and to those shielding.

‘Shielders, NHS and care workers should have antibody tests to see if we've already had Covid-19 without any drastic symptoms or consequences. After an antibody test, everyone could make their own decisions about the risks they take in everyday life.’

One contributor argued that being unable to run the Test and Protect app alongside equivalents in other parts of the UK would cause problems for those living and working across the border¹⁸. It was suggested retail staff should be able to carry their mobile phones with them on the shop floor during shifts to enable them to know if they have been exposed to the virus.

There were respondents who argued for **more contact tracers** to be hired to improve the effectiveness of Test and Protect, especially in terms of ensuring those who came into contact with someone who had tested positive be informed promptly. Some respondents reported that there had been instances when close contacts reported after a positive test had not been followed up, or else a positive code had not been provided to input into the Test and Protect app.

It was suggested that there should be **more encouragement and incentives for using the Test and Protect system**. A number of respondents suggested providing ‘key support workers’ for those being asked to self-isolate (see below), while a number of comments across a range of ideas supported financial incentives to maintain isolation. Some saw the threat of a fine for not self-isolating acting as a disincentive to get tested if you have mild symptoms. Others were concerned that employees should be provided with official confirmation that staff should self-isolate in order to protect them from being ‘penalised’.

‘(...) Provide a "key support worker" for those being asked to self isolate. To provide practical advice and moral support to help people do the right thing. A key support worker could check in with the household perhaps twice a day, to check they had food, supplies, be an advocate for them liaising with employers, accessing services and benefits etc. the 3rd sector could be asked to help provide this for households self isolating (...).’

¹⁸ The app is designed to interact with equivalent apps elsewhere in the UK: <https://protect.scot/faq>.

Use of information¹⁹

There were various calls to **improve the reporting of local statistics** in order to ensure people were informed about areas with higher risk of transmission. Some called for the government to report cases based on asymptomatic individuals. There were also calls for greater granularity of the data, for example, information on how many of the people who died of COVID-19 had pre-existing or underlying health conditions. There was an idea to improve the test and trace system by collecting and storing personal data centrally rather than relying on businesses (e.g. in hospitality) having to collect and store such data individually.

'Instead of relying on each individual business to collect and save their own contact tracing info have every business save the information daily on a unified system. Therefore, when an outbreak occurs it will be much easier for contact tracers to collect the information and it may be less likely for businesses to fail to collect the information. The government can supply a QR code/test message system that allows people to access this system which is connected to the restaurant.'

¹⁹ The most commented-on idea on the use of information was ['Building trust with how we use your information'](#) which was a Scottish Government pre-seeded idea and received two comments and three ratings.

7) Workplace

Contributors raised concerns around safety in the office, and the positive environmental impacts of not commuting when working from home were noted. On the other hand there were calls to return to the office due to the negative effects on mental health and lack of social interaction. Blended working models were suggested as an option. Contributors called for the continuation of the furlough scheme, and concern was expressed for specific sectors such as the aviation industry. Some contributors suggested the creation of new roles such as 'COVID marshals' for those newly unemployed.

Key themes discussed included:

- Arrangements for working at home or the workplace
- Business concerns and unemployment

Arrangements for working at home or the workplace²⁰

Commentary on work largely focussed on **attitudes to working from home**. A number of respondents who wanted this to continue, including arguing for a 'right' to be able to do so. Their reasons included convenience (with the perception that location had been shown to have no impact on productivity), more family time and safety while the virus is still circulating. Concerns were expressed that some employers were 'encouraging' people back to the office, despite there being little evidence this would improve productivity.

'More defined guidelines and enforcement is needed. Current policies are too open to interpretation, leading to many employers to pick and choose how they [interpret] things to suit their preference.'

Some respondents were of the view that a greater incidence of working from home would lead to a reduction in environmental impacts, through reduced emissions, and help those based in rural communities, as location would be neutral. Some respondents said they could now move out of the city where they had worked prior to the pandemic and access more affordable housing.

Others were concerned about the safety aspects of working in the office, calling for face coverings to be mandatory. However others argued that it would be detrimental to mental health not to see other faces, and for communication reasons.

'As a deaf person I pray you either do not introduce face masks in all workplaces or make working from home a permanent right for disabled people so that I am not stressed every day by working in an environment (non-essential business so

²⁰ The most commented-on idea concerning arrangements for working at home or the office was a pre-seeded idea by the Scottish Government – ['New working norms'](#) – which had 13 comments and seven ratings.

not NHS) where every colleague is wearing one and I cannot understand what is being said.'

Some respondents were of the view that not enough employers took the actions necessary to comply with safety guidelines and that greater enforcement was required.

However, there were arguments against working from home and some **calls for a return to the workplace**. Reasons given included a need for social interaction and that increased working from home is isolating and negatively impacts mental health and the economy. Some respondents stated that their employer had been able to operate effectively and safely throughout the pandemic, and that generally people should be left to decide the risk of working in an office.

Some suggested that the workplace is important for creating a supportive working culture and that the face to face interaction helps build support networks and fosters positive relationships.

'Much like going to a cafe and having a chat with a friend may be a release in isolation for some people, a work environment where you can freely communicate with one another can be for others. If employees are uncomfortable working from an office, of course that's a consideration, and employers should rethink - but in actuality there are lots that want to get in and more involved. [Video conferencing] and other online communication tools do not adequately replace human connection.'

Some contributors suggested a mixed/blended weekly model of working from home and in the workplace:

'A working pattern of 3 days wfh/2 days in office or something similar would still reduce dependence on public transport but allow city centre economies to recover and enable staff to interact face to face and rebuild the social support networks within the office.'

Business concerns and unemployment²¹

There were responses which advocated for the **continuation of the furlough scheme in the coming months**. This was particularly the case for those that were previously in the "shielding" category who felt vulnerable as the virus was circulating at greater levels. It was also stated that a more targeted approach to lockdown would allow for resources to be better concentrated on those that did need to isolate, rather than large parts of the economy.

'I have to go back to work at the start of November as furlough has ended. I have cystic fibrosis and have had a heart and lung transplant so am very high risk. I have two part time customer facing jobs. I was told 6 months ago to basically lock myself in the house and now, with cases just as high, I'm expected to go

²¹ The most commented-on idea concerning business concerns and unemployment was ['Circuit breaker- then what?'](#) which had nine comments and 30 ratings.

back to work. I think an extended furlough scheme should be organised for shielding people as we are still at very high risk.'

Some respondents stated that the furlough and self-employment support packages were not adequate, due to exclusions or reductions in income, and that improving this would be key to ensuring compliance with restrictions.

'The replacement financial support package is not good enough. It will not stop redundancies and in some sectors they have not even opened to generate income. We cannot be expected to follow restrictions when people's financial impacts are not being considered. The general public cannot control this therefore why should they be disadvantaged financially? The government need to support so no one loses out.'

As already alluded to in Chapter 4 in relation to changing behaviour, **alternative employment** was also called for, with suggestions that those newly unemployed could join a community testing service, or work as 'COVID marshals'. A number of respondents expressed concern about the impact on younger people and some argued that a change to the retirement age would benefit this younger cohort, by releasing job capacity. Others argued that while much attention is given to the young workforce, older workers might need to be reskilled, as they already encounter difficulties in re-entering the labour market due to ill health or discrimination but might be ineligible for existing benefits due to household wealth.

'(...) While the very young do need help so do other age groups affected by redundancy and unemployment. The over 50s group has the double issue of unemployment and blatant age discrimination for example. (...)'

A number of calls were submitted for a universal basic Income which could ensure 'survivability', although this was also combined with arguments for its long term impact on inclusion and poverty reduction.

There were **concerns about the impact on specific sectors**, such as aviation, but also the longer term unemployment that may follow. The impact on the economy and employment, and hence mental health and financial inclusion was a recurring theme across many ideas, not just those specifically dedicated to the workplace.

8) Learning settings

A large number of contributors noted the importance of keeping schools open, though some highlighted the risk of virus transmission in schools and some wanted the right to continue to opt for blended learning or home schooling. A key topic of discussion was the safety of both staff and pupils in schools, and the different safety procedures that should or could be followed. Blended learning and distance learning divided opinion with some contributors arguing for blended learning to ensure schools could stay open, while others highlighted the difficulties and pressures around home schooling. While some wanted to see a complete move to online teaching in further and higher education, others emphasised the importance of in-person experiences to university and college students.

Key themes discussed²² included:

- Keeping schools and early learning open
- Contracting the virus and mitigating actions
- Blended learning and distance-learning
- Assessments
- Further and higher education

Keeping schools and early learning open

There appeared to be high levels of agreement regarding keeping schools open among the contributions which addressed this theme. Comments highlighted the perceived **positive psycho-social and educational impacts for children**, including improved mental health, learning and, in the longer term, future opportunities. Calls for schools not to be shut again cited concerns about compounding the negative psychological (loneliness, poor mental health), social (especially for children with complex home lives) and educational (both short and long term) impacts that were seen as a result of the lockdown. A number of contributions also pointed out that keeping schools open is vital for enabling members of the family to go to work.

‘The re-opening of schools and childcare settings made a huge impact on children who were suffering from the lack of structure that school and education brings, along with the physical and social impact of running around, playing and mixing with their peers. (...) Schools must remain a priority in terms of staying open.’

There were, however, some calls to close schools due to **the perceived impact on virus transmission**.

²² The most commented-on idea covering education, across all levels and themes, was [‘New learning norms’](#) which was pre-seeded by the Scottish Government. It had 69 comments and 24 ratings.

'Close the school, gyms, pubs because we are seeing so much crowd near these places.. Also start the school online via [video conferencing] so that children can get the education and we can decrease the virus spread.'

There were calls for **baby and toddler groups to be kept open**, and their importance to single parents in particular was highlighted. There was concern regarding the lack of opportunities for toddlers to socialise and build their social skills.

'Everyone needs a piece of normality so please consider everyone. Under 3s as they don't have any other socialization opportunities as not all will attend nursery unless paid for privately by hardworking parents. the next 6 months are going to be hard on young toddlers as many will struggle with outdoor activities and parents may also have other children too. so let them have things like music groups, pre school gymnastics, swimming.'

There were multiple calls for soft play centres to re-open, and contributors emphasised the importance of these during winter months as rainy days will prohibit going to outdoor play parks. The health benefits of soft play centres in terms of exercise were also noted. Some contributors argued that they did not understand why pubs were allowed to stay open when soft play centres were not – this was seen as an example of prioritising adults' spaces for socialisation over those of other, younger age groups. Furthermore some respondents saw a inconsistency between schools and formal childcare being open, but various community activities such as toddler groups still being closed. Contributors also compared the situation in Scotland to other parts of the UK where soft play centres have been allowed to re-open.

Contracting the virus and mitigating actions

There was debate about the **level of risk of contracting and spreading COVID-19 for school-aged children** and particularly for the younger age groups. While some respondents were thought that the risks were low, others were more concerned.

'Scottish Government should implement the blended learning contingency plan for over the winter months, to allow for proper distancing within classrooms (for primary and secondary schools). Yes, it makes life harder and isn't ideal for parents or children (I am a single parent family working full time so fully understand this) but I firmly believe that schools have contributed to the spread of the virus. Thankfully young people and primary age children are unlikely to become seriously ill if they do contract the virus, but that doesn't mean that they don't carry it home to their families.'

Further, a number of contributions expressed the view that very little has been done to prevent spread of COVID-19 in schools, and that the risk associated with schools is not adequately appreciated. Contributors drew on examples such as face coverings and ventilation in schools. Several commenters voiced concerns about the safety of pupils and staff in schools and questioned the adequacy of current

physical distancing and hygiene measures in place in schools. Some also called for more extensive testing among pupils, and it was suggested that there should be staggered pick up times and parents should wear masks when collecting children from school.

Some called for **parents to have a right to choose** if they want to send their children to school.

‘A lot of countries are giving to the parents the right to choose whether they want to risk their kids and family sending the kids back to school (as kids of any age can get COVID19 and spread it to others, and, even though the chance that a kid could die of [COVID-19] is low, a kid can die of it) or having online learning provided by the school/council. I think it’s my right to choose if I want to keep my kid learning from home (to protect her, my new-born and my family) or sending her to school. (...).’

Additionally, there were concerns about the knock-on effects of schools for the wider community, for example in terms of large numbers of pupils using public transport at busy times and not social distancing, as well as in terms of older pupils not wearing face coverings.

Blended learning and distance-learning

Among the contributions which addressed this theme, opinion showed views for and against blended learning, and its effectiveness was a source of debate in the comments. Those contributions in favour of blended learning saw it as a method to ensure pupils had access to in-person learning at least part-time, and as a tool to limit the number of students attending face to face teaching and therefore increasing the safety of teaching staff and pupils.

‘Blended learning is the best compromise between having a "normal" education and protecting the lives and health of parents and teachers. This was the original plan and was very sensible and cautious. It would have allowed children to return to the classroom in smaller groups while still allowing them to engage at home using technology. It might not have be 100% ideal but would be a lot safer. Supposedly we didn't need to go to blended learning because prevalence of the virus in Scotland was so low.’

Opponents disputed the effectiveness of blended learning over time, and cited pressures on parents across the different age groups but particularly as regards early years and primary pupils. Concerns were raised about the attainment gap increasing between students who have access to support at home and those who do not, and perceived differences in the provision of support between state and independent schools were highlighted. It was argued that not enough support was made available to parents to support blended learning.

‘From my experience of blended learning during lockdown it is not effective for long periods of time; my children started off motivated and enthusiastic, but after about 6 weeks any effective learning tailed off. It also impacted on our

parent/child relationship as it became a stressful experience all round. Learning at school should be the normal situation for primary and secondary pupils with blended learning used as a precision tool to support learning during self-isolation or school specific situations for as short a time as necessary.'

Some contributors voiced concerns about inequality of access to technology and the need to ensure this is provided for. A number of contributors arguing against blended learning were basing their arguments on the belief that children are at very low risk of contracting and spreading COVID-19.

Assessments

There was some discussion around assessments with a number of contributions **calling for scrapping formal examinations** and using continuous assessment methods instead.

'Scrap exams and prelims this year, with a focus on continual assessment. The pressure of having to study for exams is too much for our young people alongside the uncertainty of COVID-19 and the ever changing restrictions. The young people have missed 6 months of social interaction. Trying to deal with the lockdown and being back at school straight into exam mode is causing extreme anxiety and stress.'

Further and higher education

With regard to further and higher education settings, there were calls for **tighter teaching restrictions on campuses**, and the increase in infections was seen to be connected to university and college teaching having started. Some contributors wanted to see a wholesale move to online teaching.

'Stop Universities to be allowed teaching face to face NOW. Exposing staff to teach in enclosed rooms with over 100 students in one week is playing a gamble with people's lives. Stop it! It is not a necessity for learning and the measure are increasing workload to unsustainable levels. Be sensible!'

However, others pointed out the **importance of other aspects of the experience of going to college or university** such as socialising with peers and learning in groups.

The issue of students not having access to benefits, such as Universal Credit, was flagged, and there were calls to provide income support for students who had lost their jobs and are struggling to support themselves financially. In terms of student accommodation, the infection clusters related to student halls were noted, and some contributors argued that only those who couldn't return to their homes (i.e. foreign students in particular) should be allowed to stay in student halls. Relatedly, there were calls for allowing students to return home.

'[The] pandemic is only making [mental health of students] worse. Please allow students home to see their parents. As a student myself it's very frustrating as I

have been sticking to all the rules but I'm not able to see my family at a time when my mental health is suffering from so many angles.'

ANNEX A: Most engaged-with ideas

Table A.1 – Top 20 ideas by number of comments

Rank	Title	Number of comments ²³	Number of ratings	Average rating ²⁴
1	Getting the balance right	100	63	4.52
2	New learning norms	69	24	3.04
3	No circuit breaker over October holidays	61	136	4.46
4	Weddings	47	83	4.77
5	Tackling the virus: Other concerns and suggestions	33	1	4.00
6	Open soft play centres	29	63	4.46
7	Allow small gatherings in private homes	28	86	4.60
8	Covid enforcers	28	62	1.84
9	Family meetings indoors	24	48	4.23
10	Wearing of face coverings & prescription Lanyards and policing.	23	38	3.45
11	Not another national lockdown	20	64	4.44
12	Individual and household action	20	9	3.67
13	Toddlers	18	45	4.76
14	End lockdown. Shield the vulnerable and open society back up.	18	36	4.42
15	Proof of exemption	18	34	3.00
16	Restrictions in school	18	32	2.41
17	Just let's get on with it like Sweden and Florida	17	85	3.92
18	Weddings based on venue capacity	17	62	4.85
19	Exempt children under 12 from wearing masks	17	38	4.21
20	An idea from 3 professors	16	64	4.25

²³ Number of comments published on the website.

²⁴ Number may differ from the website due to rounding.

Table A.2 – Top 20 Ideas by number of ratings

Rank	Title	Number of comments ²⁵	Number of ratings	Average rating ²⁶
1	No circuit breaker over October holidays	61	136	4.46
2	Allow small gatherings in private homes	28	86	4.60
3	Just let's get on with it like Sweden and Florida	17	85	3.92
4	Weddings	47	83	4.77
5	Not another national lockdown	20	64	4.44
6	An idea from 3 professors	16	64	4.25
7	Treat people like adults and trust them to make their own risk based decisions.	14	64	4.09
8	Getting the balance right	100	63	4.52
9	Open soft play centres	29	63	4.46
10	Covid enforcers	28	62	1.84
11	Weddings based on venue capacity	17	62	4.85
12	Life is for living	11	61	4.54
13	Urgent need to rethink the strategy on how we deal with Covid	11	53	4.51
14	Allow music in venues	6	50	4.56
15	Family meetings indoors	24	48	4.23
16	Right to choose	9	45	3.22
17	Time to ease restrictions	7	45	4.22
18	Toddlers	18	45	4.76
19	Open all dentists not just private	10	42	4.81
20	Freedom!	8	41	4.08

²⁵ Number of comments published on the website.

²⁶ Number may differ from the website due to rounding.

Table A.3 Top 20 ideas by unique page views

Rank	Title	Unique Page views	Total page views
1	Getting the balance right	2609	3110
2	No circuit breaker over October holidays	1966	2359
3	Weddings	1530	2069
4	New learning norms	880	1147
5	Just let's get on with it like Sweden and Florida	797	891
6	Family meetings indoors	527	624
7	Open soft play centres	518	660
8	An idea from 3 professors	513	612
9	Individual and household action	466	545
10	Allow small gatherings in private homes	465	603
11	Tackling the virus: Other concerns and suggestions	420	524
12	Covid enforcers	386	454
13	Toddlers	332	406
14	Not another national lockdown	319	355
15	Wearing of face coverings & prescription Lanyards and policing.	319	396
16	Allow music in venues	318	392
17	New Day to Day Habits	316	369
18	Weddings based on venue capacity	307	481
19	Household Bubbles	289	321
20	Let the Public know the Origins of new daily infections	281	331

ANNEX B: Platform engagement – quantitative overview

The following annex provides a quantitative summary of user engagement on the Dialogue platform between 5 and 11 October 2020.

Headline figures

588 ideas were submitted to the platform. Twenty-four ideas were rejected due to being in breach of the moderation policy and 564 ideas were published on the site. In total, 1,580 comments were posted on ideas that were not in breach of the moderation policy and which themselves passed the moderation process. A total of 1,242 users registered on the platform, of whom 449 submitted ideas. Members of the public also engaged with the Scottish Government by email and on social media and contributions received via these channels during the challenge were also included in the analysis but are not counted in the tables below.

Engagement by topic – topic tags, comments, and ratings

The following tables show the total number of comments and ratings for each ‘topic tag’. The first two tables (B.1 and B.2) show the top 20 tags by number of comments and ratings, respectively. The following tables (B.3 – B.8) show the total number of comments and ratings for each ‘topic tag’, ordered by chapter and sub-themes within the report. This is to provide a sense of the level of engagement around different topics across the report.

‘Topic tags’ were assigned by researchers and moderators to the idea threads (but not individual comments) created by contributors. These ‘topic tags’ were selected from the thematic coding framework which was developed prior to the launch of the public engagement initiative based on the thematic coding framework from the previous (May 2020) public engagement initiative and updated for the seeded themes. This thematic coding framework was further updated in the week the platform remained open (5 to 11 October 2020) with additional ‘topic tags’ added to capture issues and topics raised by the contributors on the platform that were not covered by any of the ‘topic tags’ in the framework. This thematic coding framework allowed researchers to structure an analysis of the responses.

These figures, detailing the number of comments and ratings by ‘tag,’ offer a high level outline of the scale of discussion and engagement for individual subjects. For example, they can be used to demonstrate that high numbers of respondents engaged – via either a written comment or rating (out of 5 stars) – with the subjects of ‘face coverings’ or ‘mental health’.

As ‘topic tags’ were used to code idea threads by theme only, the values in these tables cannot be used to gauge any sense of agreement or disagreement on a particular subject. The values in this table can be interpreted to gauge the scale of engagement alone.

When an ideas thread contained a number of different concepts, multiple ‘topic tags’ were applied by researchers to the same thread. As a result, the number of comments and ratings per ‘topic tag’ provided in this set of tables should not be added together to identify overall numbers of engagement by theme.

Table B.1 – Top 20 topics by number of comments

Rank	Topic tag	Number of comments	Number of ratings	Number of ideas
1	face coverings	219	679	65
2	mental health	182	841	73
3	sg approach	149	763	58
4	early years settings	145	216	9
5	secondary schools	141	263	26
6	primary schools	120	218	25
7	social restrictions	107	503	52
8	compliance	100	297	39
9	weddings	99	381	32
10	family	93	312	25
11	evidence base	87	252	31
12	further education	84	69	7
13	official communications	83	266	33
14	tourism	83	246	13
15	higher education	83	61	7
16	visiting households	80	312	33
17	test	79	363	57
18	health concerns	76	388	28
19	domestic holidays	73	198	6
20	staff in education	72	28	6

Table B.2 – Top 20 topics by number of ratings

Rank	Topic tag	Number of comments	Number of ratings	Number of ideas
1	mental health	182	841	73
2	sg approach	149	763	58
3	face coverings	219	679	65
4	social restrictions	107	503	52
5	health concerns	76	388	28
6	weddings	99	381	32
7	test	79	363	57
8	family	93	312	25
9	visiting households	80	312	33
10	hospitality	53	311	48
11	compliance	100	297	39
12	official communications	83	266	33
13	secondary schools	141	263	26
14	shielding	67	263	30
15	evidence base	87	252	31
16	tourism	83	246	13
17	nhs access	60	245	19
18	personal responsibility	39	244	15
19	economic recovery	43	232	29
20	freedom	41	223	12

Tables B.3 – B.8 – Commentary by chapter

Table B.3

Chapter 3: Scottish Government Approach				
Sub-theme	Topic tag	Total comments	Total ratings	Total ideas
Views on the strategy behind the Scottish Government approach	Freedom	41	223	12
	Fairness	2	12	4
	Personal responsibility	39	244	15
	Compliance	100	297	39
	Enforcement	61	210	26
Views on modifying the Scottish Government approach	Health concerns	76	388	28
	Economic recovery	43	232	29
	Business pressures	13	71	12
	Financial concerns	22	161	11
	Unemployment	13	66	9
	Funerals	2	5	1
	Hospitality	53	311	48
	Arts and Entertainment Industry	9	74	8
	Retail Sector	13	63	9
	Tourism	83	246	13
	Local lockdowns	26	121	19
	Social restrictions	107	503	52
	Loneliness	38	103	15
	Weddings	99	381	32
	Health concerns	76	388	28
	Mental health	182	841	73
	Circuit break	26	121	12
	Poverty	3	28	6
	NHS access	60	245	19
	Views on Scottish Government decision-making processes	UK Government	2	6
Transparency		32	100	15
Public trust		35	103	13
Devolved administrations		2	12	3
Evidence base		87	252	31
Expert advice		17	66	6
Official communications		83	266	33
Press coverage		5	8	1

Table B.4.

Chapter 4: Individual behaviour				
Sub-theme	Topic tag	Total comments	Total ratings	Total ideas
Hygiene	Cough etiquette	0	0	1
	Face coverings	219	679	65
	Hand hygiene	15	81	11
	Reporting symptoms			
Physical distancing	Avoiding crowds	0	12	4
	Physical distancing	16	103	20
	Social restrictions	107	503	52
Changing behaviour	Personal responsibility	39	244	15
	Enforcement	61	210	26
	Compliance	100	297	39
Safe travel	Air travel	22	75	11
	Domestic holidays	73	198	6
	Holidays abroad	8	26	4
	Movement restrictions	41	141	15
	Public transport	18	60	11
	Traffic	10	27	2
	Travel quarantine	30	123	11

Table B.5.

Chapter 5: Protection and Support				
Sub-theme	Topic tag	Total comments	Total ratings	Total ideas
Protection	Age	38	167	25
	Care homes	24	81	14
	Disability	5	19	4
	Equality	8	24	5
	Poverty	3	28	6
	Shielding	67	263	30
Health sector response	Covid-19 vaccine	23	144	12
	Flu vaccine	3	9	3
	Health concerns	76	388	28
	NHS access	60	245	19
	NHS resilience	6	46	8
	WHO	10	33	3
Mental health, loneliness and isolation	Loneliness	38	103	15
	Mental health	182	841	73
Community support	Community	3	13	3
	Leisure	65	160	6

Table B.6

Chapter 6: Testing and Use of Information				
Sub-theme	Topic tag	Total comments	Total ratings	Total ideas
Testing, tracking and self-isolation	Isolate	15	48	14
	Phone app	1	6	1
	Test	79	363	57
	Trace	12	79	17
Use of information	Big data	2	3	1
	Data legality	0	0	1
	Data privacy	2	4	2
	Data security	2	3	1
	Data technology	5	7	1
	Evidence base	87	252	31
	Harnessing data	2	20	7
	Public trust	35	103	13
Transparency	32	100	15	

Table B.7

Chapter 7: Workplace				
Sub-theme	Topic tag	Total comments	Total ratings	Total ideas
Arrangements for working at home or the workplace	Homeworking	8	37	6
	Health at work	4	13	3
	Workplace conditions	12	78	11
Business concerns and unemployment	Business pressures	13	71	12
	Financial concerns	22	161	11
	Furlough	16	78	5
	Recruitment	1	7	1
	Retirement	5	17	1
	Self-employed	1	30	2
	Unemployment	13	66	9

Table B.8

Chapter 8: Learning settings				
Sub-theme	Topic tag	Total comments	Total ratings	Total ideas
Keeping schools and early learning open	Early years settings	145	216	9
	Primary schools	120	218	25
	Secondary schools	141	263	26
	Staff in education	72	28	6
Contracting the virus and mitigating actions	Cough etiquette	0	0	1
	Face coverings	219	679	65
	Hand hygiene	15	81	11
	Physical distancing	16	103	20
Blended learning and distance-learning	Digital inclusion	1	10	4
	Homeschooling	16	43	9
Assessments	Assessments	4	12	4
Further and higher education	Further education	84	69	7
	Higher education	83	61	7

How to access background or source data

The data collected for this social research publication

- are available in more detail through Scottish Neighbourhood Statistics
- are available via an alternative route
- may be made available on request, subject to consideration of legal and ethical factors. Please contact Digital.Engagement@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



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