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COVID-19 – Framework for Decision Making

Equality and Fairer Scotland Impact Assessment: Evidence gathered for Scotland's Route Map through and out of the Crisis Phase 3 Measures

December 2020

1.   Introduction

The [Coronavirus (COVID-19): Framework for Decision-Making](#)[1] and Scotland's Route Map through and out of the crisis ('the Route Map'), along with the subsequent updates[2] made clear that COVID-19 is first and foremost a public health crisis and that the measures and policy responses to combat it have been necessary to save lives. The Route Map set out a range of measures, grouped into categories and divided into four key phases (preceded by the lockdown phase).

The phases, although they sought to restore as much normality as possible were gradual, incremental and accompanied by careful monitoring of the virus. [Supporting evidence](#)[3] was made available to show how Scotland was meeting the World Health Organisation's six criteria through this phased release.

While it was necessary to take extraordinary measures to protect public health through the Route Map, the proportionality of the measures taken and their differential impacts on the Scottish population, including equality groups, were an intrinsic part of the decision making during this emergency.

As we implemented the Route Map, the Scottish Government was mindful of its obligations under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as well as its human rights obligations under the European Convention on Human Rights[4] and related International Law. Section 149 of the Equality Act 2010 places a general duty (known as the Public Sector Equality Duty (PSED)) on public authorities to have due regard to: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations between persons who share protected characteristics[5] and those who do not. We are also required by the Fairer Scotland Duty (which forms part of the Equality Act 2010) to actively consider ('pay due regard' to) how to reduce inequalities of outcome caused by socio-economic disadvantage and to consider alternative options to maximise our impact. These duties ensure that we continue to consider the impact of COVID-19 on people with one or more of the protected characteristics and / or socio-economic disadvantage and ensure that impacts on human rights are necessary, proportionate and legal in line with our commitment to creating a modern, inclusive Scotland which protects, respects and realises equality and human rights.[6]

Individual policy areas have been reflecting on equality and inequality issues within their own areas and speaking to a range of stakeholders while developing policy and guidance. Equality and Fairer Scotland Impacts Assessments (EQFSIA) have been

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[1] https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/#frameworkfordecisionmaking
[2] https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/
[3] https://www.gov.scot/collections/coronavirus-covid-19-scotlands-route-map/
[4] https://www.echr.coe.int/Documents/Convention_ENG.pdf
[5] age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.
[6] An overarching assessment of the human rights impacts of COVID-19 and the policy response to it will be published in coming months.

produced alongside the legislation[7] and on Thursday, 2 July, the Scottish Government published a first overview batch of evidence on the Equality and Fairer Scotland Impact Assessment of the Phase 1 and 2 measures from the Route Map.[8] This document collates similar evidence for the measures that were taken during Phase 3 of the Route Map.

Where any negative impacts have been identified, we have sought to mitigate / eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. We have sought to do this through provisions contained in the Regulations, or by the range of support and guidance[9] available.

While it is the view of the Scottish Government that any remaining impacts are currently justified and a proportionate means of helping to achieve the legitimate aim of reducing the public health risks posed by coronavirus, the Scottish Government also recognises that these measures are only required to respond to the current set of circumstances, and are only necessary as long as the potential public health benefits can justify any negative impacts caused.

Throughout the phases measures and mitigations continued to be a balance between the public health risks of virus transmission and the other health, social and economic harms. During Phase 3 there was a welcome release of many measures including the return of educational establishments, but some measures which were originally set out as Phase 3 were not released due to updated clinical advice on risk. Additional temporary local and national measures were introduced in recognition of a rapidly increasing rate of transmission of COVID-19 on 9 October. These Regulations partially came into force at 6pm on Friday, 9 October and fully came into force on Saturday, 10 October. A separate Equality Impact Assessment was carried out for this.[10]

On 23 October, the Scottish Government published COVID-19: Scotland's Strategic Framework which set out a new approach to outbreak management based on five levels of protection.[11] This approach allows rapid but proportionate responses to be taken – locally or nationally – using a range of measures and options. The five protection levels in the Strategic Framework consist of four levels above the Route Map Phase 3 baseline (or 'Level 0'). They are designed to achieve progressively stronger effects in suppressing the virus allowing measures to be tailored according to virus levels in local areas.

This report provides an overview of the equality impacts of measures that were set out as Phase 3 of the Route Map and operationalised prior to the 10 October 2020. A separate Equality Impact Assessment has been undertaken in line with the

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[7] For example; https://www.gov.scot/publications/coronavirus-scotland-no-2-bill-fairer-scotland-duty-impact-assessment/
https://www.gov.scot/publications/coronavirus-scotland-no-2-bill-equality-impact-assessment/
[8] https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/pages/4/
[9] https://www.gov.scot/collections/coronavirus-covid-19-guidance/
[10] https://www.legislation.gov.uk/ssi/2020/318/pdfs/ssiegia_20200318_en.pdf
[11] https://www.gov.scot/publications/covid-19-scotlands-strategic-framework/pages/2/

legislation for the Strategic Framework but this document will be useful in understanding the background thinking to measures, guidance and mitigation taken into the Strategic Framework. New evidence is continually being produced and this evidence, alongside the views of partners in the public, private and third sector and the views of Scottish citizens will continue to be important in taking the next steps.

2.   Scope of this Document

This document sets out the evidence we have gathered in relation to the actual or likely impacts of the implemented measures of Phase 3 on different people, based on protected characteristics and socio-economic disadvantage, as well as describing a range of activities that we have put in place to protect rights, to mitigate negative impacts, to promote positive impacts, and advance equality or good relations.

Decisions and policy responses aim to balance the risks and harms overall and for specific groups. They try to identify significant and ongoing harms before they occur but in such an unprecedented situation there are likely to be some unintended and undiagnosed consequences, therefore the Scottish Government will continue to consider newly identified evidence, as it relates to each of the protected characteristics, and will make further adjustments, as appropriate.

The first report[12] provided an overview of the general health, social and economic impacts by protected characteristic and socio-economic disadvantage. These are not repeated here. There is a steady stream of new evidence from the public and third sector, from academia and from various think-tanks, all of which agree with a broad conclusion that harm has been felt across all of society, but that the impact of COVID-19 is disproportionately impacting on some people and particularly those with one or more of the protected characteristics and / or who were already less well-off.[13] These impacts are both structural and specific in nature. Many impacts deriving from structural inequality are too large and complex to be mitigated by a specific measure that releases aspects of society from lockdown. However, this document still attempts to identify such issues and includes mitigating actions that are designed to eliminate discrimination and advance equality related to the ongoing changes in the measure where possible. It also confirms the intention that our equality, human rights and Fairer Scotland duties will be fundamental to the strategic approach to social and economic renewal alongside our analysis of the four harms.

Given the breadth of activity covered in the Route Map, this narrative document provides a strategic overview for the measures. However, based on stakeholder and Scottish Government policy feedback there are three changes to the approach used in the evidence assessment for Phases 1 and 2.

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[12] https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/

[13] Please see commentary and references for Scotland in the first report (footnote 12), a recent compendium of impacts by protected characteristic found here https://www.gov.scot/publications/the-impacts-of-covid-19-on-equality-in-scotland/ as well as recent UK level analysis on COVID-19 and poverty https://socialmetricscommission.org.uk/wp-content/uploads/2020/08/SMC-Poverty-and-Covid-Report.pdf

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First, in the Phase 1 and 2 report an Annex was provided which set out for each section of the Route Map (e.g. 'Getting Around'), the key measures over the phases, the likely impacts of the change and the differential impacts, where they were known. Feedback from stakeholders and Scottish Government policy leads suggested that the categories should be analysed measure by measure since issues differed between measures in the categories. As a result, the Annex for Phase 3 provides one template for each measure. This assessment is based on the current analysis using supporting evidence and research, including that from stakeholders.

Secondly, some stakeholders were concerned that although the templates described mitigating activity they did not explicitly refer the analysis to the requirements of the general duty, as set out in the Equality Act 2010, which requires public authorities to have due regard to the need to eliminate discrimination and advance equality of opportunity. In recognition of stakeholder concerns, the template for the overview has been modified to make this more transparent.

Finally, in publishing the Phase 1 and 2 report it was clear that many activities have been carried out in addition to the Route Map policy measures, which were devised to reduce the harm caused by lockdown and the subsequent easing of restrictions. These responses were not discussed in the first report but Section 5 of this document provides information on a selection of wider work that the Scottish Government is doing, or has done, to support people's ability to comply with measures, to protect their rights or to reduce the harm caused by measures. This is not meant to be comprehensive but to help the reader understand the range of supportive action taken during the early months of the pandemic.

3.   Summary of Impacts from Phase 3 Measures

This section summarises the key findings from the templates published in the Annex. Please refer to the Annex for further detail and references.

Protections

All of the Phase 3 changes on our Route Map out of lockdown required strong compliance with ongoing rules and advice. The general protections (FACTS: face coverings; avoid crowded places; clean hands and surfaces; stay two metres distant and isolate with symptoms) follow measures recommended by the World Health Organisation to increase public safety and reduce transmission of the virus. All of these protections were in place for Phases 1 and 2 but in Phase 3 the mandatory requirement to wear face coverings was extended to cover more enclosed spaces. In addition to shops and public transport, face coverings were required in enclosed public spaces including places of worship, indoor funeral services and in communal areas in schools with further requirements from 16 October to wear face coverings in communal areas of workplaces.

It was recognised that the wearing of face coverings may not be appropriate for everyone, including disabled people with particular impairments or health conditions. In recognition, exemptions were set out for the young (under five years of age), for those people for whom a face covering is inappropriate for health reasons, for

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situations when persons are taking sustenance or medication, or for other justifiable reasons, e.g. in a protected environment such as a driver's cab or in response to passengers who request information. The Regulations, therefore, exempts the wearing of face coverings for disabled people for whom it is not appropriate or where there are justifiable reasons e.g. where individuals may have a hearing impairment or lip read. In recognition that people who were exempt could face challenge or even abuse for not wearing face coverings in public spaces an exemption card was subsequently made available[14].

Seeing Family and Friends

During Phase 2 and Phase 3, a significant easing in the ability for family and friends to get together was initially allowed. Children under 12 were allowed to mix outdoors without physical distancing, while young people aged 12 – 17 were allowed to meet other households outdoors[15], without a limit on the number of households that they could meet in a day. Further measures also increased the ability of people to meet indoors with up to two other households being able to meet inside (eight people in total) and up to four other households outside (15 people in total); this also included overnight stays. Finally, non-cohabiting partners, and any children under 18 in their households, were allowed to form extended households enabling them to meet without physical distancing.

While still representing a restriction compared with the pre-COVID-19 situation, allowing outdoors and indoors meetings helped children and young people who were most at risk of loneliness to return to peer support, as well as increasing their wellbeing from outdoor activity. It also benefited their carers, who tend to be women, as children could regain friendships and social support outside of the home. While older and some disabled people may have benefited less from the outdoors measures, they should have benefited from the limited indoor meeting quota, meaning that grandparents could have seen grandchildren. Older people and disabled people could see family and friends, as well as obtain additional support and informal care at home more easily. In addition, lone parents, who are primarily women, may have been able to obtain additional emotional and practical support. Restrictions remained in place though and as the evidence tables in the Annex show some minority ethnic groups, where larger household sizes are more common, may have continued to be disadvantaged by the measures.

This measure was amended on 10 September due to an increasing prevalence of the virus. The change was to allow up to six people from up to two households to meet socially. This applied in all locations, for example at home, in hospitality or outdoors in a park or garden. Limited exemptions applied including gatherings related to care or child-care and organised children's activities. Children under 12 were not counted in the total number of people in a household.

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[14] https://exempt.scot/face-covering-exemptions/
[15] From late September, guidance advised that six 12-17 year olds could meet outdoors, with no household limit. The regulations of 25 September made amendments to ensure that in outdoor gatherings, there were no more than six under 18s.

These restrictions will have been disappointing for many people, especially the reduction in the number of people who could meet outdoors. However, allowing two households to meet indoors or outdoors meant that some care and support could be maintained benefitting parents, particularly lone parents, and grandparents who could continue to care for children, as well as older people and disabled people whose family and friends could provide support and informal care at home more easily. However, the restrictions of two households and six people will have been challenging, especially for minority ethnic groups, where larger household sizes are more common. Initially children were allowed to participate in organised sport but not meet informally which would have disadvantaged low income families who could not afford the cost to participate in organised activities. This rule was subsequently changed to allow children to meet informally.

With increasing infection rates linked to socialising, particularly in homes, from 25 September households were no longer permitted to visit another household indoors. However, building on earlier learning there were exceptions; those who had formed an extended household were allowed to continue to mix allowing support for non co-habiting couples, lone parents, grandparents and grandchildren, older people and disabled people needing informal care and support. The provision of essential care also remained an exception.

In addition only two households with a maximum of six people were able to meet outdoors socially. Again building on earlier learning, separate rules were established for children and younger people to support physical and mental health and reduce loneliness. Under 12s did not count towards the maximum number of households or number of people who can meet outdoors. Under 12s also did not have to physically distance, which was a positive for many children and their families. A maximum of six 12 to 17 year olds were able to meet outdoors socially, with no household limit, but with physical distancing. This enabled teenagers to maintain social contact and emotional support from peers.

These measures still represented significant restrictions on society; a fact which was fully understood and regrettable but the increased public health risks of larger household groupings meeting were such that the limit of six people and the restriction on household mixing was deemed necessary to suppress the virus.

Getting Around

Phase 3 removed any restrictions on travel in Scotland if acting in line with all other guidance which supported the Route Map. Public transport also continued to scale up to full services. However, capacity continued to be reduced compared to normal service provision with geographical differences in services depending on local circumstances. Vehicle instruction resumed, including motorcycle and driving lessons.

During lockdown, and early phases of release, public transport had been limited to essential only use and perceived as a high risk environment for catching and spreading the virus. The Transport Scotland Public Attitudes Survey on COVID-19 had shown a consistently high level of concern about using public transport due to

the risk of transmission of the virus.[16] The easing of restrictions on travel was likely to raise anxiety as people looked to use public transport again.

The distance to be observed on public transport was reduced from two metres to one metre, once appropriate mitigations were in place, but physical distancing remained in place in Phase 3 and public transport capacity continued to be constrained. Those with lower car ownership levels (women, disabled people, older people, minority ethnic communities, and those on lower incomes) were reliant on public transport to access health services, education, employment, and other services / activities and were therefore more likely to be negatively impacted by this restricted capacity. These are also the groups most unlikely to be able to work from home or to work flexible hours to avoid commuter congestion (e.g. the hours tend to be set in some retail shops).

The consultation process undertaken to develop the National Islands Plan confirmed that travel for island communities is also more difficult. This is due to a number of barriers including the need to use boats and planes to travel off island, physical distancing requirements that further limit these services and the general higher costs associated with these modes of transport. Additionally, the lack of infrastructure for walking and cycling routes further limit people's ability to travel.[17] Some of these issues may also affect people living in remote rural mainland communities.

Transport Scotland developed a Transport Transition Plan[18] to keep the public safe when travelling during the COVID-19 pandemic. The plan informed passengers about when and how to safely access public transport and supported the management of travel demand. This reinforced broader messages on physical distancing, staying local and discouraging unnecessary travel, sustaining behavioural changes, encouraging active travel options and staggering journeys to avoid peak times. It informed passengers and road users of busy areas and times in order to encourage alternative choices. The Plan is informed by detailed impact assessments and stakeholder engagement and aims to mitigate some of the issues of reduced capacity and fear of being able to observe physical distancing measures. This is a particular issue for disabled people and some older people.

With the resumption of motorcycle lessons on 22 July, guidance was published to enable the safe return to work of motorcycle instructors. This was drafted with support and comments from Scottish Government, Transport Scotland, Driver and Vehicle Standards Agency (DVSA) and industry trade bodies. Due to instructors and learners having to sit within close proximity, thus impacting their ability to physically distance. Driving lessons did not resume at the same time. Driving Lessons resumed on 24 August, with vehicle guidance updated to include a separate page on the safe return for driving instructors. As before, this update was drafted alongside support from Scottish Government, Transport Scotland, DVSA and industry trade bodies. Testing, including theory testing, is reserved to the UK Government and

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[16] https://www.transport.gov.scot/publication/covid-19-public-attitudes-survey-data-wave-5/
[17] The full reports from the consultation process can be seen here:
https://www.strath.ac.uk/research/strathclydecentreenvironmentallawgovernance/ourwork/research/labsincubators/eilean/islandsscotlandact/consultations/
[18] https://www.transport.gov.scot/coronavirus-covid-19/transport-transition-plan/

managed by DVSA. DVSA ensures that arrangements are in place to deliver theory testing in a safe manner.

Schools, Childcare and other Educational Settings

The closure of schools, regulated childcare provision, colleges, community learning, and universities had an impact across the population, particularly for children and young people. It also negatively impacted on parents and carers, particularly women, who were more likely to have been managing caring responsibilities, home schooling, and paid work during that period.

The provision of critical childcare for those children and families who most needed support with childcare mitigated the impacts for some, but not for all.

As we moved into Phase 3, all childcare providers were able to open from 15 July if they wished. Following updated guidance, which came into effect on 10 August, we anticipated that the majority of childcare providers would have been able to open, subject to public health measures.

Increased accessibility to childcare provision will have had a particularly positive impact on those who were disproportionately affected by closures: children for whom home is not a safe or stable environment and for those where childcare provides resources and experiences that are not available at home. Additionally, women generally carry out the majority of caring responsibilities (census data shows nine out of 10 lone parent households are headed by women), so would have been positively impacted by the re-opening of childcare options.

In the context of the COVID-19 virus, without age appropriate mitigations, increased access to childcare could have a disproportionately negative health impact on certain groups. For example, if exposure is greater for those who share a particular protected characteristic (e.g. women, who make up the majority of the Early Learning and Childcare (ELC) and teaching workforces) or where exposure has a greater risk to some groups compared to others (e.g. those from some minority ethnic groups who may have a higher risk of severity of COVID-19 and families with household members in the 'shielding' category).

As we moved into Phase 3, schools opened on a full-time basis from the start of the academic year. School is shown to be vitally important to a child's development, wellbeing and right to education, and being back in school will help address the wider impacts of the virus on the health and wellbeing and educational attainment of our children and young people. Children and young people were able to benefit from face-to-face learning and increased support networks, particularly those with additional support needs, and those in the Gaelic medium education sector who missed out on immersive language learning throughout lockdown. The overall impact of this approach is also expected to be positive for parents and carers who will be benefiting from regular childcare during school hours, enabling them to return to previous working patterns.

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It is recognised that individuals will have had different experiences during school closures and that some groups may have been disproportionately negatively impacted. Since lockdown began officials and ministers have been engaging with the COVID-19 Education Recovery Group[19] as well as wider stakeholders, representing the views of parents, staff, children and young people, and groups with protected characteristics. This engagement has influenced policy development and has supported decisions to create the policies outlined in the Annex.

Contingency plans remained in place in terms of blended learning, where pupils split their time between learning in school and learning at home. However, they will only be used if scientific advice determines that they are required at a local or national level.

In the context of further and higher education, the Scottish Government wanted to minimise the disruption to learning and ensure that all students were supported to complete their studies or transition into work. This is crucial in the economic response to COVID-19 and to reduce socio-economic disadvantage. For example, college provision plays a central role in providing opportunities for many of Scotland's school leavers and young people to help offset rising youth unemployment.

From 22 July, colleges and universities were able to begin a phased return to campus with a blended model of remote learning and limited on campus learning where this is a priority. Community Learning and Development (CLD) activity, including adult learning, resumed in line with guidance. Face-to-face outdoor youth work resumed from 13 July along with, in colleges, time-sensitive mandatory or regulated skills assessments that were essential to the completion of Modern Apprenticeship qualifications or to comply with a legal obligation. Indoor face to face youth work also resumed on 31 August.

A blended approach to remote and on-campus learning presents different risks and challenges. Practical subjects, which tend to be taken more often by socio-economically disadvantaged young people, such as construction, care and social care support, are more likely to be disrupted by remote learning and continued physical distancing. Online learning and teaching is also dependent on staff and students being able to access the internet, which may be a particular issue for older people, people living in remote rural communities, and those facing socio-economic disadvantage.

We have engaged closely with universities, colleges, CLD stakeholders, trade unions, student representatives, the Scottish Funding Council (SFC), Skills Development Scotland, and other sector organisations throughout the COVID-19 crisis to understand its impact and develop our response. This included preparing guidance[20] to support the safe and phased return of colleges, universities and Community Learning and Development. The guidance set out the latest health and safety and public health advice, including on physical distancing; it also set out the

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[19] https://www.gov.scot/groups/covid-19-education-recovery-group/
[20] https://www.gov.scot/publications/coronavirus-covid-19-universities-colleges-and-student-accommodation-providers/

need to take into account individual health circumstances and protected characteristics.

Working and Running a Business

In Phase 3, remote working remained the default position for those who were able to do so. People working from home are contributing to the public health effort by reducing footfall and making it safer for workers who cannot work from home. Homeworking guidance has been published to aid employers in developing their homeworking polices.[21]

In Phase 3, work started to prepare non-essential indoor office workplaces to begin to open, once relevant guidance is agreed, including contact centres with physical distancing measures in place. This will only take place when the virus is supressed enough to allow offices to open safely. Physical distance measures will reduce the capacity of offices but at the appropriate time staff will be able to return safely to workplaces where these were closed and on-site presence is required. Health factors must be considered in any phasing of who returns to work, with employees only expected to return when new safe working environment measures have been implemented. Workplace Guidance has been made available to help employers and employees assess their individual risks and ensure workplaces are safe.[22] This guidance considers age, sex, ethnicity and various health conditions as part of its risk score.

There are a range of equality impacts both for workers working from home and those returning to offices for essential purposes. Disabled people may find it more challenging to attend work and undertake physical distancing if they are required to return for essential purposes but this will be dependent on their impairment or mental or physical health condition, as well as access to suitable transport. There may also be challenges for parents and carers in finding suitable child care opportunities for younger children such as breakfast and after school clubs. For home workers the problems for parents and carers (mainly women) of juggling childcare and work outside of the school day could remain; as well as problems with the lack of space or suitable facilities (e.g. socio-economically disadvantaged people living in small or overcrowded accommodation or people in rural or remote areas with limited broadband). All workers may find that working from home increases loneliness and decreases mental wellbeing but this may be particularly challenging for men or women living alone or disabled people with a past history of mental health illness.

Guidance also encourages employers to ensure that the organisational culture is inclusive, with the aim that every employee should feel that they are working within or returning to a supportive, caring and safe environment. The pandemic has had an unequal impact across the workforce, as different employee groups, and individuals, will have been affected in diverse ways according to factors such as their job role, and demographic / personal circumstances. Lessons learnt from outbreak situations in Scotland highlights there is a risk of victimisation of those infected, suspected, or

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[21] https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-homeworking/
[22] https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/

more at risk to the worst effects of COVID-19. Therefore, it is important that organisations foster a fair and inclusive working environment that does not tolerate discrimination.

Shopping, Eating and Drinking Out

Phase 3 included the substantial easing of indoor operations including non-essential shops in shopping centres; indoor hospitality; as well as hairdressers, barbers and personal retail services, such as beauticians. This will have had positive financial impacts for businesses and for workers in these sectors, as well as positive impacts for people who are consoled by a return towards aspects of normal life. Young people, women and socio-economically disadvantaged people are more likely to work in retail, personal retail, and the hospitality industry and will likely feel the benefit of this.

However, the risk of COVID-19 infection and transmission in the community also increased the negative impact on people more susceptible to severe illness and the negative impact on community confidence in welcoming visitors. Busier streets and town centres, one way shopping systems, potential queuing or a lack of observance of physical distancing may all have raised anxiety for some older people or disabled people, or deterred some from going out if they are unable to stand for long periods. Likewise many workers responsible for hygiene and sanitation in shops, as well as personal retail services and customer facing staff, may have had specific anxieties about returning to work due to the risk of infection and transmission within their households if they are at higher risk. This depends on individuals but could include older, disabled, and minority ethnic people.

Retail sector guidance[23] was published and regularly reviewed. The guidance advises retailers to undertake a risk assessment prior to opening to determine necessary actions and adjustments. An operational guide for retailers is provided with the guidance to aid retailers in conducting their assessments. This operational guide can be arranged in an alternative guidance format, such a braille, or community language on request. Scottish Government is working with a Minister-led Retail Guidance Sub-group comprising of trade unions, leadership bodies and regulators to collaboratively develop and review the guidance and tackle challenges.

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

All shops in Phase 3 required the mandatory wearing of face coverings to reduce the health risks posed by the virus. Negative impacts have been noted for some groups - for example, disabled people, including people with sight or hearing loss - who may find that face coverings create new communication barriers; older people with advancing dementia or Alzheimer's may also struggle to understand or accept the requirement. Legislation allows for face coverings not to be worn in certain

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[23] https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/pages/operational-guide-and-checklist-for-retailers/

circumstances - such as where a person cannot put on, wear or remove a face covering because of any physical or mental illness or impairment, or without severe distress, or where it would hinder communication with a person who has communication difficulties due to the mask.

As of 9 October additional restrictions were brought in to try to contain the virus which again closed parts of hospitality provision. Licensed premises in the central belt (the protected area) were required to close and to stop selling food or drink for consumption on their premises. Unlicensed premises (e.g. cafes) in the central belt (the protected area) were only allowed to open from 6am to 6pm. Hospitality premises outside the central belt were required to close indoor areas from 6pm to 6am and outdoor areas from 10pm to 6am. There were some exceptions to these requirements, for example, for marriages and civil partnerships and funerals. For five health boards all pubs and restaurants selling alcohol were closed. This will have heightened the issues noted above for businesses and people working in these sectors.

Sport, Culture and Leisure Activities

Phase 3 included the opening of a range of sport, culture and leisure activities under varying timescales. Museums, galleries, monuments, libraries, various other visitor attractions, cinemas (including drive-ins and venues screening films), fun-fairs, amusement arcades, and bingo halls were opened with physical distancing and other measures (e.g. ticketing in advance). Live events indoors and outdoors were due to open at a later stage in Phase 3 but had not opened when the Strategic Management Framework came into effect.

The opening of activities will have had benefits for people who normally use these services, as well as for people who work in them, who will see a boost to their household income. This will be different depending on the activity. For example, the opening of libraries will be positive for older people, young people and children, lone parents, disabled people, and the socio-economically disadvantaged. All of these groups tend to make greater use of libraries and library resources including access to the internet and e-readers. However, local authorities were tasked with opening libraries in a phased manner as they responded to safety and hygiene measures as appropriate to their local circumstances. Access to facilities may therefore vary for different people and different places depending on local arrangements.

Increased use of facilities will have increased jobs and household income. However it also slightly increases the risks of community virus transmission which may impact more on people working in public facing roles.

In terms of sport, organised outdoor contact sports, play and physical activity resumed for children and young people under 18 (subject to guidance) on 13 July. This earlier easing recognised the positive impacts of physical activity on the health and wellbeing of children and young people, allowing them to enjoy their summer holiday and providing carers - especially those working from home - with some respite.

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Non-professional organised adult outdoor contact sports were permitted to resume from 24 August, subject to sports governing bodies agreed guidance with sportscotland. Indoor leisure facilities, including gyms and swimming pools, were able to reopen from 31 August. Children under 12 were able to play contact sports in these facilities from this date, with those aged 12 and over only permitted to undertake non-contact sport and physical activity.

Indoor contact sports for those aged 12 has not recommenced. For young people and adults, the delay to this resuming will have been disappointing for those who regularly participate in indoor contact sport (young people). It may also have had negative financial impacts on related clubs, businesses and employees who work in the sector.

Inequalities in access to sport that were apparent pre-COVID-19 remain with children, young people and adults from more deprived areas less likely to participate in sport. SportEngland Covid Survey[24] indicates that certain groups have found it more difficult to keep active, certainly during the early stages of the pandemic – including older people and those on low incomes, people self-isolating due to age or a health condition. There is also a concern that reopening facilities will have a further differential effect in terms of reticence by those groups who may feel more at risk (older people, those with long term health conditions, lower socio-economic status) who may initially be reluctant to return to such facilities and sports.

Organised sports are more likely to have participation costs that may act as a barrier to people who are financially struggling. Opening up sport could exacerbate these differences, especially given the current constraints on public transport. Sportscotland is encouraging further guidance on inclusive sport from sporting regulator bodies.

In general, national guidance has been developed to provide support to the sport and leisure sector to help them plan and prepare for the resumption of activity. In addition, sportscotland is supporting the Scottish governing bodies of sport and local partners to plan for the return of sport and to develop specific guidance for their sports. This has included facilitating scenario planning based on the Scottish Government Decision Making Framework and Route Map and a template with prompts to facilitate planning, including inclusivity, communicating with participants and ensuring that information on plans for restarting and safe opportunities within the parameters of physical distancing are followed. There is also an operational guide and checklist to sit alongside the guidance that we recommend operators follow to ensure that the health and safety of workers and participants is protected.

All holiday accommodation was permitted to reopen subject to a range of physical distancing rules and guidance. This allowed individuals and families to have a holiday break in Scotland, positively impacting on the wellbeing of visitors. Socio-economically disadvantaged people are less likely to take such breaks and will benefit less from this measure. Risks of transmission of the virus will be mitigated through adherence to the sector guidance which was published on 18 June, as well as through work to encourage the responsible and considerate behaviour of visitors.

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[24] https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3

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Some communities and residents (particularly those in tenements / flats with shared entrance-ways and remote communities) have expressed concern about the reopening of tourism and the attendant risk of increased visitors from other places and further virus transmission. The reopening may create local anxiety and concern, particularly among those who are at greater risk of severe illness (older people, some disabled people, and some minority ethnic people, who are more likely to live in flats).

The return of tourism helped businesses and workers in the sector start to earn income from the season. The tourism sector is a significant employer across Scotland employing 184,000 people, constituting 6.9% of Scottish employment.[25] Relative to other sectors, tourism workers are disproportionately young, from ethnic minorities, non-UK nationals, low-skilled, low-paid or work part-time on temporary contracts. Women are slightly more likely than men to work in the industry. Reopening will not have addressed any of these structural issues but will provide some short term financial relief.

Community and Public Services

Crime victimisation varies across the population and therefore any changes in offending patterns as restrictions are eased may have a disproportionate impact on different groups. For example, racially aggravated crimes are the most commonly reported hate crime. There is no equivalent hate crime law for sexism or misogyny for women to use[26], so these crimes are likely to not be reported, even though a disproportionate number of victims of certain crimes (e.g. stalking, domestic abuse, sexual offending) are women. The likelihood of experiencing crime is much higher for socio-economically disadvantaged people. Disabled people are more likely to be the victims of crime[27] and also of requiring help with civil justice issues.

Phase 3 has seen the resumption of further solemn and summary cases in both Sheriff and High Courts. High Court trials restarted on 20 July in Edinburgh and 21 July in Glasgow in new formats designed to ensure a safe and secure process for all involved; in accordance with public health guidelines on physical distancing and hygiene. Remote jury centres based in cinema complexes are now being used as of 28 September. Further consideration has been given to the introduction of remote jury centres. As noted in the impact assessments for previous phases, COVID-19 has impacted key potential human rights and equality issues around delays to courts and tribunals and conditions within prisons. The relevant impact assessments have already been completed for underpinning emergency legislation and the Scottish Government is continuing to assess the impact of recovery actions as more details of options are developed.

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[25] Data has been extracted from the Annual Population Survey 2019, and the Annual Survey of Hours and Earnings 2018 https://www.gov.scot/publications/growth-sector-statistics/
[26] Hate Crime & Third Party Reporting https://www.scotland.police.uk/contact-us/report-hate-crime-and-third-party-reporting/
[27] https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/crime-and-justice-survey

The significant impacts of delays to court business, in particular, are recognised. A criminal justice evidence base has being developed with stakeholders.[28] The resumption of more summary and solemn cases in the criminal justice system will start to address these issues. However, while adjustments are being made, there may be further implications e.g. the use of remote hearings may make it more challenging for the court to identify participants that feel vulnerable, and put in place reasonable adjustments to ensure effective participation, and consideration will need to be given as to appropriateness in some types of cases. The Scottish Government and the Scottish Courts and Tribunals Service are working to ensure that early evaluation of new approaches is embedded in the recovery approach carried out to identify any emerging issues and to ensure appropriate mitigation.

Phase 3 eased restrictions allowing face to face youth work to take place. The objective of youth work is to effectively engage people in communities in learning activities to help mitigate the barriers being faced by social disadvantage. Youth work helps to mitigate effects of social isolation and improve mental health and wellbeing, improving opportunities for young people to progress and make informed decisions which positively affect their future. Survey data suggests that it may be younger people who are at greatest risk of loneliness during the pandemic[29] so this easing of restrictions will be welcomed.

There has also been easing of restrictions for a range of support groups and services which support our most at risk people and communities. At the height of lockdown, the focus was on addressing risk and high priority situations. The relaxation of restrictions on support groups and services has enabled support and contact with a wider range of issue based work whether it is drug or alcohol problems, domestic abuse or for at risk children and families needing support, including those whose needs have been negatively impacted during the crisis. This takes place as part of co-ordinated arrangements between partner agencies, building on the relationships that people already have with services. It is founded on a continuing hybrid model of direct and indirect contact, but services recognise and take account of people who may have been excluded because they have not had access to online and telephone approaches.

Gathering and Occasions

Phase 3 allowed for the reopening of Places of Worship for congregational services, communal prayer and contemplation with physical distancing and limited numbers. This easing of restrictions enabled more individuals to exercise their religious rights within a place of worship. However, not all services and faith based practices have resumed and some restrictions will remain on higher risk activities, such as singing. Additionally, numbers have been limited and two metre physical distancing must continue to be maintained. This may continue to have a negative impact on faiths that have larger catchment areas for an individual place of worship, which ordinarily has a high capacity, such as Muslim and Sikh communities. As of 8 August, face coverings must be worn by all those attending a place of worship, with the exception

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[28] https://www.gov.scot/publications/victims-taskforce-papers-june-2020/
[29] https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic

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of the individual leading an act of worship (subject to additional mitigations). This is to minimise interference to the spiritual connection between the congregation and the person leading an act of worship.

Given the negative impacts of closures of Places of Worship on faith communities, the date for re-opening of places of worship was brought forward to 15 July. This decision was taken following discussion with faith communities and working with them to ensure that appropriate mitigations are in place, and guided in particular by evolving scientific and health advice on transmission risks. The economic impact to places of worship has been severe. They are likely to face further costs in relation to the re-configuration of places of worship and implementing hygiene / physical distancing changes.

Phase 3 allowed for the easing of some restrictions on attendance at funerals, marriage ceremonies, civil partnership registrations with physical distancing remaining in place. In all previous phases, funerals were permitted to take place but attendance was limited to close family. Twenty mourners were permitted to attend each funeral from the beginning of Phase 3, with this figure being regularly reviewed.

As part of Phase 3 of Scotland's framework for easing restrictions in lockdown, it is possible for marriages and civil partnerships to take place indoors as well as outdoors. The easing of restrictions for marriages and civil partnerships enables more individuals to exercise their right to marry and will reduce the impact on those groups most affected by the previous restrictions, including religious and belief organisations. However, there continues to be a limit of 20 on the number of people attending and the guidance should be followed by people planning to get married or form a civil partnership in Scotland, those responsible for venues that may host such events, and the celebrants who conduct them.[30] From 28 September, where a ceremony or registration is taking place in a private dwelling, the persons participating should include no more than six people, being the couple, the registrar or celebrant, the witnesses and, if required, an interpreter. Ceremonies and registrations should only take place in private dwellings if it is not possible for them to take place in a public place, for example, if a party to the marriage or civil partnership is seriously ill.

The easing of restrictions on funerals and marriages will be beneficial across the protected characteristic groups. People who may have been in a shielding group were strongly advised not to attend public places until 10 September when new guidance came out.[31] Although some shielders may still be unable or unwilling to attend their Places of Worship for the purpose of worship or to attend marriages or funerals if they do not have sufficient support or still fear catching the virus.

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[30] https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-small-marriages-and-civil-partnership-registrations/pages/overview/
[31] Coronavirus (COVID-19): shielding advice and support https://www.gov.scot/publications/covid-shielding/pages/overview/

Health and Social Care

In line with the NHS remobilisation plan Remobilise, Recover, Redesign: The framework for NHS Scotland, Phase 3 saw a further expansion of a range of services including screening services, GP practice services, optometry, dentistry, physiotherapy and podiatry, antenatal and postnatal, and district nursing services.[32] These services had remained open for essential or emergency care but Phase 3 has seen an expansion of services, but in some cases routine care was not normally allowed.

Social care support and assisting people to live independently goes far beyond 'care visits' to encompass a wide range of support including community facilities, access to activities, help with shopping, involvement in local groups and interests. All of these aspects of social care help people in leading full and independent lives as valued members of our society. Social care support has wide relevance to both carers and people being cared for, and also has relevance across the different themes. For example, issues around provision of informal care has been discussed under 'Seeing Family and Friends; while problems in accessing shopping has been discussed in 'Shopping, Eating and Drinking Out'.

Equality groups impacted by both health and social care support measures will depend on the nature of the service. For example, the restart of breast and cervical cancer screening will positively impact on women whereas other screening, such as Abdominal Aortic Aneurysm, tends to be more beneficial for men; the restart of ante and postnatal services will benefit pregnant women, and women who have just given birth and their partners, whereas podiatry tends to benefit older people and some disabled people.

Details are provided in the Annex but more generally, there are a number of areas where there are common issues:

Communications are essential to alert the population to changes in services and there was recognition that different formats may be needed to be appropriate for protected characteristics and particularly those of race, age and disability. For example, a Communications Action Plan was developed for the further expansion of the screening programmes, led by Public Health Scotland. This included a focus on providing reassurance that it is safe to attend screening appointments when they restarted, and include channels to communicate with a range of equality group audiences. Printed inserts are posted out with screening invitation letters to explain the changes that have taken place in the light of COVID-19 – these were made available in Polish, Arabic, Simplified and Traditional Chinese, BSL, audio and Easy Read. Translated versions of all new and updated materials were also available and promoted through social media channels.

During earlier phases many healthcare services moved to an online platform. This continued in Phase 3 with many digital services supplementing more traditional services. For many these services will be welcome, preventing unnecessary travel, removing anxiety around catching the virus, increasing capacity and opening up

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[32] https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/

broader opportunities for consultation. However, digital exclusion was an important factor for some with older people, disabled people, remote and rural residents, and people from socio-economically disadvantaged backgrounds less likely to have access to the devices or internet (data) to engage with services through this means. Increased opening of medical practices may make it easier for people who would prefer face to face services to communicating remotely.

The changes required to practice premises and ways of working to ensure safety, including continuing to maintain a 2 metre distance, when possible, will continue to reduce the number of patients that practices can safely see face-to-face, compared to pre-COVID-19 levels; this may continue to restrict access for those seeking care.

Older people and disabled people tend to have a wider range of health issues, make greater use of the health and social care support services and are also more likely to be digitally excluded. They were likely to be impacted by a lack of access to routine and normal services and may also be anxious about attending appointments due to the increased risk of severe illness from the virus.

The inability to take a family member or friend for support to appointments is likely to have negatively impacted on many people but particularly those who needed help communicating. Phase 3 allowed some easing, for example, women were allowed to identify one designated visitor to accompany them to scans / antenatal / postnatal appointments. In addition to the birth partner, women could also choose to have one additional person attending the birth and can have their birth partner and one designated visitor visit in antenatal and postnatal wards.

4.   Summary of impacts of Phase 3 measures by protected characteristics.

This section summarises the evidence provided in the Annex by protected characteristic and socio-economic disadvantage. It attempts to pick up significant themes but does not discuss every impact set out in the tables.

Age

Older people

The term older people covers a wide spectrum of people with different outlooks, views, experiences and needs. While many older people will have welcomed the Phase 3 release of measures allowing them to meet up with family and friends more easily indoors and outdoors, others will have been distressed by the increased contact and risks of transmission.

The opening up of non-essential shops, cafes, pubs, restaurants, libraries and galleries will have been positive for many older people allowing them to access the goods and services that they would normally use. Libraries will be particularly helpful for those who do not have access to digital technology at home.

There will also be health benefits for older people from the further expansion of

screening programmes such as the bowel screening programme for people over 50 years old; the breast screening programme aimed at women over 50 years old; the AAA screening for men at the age of 65. Other health services which are used by older people such as podiatry, optometry and physio were also opening for routine care.

However, reduced public transport and lack of access to IT technology may have meant that older people were less able to make and attend appointments. In addition, for many older people physical distancing can be difficult especially in smaller shops and retail services, and physical distancing may also impact on the availability of assistance to those who need it, while queueing systems may be difficult for those who cannot stand for long.

There were wellbeing benefits to older residents of reinstating some communal living in care homes. Communal activities with opportunities to connect with others, for example though meal times and other activities, will have provided meaning and structure to everyday living. This will have been even more important for the high proportion of residents with advancing dementia to help avoid or alleviate stress and distress.

For older people who were more anxious the revised (14 September)[33] measures allowing a maximum of two households and six people to meet indoors will have been a slight comfort, reducing their personal risk but allowing care and informal support to continue.

Younger people

The key measure for young people during Phase 3 was the restarting of Early Learning and Childcare, Schools, Colleges and Universities.

For pre-school children, increased access to high quality childcare will support young children to develop and learn, to build social skills and networks. Evidence has shown that high quality Early Learning and Childcare can in time reduce the poverty related attainment gap.

The full-time reopening of schools from August is expected to have had and continue to have a positive impact on most children and families. With appropriate hygiene and physical distance measures children are able to continue with their learning in a routine that they had previously grown used to. They will benefit from the interaction with their peer groups and specialist educational staff. This will reduce feelings of isolation and help children reach expected milestones for their age and stage of development.

For children in unsafe home environments, schools (and pre-school settings) can also offer some relief from the Adverse Childhood Experiences (ACE)[34] they may be

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[33] https://www.legislation.gov.uk/ssi/2020/279/contents

[34] Adverse Childhood Experiences (ACEs) https://www.gov.scot/publications/adverse-childhood-experiences-aces/

living with, as well as presenting more opportunities for professional staff to pick up on any Child Protection issues.

However, there may be certain age groups that will have found the return to school more challenging such as those transitioning to a new stage e.g. P1, S1, or onto college or university, and who may have missed out on induction steps that previous year groups have been afforded. Some children may have been anxious about the return to school and may have found it difficult and confusing to have to wear face coverings in communal areas. It is also expected that there will be some learning loss for all age groups due to schools closures. However, the pressure to 'catch-up' may be felt more by some age groups than others especially those in exam years.

Phase 3 measures allowed for children under 12 to mix much more freely and for young people under 18 to meet in groups outdoors. However the measures on 10 September re-imposed measures to only allow two households to meet and a maximum of six people. Children under 12 were not included in the total number of people but the two household restriction remained. The inability to play informally with friends outside of school may have felt odd to children. Mixed messages for children and young people at a time of great change could have further exacerbate the challenges they already face around anxiety, mental, emotional and physical health.

A change was introduced to Phase 3 on 25 September, in response to rising transmission rates caused by meeting in homes socially. From that date households were not able to visit another household indoors socially unless they were in an extended household or a non-co-habiting couple. In addition, only two households with a maximum of six people were able to meet outside socially. This will have had an increased impact on this age group.

Under-12s did not count towards the maximum number of households or number of people who can meet outdoors. Under-12s did not have to physically distance, which will have been a positive for many children and their families in this group as play is essential for children's development and mental health, and a recognised human right. A maximum of six 12 to 17 year olds could meet outdoors socially, with no household limit, but with physical distancing. This will have enabled this group to maintain social contact and emotional support from peers.

The re-opening of organised sports, clubs and activities was a positive step for children and young people. They provided space for them to play, socialise and interact with their peers. Often they will have been for hobbies or personal interests that the children could not get elsewhere and some children may have attended multiple groups or clubs at different days across the week. However, the release of informal play with peers outside of school will have been welcomed by low income families who could not afford organised activities.

Universities and colleges also restarted in Phase 3 with a blended learning approach and a restart of university and college halls of residence and Purpose Built Student Accommodation (PBSA). While a resumption of Higher and Further Educational learning will have been very welcome, some staff and students will have experienced anxiety on return to their education setting. For new students unable to meet in

traditional social events, e.g. Fresher's Week or to join clubs, the isolation of being away from home, the increased restrictions around meeting in pubs, along with high virus transmission rates requiring self-isolation with comparative strangers, will have put significant stress on the mental health of many students.

Phase 3 allowed for non-cohabiting couples to meet up and resume their relationship. It is likely that many young adults will be in non-cohabiting relationships and will have benefitted from this measure.

In the UK, young people are more likely to be working in sectors that have opened during Phase 3 including retail, hospitality and some aspects of tourism. For young people returning to work, reopening will therefore have positively increased their income, but could also negatively increase their health risks, potentially raising anxieties about returning to work and infection transmission within households.

Disability

The term disabled people covers a wide range of people with a wide range of different health conditions and impairments. Some will be at a higher clinical risk from COVID-19 and may be more anxious about community transmission of the virus, but many will have a condition that does not necessarily increase their risk of serious illness.

For many disabled people the increased ability to see family and friends indoors and outdoors in Phase 3 will have been welcomed. The 14 September restriction to two household and six people will have curtailed this a little but there were care exemptions and families and friends were still be able to visit in smaller numbers to provide informal support. This would have had a positive impact on mental wellbeing from reduced isolation while feeling more protected from the virus. From 25 September[35] households will not have been able to visit another household indoors socially unless they were in an extended household or a non-co-habiting couple. In addition, only two households with a maximum of six people were able to meet outside socially. This will have had an increased impact on this group.

The opening of more local shops, libraries, pubs and restaurants in Phase 3 will have been of benefit to some disabled people who are comforted by a more normal life. For example, disabled people may not have had access to e-readers and may have struggled to access digital resources while public libraries were closed. Many public library services also provide a way for people to pick up hearing aid batteries in their local branch.

However, the protections required to reduce virus transmission in Phase 3 may be difficult for some disabled people. Physical distancing may be more difficult in small shops and retail services, and this and the need to stand in queues could be a particular challenge for people with limited mobility.

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[35] https://www.legislation.gov.uk/ssi/2020/300/contents/made

The wearing of face coverings was compulsory in public spaces in Phase 3. It was recognised that the wearing of face coverings may not be appropriate for disabled people with particular impairments or health conditions. The Regulation therefore exempts the wearing of face coverings for disabled people[36] for whom it is not appropriate or where there are justifiable reasons e.g. where individuals may have a hearing impairment or lip read. However, not everyone understands the restrictions meaning that disabled people may be unfairly challenged for not wearing a face covering. A new exemption card seeks to mitigate this issue.

The need for physical distancing on board public transport also made it more difficult for disabled people to travel due to fewer seats overall, including fewer accessible seats and spaces for wheelchair users. The reduction in the distance to be observed on public transport in Phase 3 from two metres to one metre may have eased this a little, although it is likely there will still be difficulty for disabled people to travel given reduced capacity.

In line with the NHS mobilisation plan the increased expansion of a variety of health and social care support services will be of benefit to disabled people. However, reduced public transport to get to face to face appointments and the need for access to specialist IT technology to access video appointments may be difficult for some disabled people. For others, being able to contact the GP and health specialists from home may have positive impacts reducing the stress, expense and inconvenience of attending in person.

Gender reassignment

Transgender students who returned home during lockdown may have done so to family environments that were unsafe and which make it harder to meet their needs. The opportunity to attend informal meetings with friends early in Phase 3 could have provided significant peer support as has the opening of educational settings and campus living. This support may have reduced as the number of households able to meet was reduced on 10 September. From 25 September only two households with a maximum of six people were able to meet outside socially. This is likely to have had a slightly increased impact on this group in terms of social isolation.

Pregnancy and maternity

Phase 3 enabled women and their families to have additional support at antenatal appointments, during and after birth which will be a significant comfort during these important life events where women may feel more vulnerable.

Allowing households with younger children to meet in Phase 3 also enabled mutual support and bonding, improving the mental health of parents and the children. The opportunity for children aged under 12 to play with friends without physical distancing may have reduced anxiety for those accompanying or supervising them during

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[36] Face Mask Exemption: Not Everyone Can Wear One https://accessibletravel.scot/face-mask-exemption-not-everyone-can-wear-one/

outdoor meetings. It is recognised that relaxations earlier in Phase 3 were more beneficial than the restrictions that were put in place on 10 September.

There is strong evidence that combined aerobic and resistance exercise interventions during pregnancy can maintain, or improve, cardiovascular fitness without adverse effects leading to improved maternal health after delivery, decreased complications during labour & delivery, and quicker maternal recovery. The re-opening of gyms and low-impact fitness classes for pregnant women are seen as beneficial.

Race

The evidence shows that some minority ethnic groups, particularly South Asians, are at a higher risk of catching and being seriously ill from COVID-19. The release of many measures in Phase 3 will have both provided income from work and improved access to goods and services, but also increased the potential for virus transmission.

It is recognised that some minority ethnic groups tend to have larger households. Any rules to restrict the number of people who can meet may disadvantage larger, intergenerational households. The easing in Phase 3 of the number of households and the total number of people allowed to meet together was positive for families with larger households. The subsequent measure on 10 September, re-imposing restrictions on the size of households who can meet will be less welcomed but could reduce the chances of people from some minority ethnic groups contracting COVID-19.

Returning to work for sectors opening in Phase 3 will have been financially welcomed by minority ethnic people while also likely to bring some health anxieties. Guidance has been developed across sectors to assess risk for individuals, with employers asked to provide suitable mitigation for high risk employees and customers. For example, when compared to the overall population, a larger proportion of college and university staff and students who will have been returning in Phase 3 are from minority ethnic backgrounds. Minority ethnic workers are also prevalent in the hospitality and tourism sector. In these latter sectors some will be working while others, such as those in the events industry, remain on furlough or may be without work.

As Phase 3 rolls out and brings changes in the normal rules and access to services it is important that communication is fully inclusive for people where English is not their first language or where there are other cultural issues to consider. Various sectors have developed guidance in different formats or with stakeholder groups to meet these needs.

We already know from developing the National Transport Strategy that public transport can provide a space in which perpetrators can target violence or threat of violence at certain groups of society. As public transport returns towards a normal schedule there could be an increase in racial discrimination and / or hate crime.

Almost half of students in halls of residence are from outside the UK[37] so those staying in university halls of residence and external Purpose-Built Student Accommodation are potentially more likely to have a wider variety of ethnic backgrounds. Continued physical distancing requirements could mean they are less able to access wider peer support networks and thereby exacerbate feelings of isolation.

Religion and belief

Members of faith communities have been able to attend places of worship for communal or congregational worship and / or prayer, and wider activities, ceremonies and services since 15 July. This Phase 3 measure has been of particular benefit to groups for whom individual prayer or contemplation is less significant than group prayer.

People attending a place of worship have been required to wear a face covering from 8 August, unless they are exempt for health reasons. The individual leading the act of worship is exempt from this requirement. For some, these conditions may impact on the spiritual connection experienced in practicing their faith in a place of worship.

There were also limits on the number of people who could attend a Place of Worship to exercise their religious rights The restriction to the total number of people who could attend a Place of Worship at one time may have had a negative impact on faiths that have larger catchment areas for an individual Place of Worship, which ordinarily has a high capacity, such as Muslim and Sikh communities.

Additionally, some restrictions on high risk activities, such as singing, remain in place, which will have a negative impact on some faith groups.

The relaxation of the measures to meet other households indoors and outdoors earlier in Phase 3 could benefit Muslims, followed by Hindus, who were most likely to live in overcrowded households in 2011[38]. The updated measure on 10 September to reduce the numbers of people and households able to meet could cause issues for those who have larger households.

Although universities and colleges reopened in Phase 3 which is seen as beneficial for all young people, due to the restrictions in numbers, colleges and universities may not be unable to offer a full programme of religious observance. Over a third of students declared as having a religion or belief in 2018.[39]

Easing of restrictions on funerals in Phase 3 has allowed more people who are not close family to attend funeral ceremonies held in places of worship. Numbers are still limited and funeral services will remain small, especially compared to pre-pandemic levels.

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[37] HESA Students Data, SG Secondary Analysis https://www.hesa.ac.uk/data-and-analysis/students
[38] Census 2011 Equality Results Analysis
[39] HESA Students Data, SG Secondary Analysis https://www.hesa.ac.uk/data-and-analysis/students

Sex

Men

Many of the positive impacts of Phase 3 for men relate to the opening up of sectors which can provide work and income, the re-opening of pubs, cafes and restaurants and the re-opening of sports, gyms and other activities. Outdoor contact sport is predominantly undertaken by young men and the opening of snooker / billiards / pool and indoor bowling which are significantly more popular amongst men than women[40] will have been of benefit to those who participate.

Men, especially older men, are at a greater clinical risk from COVID-19 so while increased community activity and a return to more normal life may be beneficial for many men, this will be accompanied by an increased risk from the transmission of the virus.

Evidence suggested that boys and young men struggled more than girls and young women with home learning during lockdown. The return of school settings in Phase 3 and increased peer and teacher contact will have been beneficial for their attainment. Men who are parents and undertake childcare will also benefit from the return of childcare and educational activities, as well as the opportunity to resume co-parenting when both parents live in different households.

Women

The initial Phase 3 release for people to see family and friends will have been beneficial for women, especially those offering or receiving informal care and support. Women were also at greater risk from domestic abuse, therefore being able to meet family and friends, or leave the home, may have made it easier to access the usual routes to support and safety.[41] The subsequent restriction in the number of households that could meet from 10 September may have reduced the initial positive impacts of this release. For example, it could have impacted on childcare (which is predominantly provided by women) and on parents' ability to 'return to work'. From 25 September only two households with a maximum of six people were able to meet outside socially. This will have had an increased impact on this group.

The increased public transport options will also be beneficial for women who tend to use public transport more than men. The proposals to stagger travel times and working times alongside mitigation measures being put in place by public transport operators will go some way to addressing anxieties from using public transport. However, women are more likely to make multi-stop and multi-purpose trips, combining travel to work with trips for other purposes e.g. caring responsibilities; taking children to school. This means that there may be complexities around the staggering of times for employment and education (especially as schools and ELC have re-opened) and how this will impact on the time of day people travel.

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[40] https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/
[41] Equally Safe: Scotland's strategy to eradicate violence against women

Increased accessibility to childcare provision in Phase 3 will have had a particularly positive impact on those who were disproportionately affected by closures e.g. women; children for whom home is not a safe or stable environment and for those where childcare provides resources and experiences that are not available at home.

Compared to other forms of physical activity, gyms provide an important role in providing women and girls with opportunities to be active. The opening of gyms and swimming pools in Phase 3 will have been of significant benefit in maintaining or increasing physical activity.

The further expansion of health services in Phase 3 under the breast screening programme and cervical screening programme will also have brought particular health benefits for women.

Women are more likely than men to work in the retail and personal retail industry and reopening these sectors in Phase 3 will have had a positive impact both financially and from a mental health perspective on people who work in those sectors and their customers.

A disproportionate number of victims of certain crimes (e.g. stalking, domestic abuse, sexual offending) are women.[42] The resumption of paused justice services in Phase 3 will be seen as positive but it is recognised that significant negative impacts will arise from ongoing delays due to a backlog in cases.

Sexual orientation

In Phase 3 an extended household could be formed by any two people who are in a relationship but do not live together. This will be beneficial for any couples who were living in separate residences.

More generally, inviting Lesbian, Gay, Bisexual (LGB) people into the home may not have been an option for people who live in a homophobic environment, so the opportunity to meet more households indoors and outdoors in Phase 3 will have been positive. From 25 September households were not able to visit another household indoors socially unless they are in an extended household or a non-co-habiting couple. In addition, only two households with a maximum of six people were able to meet outside socially. This will have had an increased impact on this group.

LGB students who returned home during lockdown may have done so to family environments that are unsafe and which make it harder to meet their needs. This may have negatively affected their wellbeing, and therefore their ability to complete their academic work. The return of universities and colleges and on campus living may have improved this situation for some.

For young LGB people, living away from home for the first time, campus living might be the first opportunity that they have to explore their sexuality openly. Due to the

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[42] Scottish Crime and Justice, Survey 2017-18

reduced opportunities for meeting fellow LGB students, this important part of their development may be restricted causing further anxiety and isolation.

Socio-economic disadvantage

The opportunity in Phase 2, and the further extension earlier in Phase 3, to meet more households in public outdoor space, and for some to form extended households, will have been beneficial for socio-economically disadvantaged households who were less likely to have a private garden space. The tightened restrictions put in place on 10 September may slightly reduce these social benefits but as people living in more deprived areas are at a greater risk from the virus, reducing the transmission will also have health benefits.

Those living in more deprived areas are more likely to have longstanding illnesses. They will have seen some benefits from the Phase 3 expansion of health services such as GPs, district nurses, podiatry, physio, optometry and emergency dentistry.

Though physical distancing on public transport reduced from two metres to one metre in Phase 3, public transport capacity continued to be constrained while restrictions remain in place. Those with lower car ownership levels are more likely to rely on public transport to access health, education, employment and other services / activities and were therefore likely to be impacted by this restricted capacity and be more concerned about the risk in the transmission of the virus.

Any increased access to high quality childcare in Phase 3 will support young children to develop and learn, to build social skills and networks, and in turn to help reduce the poverty related attainment gap. Reopening Early Learning and Childcare (ELC) services will have also positively impacted families who seek or receive wider support through their child's attendance at childcare settings. For example, we know that for families affected by poverty and disadvantage, access to food during a childcare session (Free Meals at ELC, breakfast clubs and snacks included with afterschool clubs) is a vital support.

With the opening up of all regulated childcare services, local authorities will have been able to meet their statutory duty to provide funded ELC and will increasingly be working towards the expansion to 1,140 hours. Parents in low-income households with young children will therefore benefit from increased access to funded childcare.

Learners from socio-economically disadvantaged backgrounds were more likely to struggle with home learning during lockdown due to a lack of access to suitable space, resources, the internet, and tutoring. Return to school in Phase 3 will therefore be of benefit in helping children to get back on track as well as providing wider support as needed.

Young people at college from a socio-economically disadvantaged background are more likely to study practical subjects at college, such as construction, care and social care support[43]. Although colleges and universities have restarted, these

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[43] http://www.sfc.ac.uk/publications-statistics/statistical-publications/2020/SFCST062020.aspx

practical subjects are more likely to be disrupted by remote learning and continued physical distancing.

Unregulated children's' activities and services are predominantly low or no cost. Some services will offer food and drink. Children and young people from deprived areas may have felt their loss more keenly, as both a safe space to socialise with peers and as a source of nourishment. For at risk children the re-opening of these services in Phase 3 will have been important as the activities are a vital part of their wellbeing, development and even safety.

Individuals from lower income backgrounds often rely on public libraries to access support services, learning resources, gain internet access and / or simply books to read for pleasure. Internet access is often essential to work, study and access to essential goods and services, including applying for benefits. Restoring some library services at Phase 3 will therefore be of benefit.

People who are socio-economically disadvantaged, including those who may have lost jobs or have seen their incomes reduced during lockdown, may be less able to afford to use many non-essential shops or hospitality businesses. The opening of these in Phase 3 may only have had limited beneficial impact to socio-economically disadvantaged people as customers. However, the opening of the sectors will have generated work and helped preserve jobs which could have provided some financial stability to households.

5. Strategic Response

All areas of society have been impacted by COVID-19 with action reflected in all Ministerial portfolios. Much of the activity that Scottish Government has taken to reduce the negative impact of COVID-19 on equality groups has been set out in the Route Map and Annex and associated legislation and guidance, but by no means all. This section provides information on a selection of wider responses by policy areas to the challenges of COVID-19. This is not meant to be comprehensive but to provide a flavour of the range of supports put in place.

Support for Children and Young People

During the pandemic response and the steps being taken in the Route Map, our focus has been to work with stakeholders to support the most at risk, keep children and young people safe and protected from harm and protect their rights whilst allowing them to experience as normal a childhood experience as is possible within the measures required to contain the pandemic.

This has included ensuring that critical childcare has been in place for the children of key workers and for those for whom it is of particular benefit, such as the most at risk in our society. We have also ensured, with stakeholders and service providers, that essential services, including child protection, maternity and neonatal services have continued, while adapting these where possible and appropriate, to use approaches and technology that reduce risks from the pandemic.

We have established a COVID-19 Children and Families Collective Leadership Group with key organisations across the children's sector to review intelligence about the scale and nature of harm and response and to progress local and national actions in response. Priority areas being progressed include actions relating to: family support, the impacts of domestic abuse on children and young people, and 'Route Map' planning for services for children and families. We collate and share weekly reports of data on Vulnerable Children and Adult Public Protection, provided by local partnerships, Police Scotland and other key partners. We produced reports in April, May and July [44] collating the available evidence and intelligence about the impact of COVID-19 on children and families and the services providing support. A monthly child health update is also produced to inform about the wider impact of the COVID-19 pandemic on the health and wellbeing of children and young people across Scotland.

The Leadership Group has continually taken stock of the work it has been tasked with over the emergency COVID-19 response period and produced a series of recommendations setting out a vision and outcomes-focused blueprint for family support, which aligns with the principles set out in the Independent Care Review's "Promise". This work will now be progressed at pace by the newly established Promise Team.

To ensure that children, including those most disadvantaged or at risk, are safe and protected from harm, local partnerships have reviewed local child protection processes and have adapted and re-prioritised services in response to the heightened risks to children arising from the outbreak. There are many examples of new and innovative practices across the country. Children on the child protection register continue to have regular contact with social workers and other professionals as part of their protection plans, as do those at risk children and young people who do not meet child protection thresholds but are known to services. We have supported these evolving approaches through COVID-19 national child protection guidance and provisions in the Coronavirus (Scotland) Act 2020. These actions are designed to improve capacity and flexibility in local child protection processes and the prioritisation of children at greatest risk.

Since 23 March 2020, children's hearings have taken place virtually. Children, family members, professionals, reporters, and the decision makers (panel members) have been unable to attend the public spaces in children's hearings centres. Children's hearings have continued to sit for a variety of reasons and where the urgent and immediate protection of a young person was required. The Coronavirus (Scotland) Act 2020 came into force on 7 April 2020 and has provided some flexibility to the way in which the Children's Hearing System (CHS) operates, and has allowed it to focus on immediate or urgent protection – while keeping safe other children and young people whose situations are not currently urgent. Consideration of the needs and risks to children are at the centre of decision making in individual cases. Scottish Children's Reporter Administration and Childrens Hearings Scotland worked with

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[44] April - https://www.gov.scot/publications/supporting-vulnerable-children-young-people-data-intelligence-report/;
May – https://www.gov.scot/publications/vulnerable-children-report-15-2020-scottish-government-solace/; July - – https://www.gov.scot/isbn/9781839609206

partner agencies on plans for the return to face-to-face children's hearings and the first of those took place in mid-July. A hybrid model of virtual and face-to-face hearings will be in place going forward.

The safety, health and wellbeing of all those living and working in secure care in Scotland is a priority and steps have been taken to reduce the risk of the virus spreading into the centres. These steps have included putting in place contingency and business continuity plans, which are reviewed regularly together with regular contact, including weekly teleconferences, with all five secure centres in Scotland, to understand the impact on the young people in their care, to discuss concerns, challenges and to consider guidance being published in this fast moving landscape.

Supporting Equality in the Labour Market

The COVID-19 pandemic has had significant negative economic impacts across the UK. Employment and working age benefits are reserved policy areas with the UK Government putting various measures in place to support the workforce during the early months of the pandemic, including the Coronavirus Employment Retention Scheme.[45]

In Scotland, we anticipate that the COVID-19 pandemic will exacerbate existing labour market inequalities[46] and we are already seeing evidence of negative impacts (e.g. a significant rise in youth unemployment and concerns over the potential reversal of progress in reducing the disability employment gap).[47] We therefore continue to engage with a number of equality stakeholder groups to understand the impacts and emerging issues of COVID-19, and to ensure the Route Map and recovery plans take these into consideration.

Our COVID-19 Statement of Fair Work Practices[48] recognised the particular challenges some workers faced as businesses re-started and the economy reopened. The statement encouraged employers to give particular attention to those in high risk groups and to facilitate working from home and other flexible working arrangements which can help people to balance work with care whilst protecting incomes and mitigating health risks. Furthermore, employers were encouraged to consider individuals' health circumstances through effective risk assessment and discuss these with the employees concerned.

We are continuing to implement our flagship Fair Work First approach, attaching Fair Work criteria to grants, other funding and contracts awarded by and across the public sector. This prioritises action to tackle labour market inequalities, through focused activity to address the gender pay gap and create a more diverse and inclusive workforce, promote payment of the real Living Wage and asking employers not to use zero hours contracts inappropriately.

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[45] https://www.gov.uk/coronavirus/business-support
[46] https://www.gov.scot/publications/economic-impact-of-coronavirus-led-labour-market-effects-on-individuals-and-households/
[47] https://socialmetricscommission.org.uk/wp-content/uploads/2020/08/SMC-Poverty-and-Covid-Report.pdf
[48] https://www.gov.scot/publications/coronavirus-covid-19-fair-work-statement/

We have also reassessed the viability of funded projects to ensure that organisations can still deliver on their outcomes or consider how those outcomes can be renegotiated to take account of restrictions. As a result, the timescales for the 2019 Workplace Equalities Fund, which funds a range of organisations to tackle workplace inequalities in relation to minority ethnic people; disabled people; older workers (those aged over 50); people who experience gender based violence; and workers who are experiencing social isolation and / or loneliness; and women, was extended to enable projects to adapt their delivery and amend outcomes to reflect working conditions within lockdown.

We also launched a Workplace Equality Fund for 2020 to offer immediate support to equality groups in the current COVID-19 environment and ensure that work to promote and embed workplace equality continues so that equality groups are not further disadvantaged in the labour market as a result of the effects of Covid-19.

We built on our 2018 Women Returners Fund by launching a call for applications to 2020 Women Returners Programme which will deliver short and sharp interventions to address the disproportionate impact the pandemic has on women and support women who have had a career break back into the labour market.

As evidence continues to emerge on how minority ethnic communities have been impacted by the coronavirus crisis, we have engaged closely with stakeholders to understand the specific concerns and issues arising for minority ethnic workers. We have worked with the Scottish Union Learning to amend their criteria for the Fair Work: Leadership and Equality Programme so that it reflects the emerging issues for minority ethnic workers as a result of the pandemic in a bid to encourage applications that will address these issues through programme delivery.

We launched a Minority Ethnic Recruitment Toolkit[49] which supports recruitment managers in the public sector looking to improve the diversity of their workforce by recruiting more people from minority ethnic backgrounds. While a lot of the content has been drawn from practice that is used in parts of the public sector, the information in this toolkit may be equally useful to employers in other sectors

The role of employability services is pivotal in supporting those who are most at risk to the adverse impacts of this crisis, many of whom face multiple barriers to accessing the labour market. The No One Left Behind[50] approach supports the implementation of the recommendations of both the Advisory Group on Economic Recovery and the Enterprise & Skills Strategic Board sub-group - including the provision of proactive support - to address unemployment in young people and to respond to youth unemployment with a flexible approach. The report also highlight the needs of lone parents, low income families, disabled individuals, and minority ethnic communities.

The No One Left Behind approach responds to the need expressed for a targeted and concerted set of interventions. We are working closely with partners across

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[49] https://www.gov.scot/publications/minority-ethnic-recruitment-toolkit/
[50] http://www.employabilityinscotland.com/policy/no-one-left-behind/

sectors to protect provision and ensure continuity of support for those individuals who use employability services. This includes liaison with key disabled people's organisations (e.g. Inclusion Scotland, Glasgow Disability Alliance, Scottish Commission for Learning Disability), who have been instrumental in sharing the lived experience of disabled people and highlighting issues of concern emerging from the pandemic.

We have also brought together an Employability COVID-19 Response Operational Group consisting of Scottish and Local Government, Skills Development Scotland, the Department for Work and Pensions and the third and private sectors. The group will focus on examining existing funded programmes, considering how we can flex these to provide people and organisations with the support they need in the short and medium term.

Supporting communities and marginalised group

The Scottish Government has taken decisive action to mitigate the social harms caused by the COVID-19 pandemic, backed by an initial £350 million package of Communities funding announced on 18 March 2020[51]. Councils, charities and community groups have been supported by this funding, which has been designed to be flexible and enable a swift response focused on addressing local need for people impacted economically or through reduced contact with society, including anyone struggling to access food.

This package includes significant additional funding to local authorities who deliver many frontline services. The money invested to date has helped the households who were struggling to cope financially and as a result of necessary restrictions to control the spread of the virus. Funding has also been made available for businesses impacted. For both the business support grant funding schemes and the additional funding made available to local authorities, the equality and Fairer Scotland impacts are assessed and monitored by those receiving the funding (i.e. local authorities). Local authority funding, announced to date, comprises:

- £155 million UK Government consequentials were confirmed to local authorities on 26 May and paid in June.
- The distribution of a further £49 million of UK Government consequentials has now been agreed with COSLA.
- £50 million hardship fund.
- £22 million Scottish Welfare Fund top up.
- £8 million boost to Discretionary Housing Payment allocations.
- £20 million to support individuals at financial risk over the winter period.
- £67.6 million made available to tackle food insecurity, including for the continuation of Free School Meal provision during school closures and holidays to Easter 2021.
- £25 million of the £50 million for a Council Tax Reduction Scheme and Social Security Benefits top-up.
- £600,000 for death registration services to work weekends and bank holidays.

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

Since March we have made over £130 million available to tackle food insecurity as a result of COVID-19 including for those at increased and greatest clinical risk from the virus, those at financial risk including families entitled to free school meals, and marginalised individuals. This includes:

- £50.3 million to cover our nationally coordinated response for those who are clinically extremely vulnerable, known as the 'shielded' group. As of 1 August, when the shielding programme was paused, 978,316 food boxes had been provided.
- £67.6 million available to local authorities, encouraging a 'cash-first' (direct financial transfer) approach to ensure those who can get to the shops have the money they need to buy food and other essentials. Of this £37.6 million has been made available to continue the provision of Free School Meals during school closures and the summer holidays, with £10 million to continue provision across October, Christmas, February and Easter breaks.
- Over £4.9 million available to support 50 third-sector partners through direct grants. These strategic investments, focused on delivering nationally or via community-based responses at local level, to tackle food insecurity include £2.1 million for FareShare to purchase and distribute food. £7.8 million to support over 250 projects helping to tackle food insecurity through the Wellbeing and Supporting Communities Funds.

Around £80 million of additional investment has been made available to support third sector and community organisations through the Communities funding package to date. This investment spans across the Supporting Communities Fund, Wellbeing Fund, Third Sector Resilience Fund and Food Fund investment – as noted above.

Our investment to support third sector and community organisations has been wide reaching and focused on a range of needs beyond solely food – including wellbeing, mental health, fuel and community resilience. It has supported key national infrastructure, including Age Scotland, Women's Aid and Chest, Heart and Stroke Scotland – enhancing the capacity of these organisations to meet people's needs. We have provided over £22 million in grants to charities, faced with financial difficulties directly as a result of the coronavirus pandemic, to stabilise their cash-flow and continue to deliver key services. We have also delivered over £17 million of investment, through Community Anchor Organisations, to reach many small community organisations and mutual aid groups that would not otherwise have been able to access funding and have been an essential part of the response and our resilience.

As we transition from the emergency response phase into recovery and renewal, we have announced a new £25 million Community and Third Sector Recovery Programme. This includes business support and investment to help organisations adapt their operations and income generation to increase sustainability, as well as supporting communities as they work to re-start and adapt service and activity delivery. This funding will also support our third sector to continue to support people and communities in responding to the ongoing impact of the pandemic.

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A digital funding mapping tool has been developed to display the funding allocated by local authority area to support communities across Scotland affected by coronavirus (COVID-19).[52] This tool will continue to be updated in the coming months.

Since April, we have provided over £1.5 million from the Communities Fund to third sector organisations to enable them to acquire emergency hotel accommodation for people experiencing, or at risk of experiencing, homelessness. This includes people rough sleeping and people with no recourse to public funds, such as destitute asylum seekers. We also provided nearly £30,000 to SAY Women to provide enhanced independent living support to women who are homeless and have experienced sexual assault.

The Homelessness and Rough Sleeping Action Group (HARSAG) [53] was reconvened to consider the actions needed to support people experiencing homelessness during and after this pandemic, making over 100 recommendations to Scottish Government and COSLA. In line with the Ending Homelessness Together principles, HARSAG's work was informed by people who have experience of homelessness and by the insights and expertise of those who work in homelessness services. A summary of the equality evidence was provided to HARSAG to inform their discussions, and the Group consulted with organisations supporting women, young people, Gypsy / Travellers and disabled people's organisations. We are also working closely with women's organisations, including Engender and Scottish Women's Aid, to ensure our recovery plan is gender-informed. The joint Ending Homelessness Together Action Plan update was published on 8 October 2020, setting out Scottish Government and COSLA action to address homelessness that will be taken in light of the pandemic.

Given the impact of the lockdown on household income protecting people's homes was critical. With the Coronavirus (Scotland) 2020 Act we have protected tenants against eviction for up to six months and made all grounds for repossession in the private rented sector discretionary, ensuring the First-tier Tribunal for Scotland can take into account the full circumstances of a case. This mirrors what is already in place in the social sector[54] . In addition, we have introduced notice periods for students living in halls of residence and Purpose Built Student Accommodation and we are introducing pre-action requirements for landlords. We have also provided Citizens Advice Scotland with £3 million to provide support to people struggling financially at this time, including an additional £100,000 for a new national helpline. We have actively encouraged tenants to ensure they apply for the financial support they are eligible for including through a specific campaign letting tenants know about their rights.

During lockdown the importance of communities being able to support each other was critical. Our Volunteering for All Framework aims to increase volunteering participation and to reduce inequalities.[55] We ran a volunteering campaign 'Scotland

[52] https://community-funding-mapping-1-1-scotgov.hub.arcgis.com/
[53] https://www.gov.scot/groups/homelessness-and-rough-sleeping-action-group/
[54] https://www.gov.scot/publications/coronavirus-covid-19-landlord-and-letting-agent-faqs/
[55] https://www.volunteerscotland.net/about-us/news-blog/news/volunteering-for-all-our-national-framework/

Cares" that generated over 60,000 sign-ups to support our public services and local communities. The recruitment, deployment and retention of volunteers was led by locally expressed need.

Supporting Equality in Digital Connection

Many of the services released through the Route Map are relying on digital services or a blend of virtual and face-to-face. In recognition that digital exclusion in terms of skills, and access to devices and data was a real problem for some people - particularly socio-economically disadvantaged, older and some disabled people - the Cabinet Secretary for Communities announced the Connecting Scotland programme.[56] This programme initially aimed to support 9,000 low income individuals across Scotland at increased clinical risk from COVID-19. The £5 million programme offers a 12 month data package, training and support and a laptop or tablet to people who are clinically at risk, on a low income and are not already online during the response to coronavirus.

Investment in this programme has now been increased, with a total of £43 million committed to support around 50,000 people to get online by the end of 2021.

Around 9,000 people have already been supported through the programme including more than 540 people receiving a package of a device, connectivity and training as part of an early pilot, including 200 families with children who were supported during May through Children 1st and Aberlour. A further 23,000 families with children and young care leavers are expected to be helped through the second phase of delivery. This is in addition to the £25 million committed to provide laptops for disadvantaged children to study online – which will benefit up to 70,000 individuals.

Scottish Government's organisational response on equality

Across the Scottish Government, considerable effort has been made to support the response to COVID-19 from the perspective of equality. For example, the People Directorate is focused on embedding equality internally and is taking action to understand the differential impact of COVID-19 on equality groups in the workforce to ensure decisions are informed by equality evidence, shaped by insights / lived experience and delivered through inclusive leadership that meets diverse needs. We are adapting Human Resources policy and procedures to respond to and support all staff, including protected groups, with a strong focus on mental health and wellbeing, and successfully trialling a new approach to implementing workplace adjustments.

To support the inclusivity and accessibility of our public messaging, we have worked closely with partner organisations, including other public bodies, charities, private sector and community groups. Key COVID-19 information is translated and distributed to benefit the wider community, and languages and formats are progressed with consideration of primary and secondary language/format lists as set

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[56] https://connecting.scot/

out by Public Health Scotland, with Marketing consulting with partners to determine where additional languages / formats are required.

6.   Conclusion

This document has set out an overview of the range of poverty and equality impacts evidenced in relation to the complex range of measures that have been taken during Phase 3. A range of impacts have been identified along with a range of mitigation activities. These are described in detail in the tables in the Annex and summarised in Section 3. Engagement with key stakeholders and the understanding of lived experience will be critical to making sure that impacts have been appropriately identified and that assessments cover a full range of issues.

In addition to the analysis of the Phase 3 measures, Section 5 of the report provides information on other policies and funding streams that Scottish Government has implemented to tackle inequality as a result of COVID-19.

We welcome your views and evidence. If you are in regular contact with policy makers in the Scottish Government please feel free to use your normal routes of engagement to provide further evidence or comments. If you are not in regular contact with policy makers in the Scottish Government or have any more general comments on both the assessment and mitigation activities please send them to Covid19OutbreakManagement@gov.scot .

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