

The Health Protection (Coronavirus) (Restrictions and Requirements) (Additional Temporary Measures) (Scotland) Regulations 2020

Introduction

1. The COVID-19 pandemic has led to unprecedented calls on the health system as well as policy and financial decisions that have made fundamental changes to everyday life for people in Scotland. While it has been necessary to take these extraordinary measures to respond to the pandemic, in order to protect the right to life and the right to health for Scotland's population, the unequal impact of the pandemic and the need to advance equality, eliminate discrimination and foster good relations (as per our Public Sector Equality Duty) and take an integrated and balanced approach to ensuring the proportionality of the measures taken, have also been at the forefront of consideration of these actions during this emergency situation.
2. The Coronavirus (COVID-19): Framework for Decision-Making and *Scotland's route map through and out of the crisis* ("the Route Map") make clear that COVID-19 is first and foremost a public health crisis, and the measures to combat it have been necessary to save lives. The state has a duty to promote, respect and fulfil human rights, including the right to life and the right to health. The *Framework for Decision-Making* identified four main categories of harm: direct health impacts, non-COVID-19 health harms, societal impacts and economic impacts. These harms are deeply inter-related: health harms impact on society and the economy, just as the societal and economic effects impact on physical and mental health and wellbeing. The Route Map sets out the range and phasing of measures proposed for Scotland as it moves out of lockdown. Like the initial response to the crisis, navigating the right course out of lockdown including tighter restrictions as and when required, involves taking difficult decisions that seek to balance these inter-related rights, harms and risks.
3. The Framework and the Route Map documents also note that the pandemic, and the measures to respond to it, can have the most negative impacts on people least able to withstand them.
4. Some harms will be felt over different time horizons: short, medium and long-term. Some harm may not be fully understood for many months or even years, such as the long term impacts on mental health and school attainment. However, even in these initial stages, it is clear that impacts have not been felt equally across the population. Consideration of the continued but differential impacts as lockdown is lifted in careful phases is therefore critical to the decision making process.

Legislative background

5. The UK Coronavirus Act 2020 received Royal Assent on 25 March 2020. The Scottish Government immediately used powers conferred by that Act to bring forward the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 ("the first regulations"), to implement physical distancing and impose restrictions on gatherings, events and operation of business activity. They came into force on Thursday 26 March.
6. The Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 revoked and replaced the first regulations, making provision which is substantially similar to the first regulations, as amended at the date on which they were revoked.
7. These regulations set out additional temporary restrictions, both nationally and specific to the central belt. These regulations suspend the Health Protection (Coronavirus)

(Restrictions and Requirements) (Scotland) Regulations 2020 while these regulations are in force and will expire at 0600 on 26 October 2020.

8. As soon as the Scottish Ministers consider that any restriction or requirement is no longer necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in Scotland with coronavirus, the Scottish Ministers must revoke that restriction or requirement.
9. The Framework for Decision Making makes clear that the reviews will be informed by assessments of options for relaxation or restriction under their impact on the 'four harms', their viability, and broader considerations including equality impacts, the impact on individual rights and consideration of measures, for example, for specific geographies and sectors.
10. The Scottish Government considered from the outset whether the lockdown provisions were consistent with the Equality Act 2010 and also considered whether the provisions could constitute indirect discrimination. In many cases, the provisions have applied to all persons irrespective of protected characteristic. Equality Impact Assessments (EQIAs) have been carried out to consider the likely or anticipated impact of the measures contained in the Coronavirus (Scotland) Act 2020 and for the respective legislation thereafter. Where some possible negative impacts have been identified, the Scottish Government has considered these to be justified as both a necessary and proportionate means of achieving the legitimate aim of protecting the general public from the threats posed by the outbreak of the Coronavirus pandemic and, therefore, the threat to human life in Scotland; and has sought to mitigate disadvantage wherever possible, e.g. developing exemption cards for people whose health or disability makes the wearing of face coverings unsuitable. However, from the beginning measures were put in place to support people with protected characteristics as they complied with lockdown guidance, such as the £350 million of community funding announced on the 18 March.
11. The impact assessment has identified some potential positive impacts on one or more of the protected characteristics. Reductions in the spread of coronavirus are designed to positively affect the whole population, but will particularly affect the health of those people who are more severely affected by the disease.
12. This includes older people (age), those with underlying health conditions (some disabled people are more likely to experience severe ill-health from contracting COVID-19 than the general population) sex. [Early data](#) showed that the COVID-19 virus was more deadly for people with underlying health conditions. Prevalence of some of these health conditions is known to be higher in certain ethnic groups, for example Type 2 diabetes is 6 times more likely in people of South Asian descent and 3 times more likely in African and Afro-Caribbean people.
13. As Scotland emerges from the lockdown, following the Route Map, some changes are delivered through regulations, such as the opportunity to take part in outdoor recreation. Other measures are delivered through changes to guidance, such as driving lessons resuming. However, all measures are given thorough consideration on the basis of their impact, including on equality and human rights¹.

¹ A summary of equality and Fairer Scotland evidence was published for Phase 1 and 2 of the RouteMap. An update for Phase 3 is forthcoming. <https://www.gov.scot/publications/equality-fairer-scotland-impact-assessment-evidence-gathered-scotlands-route-map-through-out-crisis/>

Policy Objectives

14. On 21 May 2020 the Scottish Government published a route map setting out a phased approach to easing lockdown restrictions while still suppressing coronavirus (COVID-19). The route map recognises that the restrictions and requirements in place have a negative impact on some aspects of people's lives, such as increasing loneliness and social isolation and have potential to deepen inequalities and damage our economy. The route map also stated that, subject to the available data and evidence in support of such proposals, some of the restrictions and requirements may be eased.
15. Since March, several amending instruments have been brought forward to introduce various changes in line with the route map.
16. As we are beginning to see an increase in transmission across Scotland, it has become necessary to implement some further restrictions to bring these numbers down again. An evidence paper was published on 7 October to sum up evidence on infection trends, confirmed cases, hospital use and deaths, and how these vary across Scotland. This paper is available at <https://www.gov.scot/publications/coronavirus-covid-19-evidence-paper-october-2020/>.
17. The Scottish Government's guidance has been updated to reflect these changes and to make other changes for the purpose of implementing proposals in the route map. The revised guidance is available at www.gov.scot/collections/coronavirus-covid-19-guidance.

Measures outside the central belt

18. The regulations take steps to limit the amount of time households can spend socialising with one another in hospitality settings by limiting operating hours. Indoor hospitality must now close their premises to the public between 6 pm and 6 am and cannot sell alcohol for consumption inside the premises. Where a premise is licensed to do so, they can provide food and drink, including alcoholic beverages, for consumption outdoors. Life events such as weddings, civil partnership, funerals and the associate receptions and wakes can continue in these premises with certain restrictions in place.

Nationwide

19. These regulations also require retail premises to return to 2 metre physical distancing, having previously been provided with an exemption that allowed 1 metre physical distancing to be applied in these settings. The nationwide increase to 2 metres is intended to provide customers and staff with an extra layer of protection now that transmission levels are higher. Non-legislative measures such as the re-introduction of one way systems are being pursued with stakeholders to complement this change.

Measures taken in the central belt

20. Some stricter measures are being imposed across 5 Health Board areas in central Scotland. The Regulations set out that licensed hospitality venues, other than cafes, must remain closed to the public for the duration that the regulations are in force in order to stop transmission between households in these settings. All cafes and other hospitality settings without a license to sell alcohol are subject to the same restrictions as hospitality venues outside the central belt as outlined above.
21. The regulations restrict indoor group exercise classes for those aged 18 and over from taking place and also restrict contact sport for this age group, unless for professional sport. The regulations restrict outdoor live events from taking place in this area and require the

closure of snooker/pool halls, indoor bowling, casinos and bingo halls. All of these measures are intended to limit the amount of household to household contact that can take place and reduce the likelihood of transmission as a result.

Closure of casinos and bingo halls.

- Casinos and bingo halls will close in the Central Belt (five health board areas - Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran, Lothian and Forth Valley) for two weeks from 10 October.
- Protecting the public health of Scotland is one of the primary roles of a government. This measure is intended to break the transmission rate of COVID-19, which has continued to increase, and which has increased at a higher rate in these geographic areas.

Differential impacts	Age: Children and Younger People	The measure only relates to adults.
	Age: Older People	<p>Older people may be impacted by this measure as bingo halls and casinos are visited by people covering a range of different ages, including older people. According to one operator’s data 25% are over 65, in another’s 33% are over 55. Staff in bingo halls and casinos are a mix of ages.</p> <p>Older people are more likely to live alone, which has potentially significant implications for their wellbeing. Reduced opportunities to meet other people may therefore have a negative impact for older people as they may experience increased isolation.</p> <p>Older people are more likely to have underlying health conditions, making them more susceptible to the severe negative health effects of COVID-19. The tightening of restrictions should decrease that chance. Figures show that older people are more likely to be adversely affected by the virus.²</p>
	Sex: Women	<p>Data from individual operators suggest that women form a higher proportion of bingo hall customers, who will be affected by venue closure.³ There are also more female employees than male in casinos and bingo halls.</p> <p>Women are more likely than men to have longstanding illnesses.⁴ These new restrictions should reduce the risk of COVID-19 infection.</p> <p>Before the pandemic, women met socially with friends, relatives, neighbours or colleagues more regularly than men⁵ and so might be more likely to miss doing so. The increased opportunities for women to meet with others may therefore have helped in decreasing loneliness and may also help to increase access to support networks. These new measures may therefore negatively impact on women being able to meet socially with friends. Whilst it is recognised that this may have a negative effect, it is considered legitimate aim of protecting the general public from the threats posed by the outbreak of the Coronavirus pandemic and, therefore, the threat to human life in Scotland.</p>
	Sex: Men	No evidence of a differential impact identified at this time.
	Race	<p>Data shows that deaths amongst people in the South Asian ethnic group were almost twice as likely to involve COVID-19 in the period 12 March – 14 June as deaths in the White ethnic group, after accounting for age group, sex, area-level deprivation and urban rural classification.⁶</p> <p>Feelings of loneliness are highest in single-occupier households⁷ and people of ‘Black, Black Scottish or Black British’ ethnicity were most likely to be living</p>

	<p>alone at the time of the last census in 2011.⁸ They may be negatively impacted from not being able to meet up as easily with other people due to the tightening of the measures.</p> <p>The reduced opportunity to meet households outside of the home will have a negative impact for those living in overcrowded households. Those identifying as 'White: Polish', 'Bangladeshi' or 'African' were the most likely to live in overcrowded households in 2011.</p> <p>Without accessible formats of information or through a lack of access to an interpreter / support worker some people may find the changes to this measure more difficult to understand in the context of national and local measures.</p>
Religion & Faith	No evidence of a differential impact identified at this time.
Disability	<p>Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown. In 2018, a higher percentage of disabled adults in Scotland (39%) said that they felt lonely some, most or all of the time in the preceding week compared with all adults (21%) and non-disabled adults (16%). People with mental health issues may be at greater risk of the impacts of social isolation. These measures could therefore negatively impact on disabled people.</p> <p>This temporary measure could lead to a decreased risk of transmitting COVID-19. This could disproportionately positively affect some disabled people. Around 170,000 adults in Scotland have been defined on medical grounds as clinically extremely susceptible due to having an existing health condition that puts them at very high risk of severe illness from COVID-19. Therefore, measures designed to protect people who are at greater risk from COVID -19 will have a positive effect.</p> <p>Without accessible formats of information or through a lack of access to a support worker some people may find the changes to this measure more difficult to understand in the context of local and national measures.</p>
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.

² See [Deaths involving COVID-19](#) and [COVID-19 statistical report](#)

³Share of people playing bingo* in Scotland in 2017, by age group and gender
<https://www.statista.com/statistics/615334/bingo-participation-in-scotland-by-age-group-and-gender/>

⁴ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#))

⁵ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/4/>

⁶ [Analysis of deaths involving coronavirus \(COVID-19\) in Scotland, by ethnic group](#)

⁷ [Scottish Household Survey 2018](#)

⁸ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

	Gender Reassignment	No evidence of a differential impact identified at this time.
	Socio-economic disadvantage	<p>In some communities of greater socio-economic disadvantage, bingo halls can provide one of few opportunities for social gathering and enjoyment. This measure may therefore disproportionately affect areas of greater socio-economic disadvantage.</p> <p>Those living in more deprived areas are more likely to have longstanding illnesses. These people might feel less pressure to socialise outside the home with others.⁹</p>

Mitigating actions:

The Betting and Gaming Council that represents the gaming industry has developed guidance for running casinos during COVID-19, following the SG tourism and hospitality guidance, which it has agreed with the Scottish Government and circulated to its members.

To protect jobs during this time limited measure, an additional £40 million has been made available to support businesses that will be affected by these new measures over the next two weeks.

⁹ [Scottish Health Survey 2018](#)

Restriction of outdoor live events.

Impact

Events make a key contribution to Scotland’s economy and can boost Scotland’s profile internationally and also boost community engagement, empowerment and inclusion. The events sector is diverse, consisting of a range of small, medium and large businesses, many of which will also provide services for other sectors such as cultural, community, sporting and business activities. The workforce can include anyone working on an event, whether that be direct employees, agency workers, freelance suppliers, contractors and specialist workers (such as riggers), seasonal workers, catering and cleaning staff, staff on zero hours contracts, performers, competitors and volunteers.

These temporary measures will have a negative impact on the events sector across the central belt, the majority of whom were either unable to operate previously or were operating on a severely reduced scale.

After lockdown began in March 2020, all of Scotland’s major and community events taking place prior to the Summer were cancelled or tentatively rescheduled into 2021 or 2022. Gradually the bulk of the remainder of Scotland’s 2020 events programme followed suit with cancellations or postponements, pending decisions on the timing for a resumption of the event sector in line with the Route Map.

Scottish Government guidance for the events sector on safe re-opening during the coronavirus pandemic was published on 3 July and came into effect 20 July 2020. As of 24 August, outdoor live events that were seated or which take place in open spaces were permitted to commence in line with guidance, in particular that capacity at these events should be calculated on the basis of ensuring physical distancing, up to a maximum of 200 people. However, the majority of the industry was unable to operate viably within these restrictions are therefore not operating. The Coronavirus (COVID-19): Events Sector Guidance: Equality and Fairer Scotland impact assessment was last updated on 30 September 2020.

The temporary measure announced on 7 October will have a further negative impact on Scotland’s events sector, supply chain and programme of events, as it extends the period for businesses who were not able to operate viably following the 24 August changes, and will mean that for the period of the new restrictions outdoor seated and open space live events will no longer be permitted anywhere in Scotland.

Differential impacts

Age: Children and Younger People

The Annual Population Survey 2019 found that approximately 51% of the events workforce is under the age of 35 compared to around 35% for Scotland’s workforce as a whole. A disproportionately young workforce could result in a heightened risk and impact (in terms of lost lifetime earnings) of unemployment in the industry. Research indicates a reduction in wages of between 12 and 15% at the age of 42 for those who experience youth unemployment¹⁰. In addition to the economic impacts, there is also some evidence that those experiencing youth unemployment are more likely to experience worse health outcomes, unhappiness and lower job satisfaction later in life¹¹.

The Scottish Household Survey figures shows levels of cultural attendance, in 2018, were generally higher among the younger age groups, although there

	<p>were differences in the cultural activities attended by younger and older age groups.</p> <p>Ninety one per cent of 16 to 24 year olds attended a cultural event compared to 56 per cent of those aged 75 and over. 16 to 24 year olds also had higher cultural attendance than those aged 75 and over, after excluding trips to the cinema (78 per cent and 54 per cent).</p> <p>Almost half of 16 to 24 year olds (44 per cent) attended a live music event, compared with 10 per cent of those aged 75 or over.</p> <p>The data presented above shows that the temporary measures are likely to have a disproportionate impact on younger people, both who work in the sector and/or attend events.</p>
Age: Older People	<p>IPSOS – Tracking the Coronavirus Report, Scotland has found that older people (over 55) are more anxious about returning to events than younger people (under 35). Therefore, the temporary measures could have a positive impact on older people due to a reduction in community transmission from events not being held.</p>
Sex: Women	<p>The proportion of women working in the events industry is similar to the proportion in the overall workforce - 47% and 49% respectively. However, for Events Catering Activities, women make up 56% of the workforce and for Other Reservation Service and Related Activities they make up 73% of the workforce.</p> <p>Therefore, the temporary measures are likely to have a slightly higher impact on women in parts of the events sector who are unable to work.</p>
Sex: Men	<p>No evidence of a differential impact identified at this time.</p>
Race	<p>Given the acknowledged increased risks of COVID-19 to minority ethnic groups, this measure could have a positive impact due to a reduction in community transmission from events not being held.</p> <p>Early data showed that the COVID-19 virus was more deadly for people with underlying health conditions. Prevalence of some of these health conditions is known to be higher in certain minority ethnic groups, for example Type 2 diabetes is 6 times more likely in people of South Asian descent and 3 times more likely in African and Afro-Caribbean people.</p>
Religion & Faith	<p>No evidence of a differential impact identified at this time.</p>
Sexual Orientation	<p>No evidence of a differential impact identified at this time.</p>
Marriage and Civil Partnership	<p>No evidence of a differential impact identified at this time.</p>

¹⁰ Gregg, Paul and Tominey, Emma (2004) *'The Wage Scar from Youth Unemployment'*, CMPO Working Paper Series No 04/097

¹¹ Bell, David N.F. and Blanchflower, David, G. (2011) *'Young People and the Great Recession'* IZA Discussion Paper, No. 5674

Gender Reassignment	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	No evidence of a differential impact identified at this time.
Disability	<p>This measure could have a positive impact on some disabled people due to a reduction in community transmission from events not being held.</p> <p>Of those who died with COVID-19 in March - July, 92% had at least one pre-existing condition. The most common main pre-existing condition among those who died with COVID-19 was dementia and Alzheimer's disease (31%), followed by ischaemic heart disease (13%). This may restrict some disabled people from working in or attending events.</p> <p>Therefore, it is possible that stopping the operation of all live events for this period will mean that certain barriers to disabled people working at or attending events (which were a result of the measures implemented to mitigate the spread of the virus) may have been removed for the period that events cannot operate. For example, during the course of previously permitted events disabled people may have faced:</p> <ul style="list-style-type: none"> • General guidance not to use lifts (impact of people who use wheelchairs or others who find it difficult to use the stairs). • Use of face covering by event staff and / or those attending events (impact on people who lip read or those who cannot wear face masks due to health conditions). • Provision of additional handwashing or hand sanitiser in particular locations that are not accessible / not at correct height (impact on those in wheelchairs). • Provision of information before and on the day of the event about the measures to reduce the spread of coronavirus not available in a range of formats (may exclude those who are reliant on a particular format – e.g. people who are blind or deaf). • Facilities being removed or reduced – for example disabled parking spaces removed to allow for queuing or disabled toilets changed to general use to increase capacity. <p>The mitigating actions set out below should help to overcome these negative barriers.</p>
Socio-economic disadvantage	<p>There are particular issues for staff working in insecure contracts for events. Employees in the events sector are less likely to be paid wages at the level of the Living Wage or above than Scotland's employees as a whole. Only around 78% of workers in the events sector earn at or above the Living Wage compared with 83% of all Scottish employees.¹²</p> <p>Median pay for employees in the events sector is lower than that for median pay of all Scottish employees. Median pay for employees in the events sector was approximately £23,911 compared with approximately £30,000 for all Scottish employees.</p> <p>Fewer people are likely to attend or participate in events due to the financial implications of COVID-19 on households.</p>

¹² <https://www.gov.scot/publications/annual-survey-of-hours-and-earnings-2019/>

		<p>These impacts will be exacerbated by these temporary measures as they will see the rolling back of the limited outdoors events which were previously able to take place from 24 July, in addition to prolonging the period for which the rest of the sector are unable to operate. Therefore, the impact on wages and job security will be significant for this sector.</p>
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Mitigating actions:

With regards to the temporary measures having a disproportionate impact on younger people, both who work in the sector and/or attend events, the socio-economic disadvantages are exacerbated by these temporary measures and also the impact on wages and job security. Mitigating actions are being developed in the form of potential funding support to the businesses. Some events businesses and supply chains will have been able to access the funding support of over £2.3 billion provided by the Scottish Government across a range of support schemes. There will be further consideration of the financial impact on the events workforce of these temporary measures and options to support them.

Whilst not relevant for these temporary measures since the sector cannot operate, mitigating actions are being developed with stakeholders for when live events do recommence and will be published in the full impact assessment in due course. This will include the consideration of a pilot programme of events to test mitigating measures before the sector reopens fully and analyse behaviour and impact of the measures required to enable the safe restarting of the events sector. There will also be a consideration of alternative methods of event delivery that might be possible which carry a lower risk of transmission. Mitigating actions being developed for when live events do recommence will include:

Age (All): Ensure that communication will be provided through a range of channels to help ensure that they are accessed by the intended audience for the event. Similarly, ensure that communications with the workforce will be provided in a range of ways, workers are able to ask questions, and that workforce representatives are fully involved.

Disability: Event organisers should consider whether any of the measures they are implementing could create barriers for disabled people as staff or participants. They should take into account anticipated access requirements of disabled visitors; make reasonable adjustments to avoid disabled workers being put at a disadvantage; and the opening of toilets should be accompanied by a local risk assessment, taking into account anticipated access requirements of disabled people.

Race: Individual health circumstances and protected characteristics should be considered and discussed with the workforce before prioritising who is asked to return to work and when. This should recognise the protective measures required to minimise health risks to high risk groups or those living in high risk households, exploring whenever possible how these staff can work from home. Consideration of health circumstances and protected characteristics should be given to this as part of the risk assessment process. Permission should be sought from individuals before collecting any information on their health condition.

Intersectional: Individual health circumstances and protected characteristics that cover more than one equality grouping should be considered and discussed with the workforce before prioritising who is asked to return to work and when. Consideration of health circumstances and protected characteristics should be given to this as part of the risk assessment process.

Socio-economic disadvantage: A checklist sets out that event organisers should consider what will happen where people do not have access to contactless payments so that people are not excluded from an event and should consider what will happen where people do not have access to a smart phone or other electronic device (where electronic tickets are used) so that people are not excluded from an event.

HOSPITALITY AND TOURISM MEASURES

Hospitality (food and drink premises) – Outside the central belt

- all relevant hospitality premises may only open indoors to the public between 6 am and 6 pm, with no sale of alcohol
- all premises may open outdoors until 10pm, including for the sale of alcohol (if licensed to do so)
- current meeting rules apply in hospitality settings: maximum of 6 people from 2 households
- limited exemption for meals and drinks (without alcohol) for guests only in hotel and other commercial accommodation
- some exceptions to the requirement to close, including certain transport premises, or canteens in student residences
- exemption for specific life events (e.g. wedding receptions), which may continue (with alcohol) as per current meeting rules (e.g. guidance currently advises a 20 person limit in regulated premises)
- takeaway services are still permitted

Hospitality (food and drink premises) - Temporary central belt measures

- licensed premises must close to the public
 - only the parts of a licensed premises where food or drink are served have to close. For example, the bar in a licensed clubhouse would have to close, but the shop could remain open. Licensed cafes may open from 0600—1800 (without alcohol sale or consumption)
- unlicensed premises may open to the public between 6 am and 6 pm
- current meeting rules apply: maximum of 6 people from 2 households
- limited exemption for meals and drinks (without alcohol) for guests only in hotel and other commercial accommodation, and for resident students in student accommodation, and for food and drink sold in cinemas for consumption in auditorium
- some exceptions to the requirement to close, including certain transport premises
- exemption for specific life events (e.g. wedding receptions) – which may continue (with alcohol) as per current meeting rules (20 person limit in regulated premises).
- takeaway services are still permitted

- Planned holidays can still be taken, with no pan-Scotland travel restrictions (guidance will suggest avoiding areas of higher risk and use active travel wherever possible).
- Both visitor accommodation and visitor attractions will remain open.
- The Scottish Government will offer financial compensation to the hospitality sector.

General impacts of the measure

Scotland's hospitality industry has been particularly hard-hit by the pandemic because of its customer-facing nature.

Registered enterprises within the sustainable tourism sector accounted for around 8% of all registered businesses in Scotland in 2019 with just under 15,000 tourism businesses in Scotland. Within the sustainable tourism growth sector, restaurants comprise the highest proportion (51%) while pubs and clubs and hotels account for 19% and 11% respectively.¹³

Re-opening of the hospitality sector has been conditional on supportive scientific and public health evidence and compliance with sector and public health guidance,

¹³ 14,970 in 2019 <https://www.gov.scot/publications/growth-sector-statistics/>

	<p>meet socially with friends, relatives, neighbours or work colleagues at least once a week. These new restrictions will reduce the social engagement for some young people.</p> <p>These measures could have a negative impact for some young people, both in terms of employment and socialising.</p>
<p>Sex: Women</p>	<p>Women have been affected disproportionately during this pandemic. This is due to structural inequalities in the labour market and more specifically the fact that women are responsible for the majority of childcare which places considerable burden on them during periods of restrictions. Lone parents, the majority of whom are women, face additional difficulties¹⁸.</p> <p>School and nursery reopening has reduced this impact.</p> <p>Before the pandemic, women met socially with friends, relatives, neighbours or colleagues more regularly than men and so might be more likely miss doing¹⁹ so. The increased opportunities for women to meet with others may therefore have helped in decreasing loneliness and may also help to increase access to support networks. These new measures may therefore negatively impact on women being able to meet socially with friends. Whilst it is recognised that this may have a negative effect, it is considered legitimate aim of protecting the general public from the threats posed by the outbreak of the Coronavirus pandemic and, therefore, the threat to human life in Scotland.</p> <p>Women are more likely than men to have longstanding illnesses.²⁰ These new restrictions should reduce the risk of COVID-19 infection.</p> <p>Women are more likely than men to work in the accommodation and food sector industry. Women constitute 52.3% of the tourism workforce.²¹ The increases the risk of infection for women given the customer facing nature of many of the roles. Women are the majority of those employed in many 'shut down' sectors, such as Retail trade, except vehicles (60% women), Accommodation (58%) and Food and beverage service activities (53%).²²</p> <p>Women are also much more likely to be victims of domestic abuse and any additional restrictions may make it harder for some to access the usual routes to support and safety. A priority for the Scottish Government during this pandemic has been to highlight that services and Police Scotland are still there for anyone experiencing domestic abuse and to say 'please always seek the help you need'. Staying safe from COVID-19 does not prevent anyone from seeking support, including leaving the home, and this was clear in a national domestic abuse campaign that was run in spring. The Scottish Government recently allocated an additional £4.25 million, on top of £1.5 million provided in March, to frontline services so they could respond to an increase in demand from victims of abuse. This funding will allow more people to quickly and easily access help.</p>

¹⁸ [Scottish Household Survey, 2018](#)

¹⁹ <https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/pages/4/>

²⁰ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#))

²¹ Annual Population Survey 2019, and the Annual Survey of Hours and Earnings 2018

²² [Scottish Household Survey, 2018](#) ; Annual Population Survey 2019 ; [Sick Pay for All](#) ; [Public Health Scotland COVID-19 Statistical Report](#) & [Deaths involving coronavirus in Scotland](#)

<p>Men and Women</p>	<p>Single people may have felt less isolated with the relaxing of restrictions through the Route Map, improving mental wellbeing, but these restricted measures may now reduce that with fewer opportunities to meet with other people. To reduce feelings of isolation, we have allowed non-licensed hospitality premises and also licensed cafes to remain open to support meetings (in line with other guidance).</p>
<p>Race</p>	<p>Feelings of loneliness are highest in single-occupier households²³ and people of 'Black, Black Scottish or Black British' ethnicity were most likely to be living alone at the time of the last census in 2011.²⁴ They may be negatively impacted from not being able to meet up as easily with other people due to the tightening of the measures.</p> <p>The reduced opportunity to meet households outside of the home will have a negative impact for those living in overcrowded households. Those identifying as 'White: Polish', 'Bangladeshi' or 'African' were the most likely to live in overcrowded households in 2011.</p> <p>In Scotland's 2011 Census, people describing their ethnicity as one of the 'Asian' categories were more likely to live in a household with two or more families. Of those living in households, around 1 in 7 (15%) of people describing their ethnicity as Pakistani lived in a household with two or more families. This compared to only 1 in 50 (2%) of the population as a whole.</p> <p>These differences are pertinent in regard to the spread of COVID-19 and highlight particular risks for people from minority ethnic groups who are elderly or have pre-existing health conditions, if household members continue to mix as they go to work or to undertake essential shopping.</p> <p>A higher share of the visible minority ethnic population in employment are employed in the hospitality industry compared with the white population (31.7% vs 18.6 %).²⁵</p> <p>Around 11% of those working in the Accommodation and Food Services Sector were from minority ethnic backgrounds, compared with 4% in the economy overall.²⁶</p> <p>Around 22% of those working in the Food services sector were non-UK nationals, as were over 20% of those working in the Accommodation sector. The tourism sector workforce is dependent on a higher proportion of non-UK nationals, who form 16% of the workforce – double the Scotland overall average of 8%.²⁷</p> <p>Minority ethnic individuals are overrepresented in the distribution, hotels and restaurant industry, which encompasses food and retail sectors. The reopening of businesses will have an increased risk of transmission and infection for this group. These new restricted measures should reduce the risk of infection.</p> <p>The re-opening of the sector will have had beneficial employment impacts for these groups which are disproportionately represented in the hospitality sector. These new restrictions may therefore have an impact in the employment terms for these</p>

²³ [Scottish Household Survey 2018](#)

²⁴ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

²⁵ ONS, Annual Population Survey, Oct 2018 – Sept 2019.

²⁶ ONS, Annual Population Survey, January to December 2019

²⁷ As above – APS and ASHE

groups. The Tourism Recovery Taskforce, including trades union representatives, will consider business and employee support as part of its focus. It will report shortly.

Given the acknowledged increased risks of COVID-19 to minority ethnic groups, employers will need to ensure safety and guidance is fully adhered to protect these and all other employees.

Without accessible formats of information or through a lack of access to an interpreter / support worker some people may find the changes to this measure more difficult to understand.

Disability

Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown. In 2018, a higher percentage of disabled adults in Scotland (39%) said that they felt lonely some, most, or all of the time in the preceding week compared with all adults (21%) and non-disabled adults (16%). People with mental health issues may be at greater risk of the impacts of social isolation. These measures could therefore negatively impact on disabled people. To reduce feelings of isolation, we have allowed non-licensed hospitality premises and also licensed cafes to remain open to support meetings (in line with other guidance).

Relaxation of restrictions around meeting up with others earlier in Phase 3 could lead to an increased risk of contracting COVID-19. This could disproportionately affect some disabled people. Around [170,000 adults](#) in Scotland have been defined on medical grounds as clinically extremely vulnerable due to having an existing health condition that puts them at very high risk of severe illness from COVID-19. Therefore, measures designed to protect people who are at greater risk from COVID -19 will have a positive effect.

Disabled people are overrepresented in the distribution, hotels and restaurant industry as a whole (which includes food and retail sectors). Disabled workers may find it more challenging, or not be able to attend work and undertake physical distancing, but the severity of impacts will be dependent on individuals and specific job circumstances.

Some may not be able to gauge properly the required physical distance between themselves and other members of the public. This is likely to be a cause of anxiety for many visually impaired people and learning disabled adults and children. A full risk assessment process should be undertaken by individual businesses to mitigate such risks.

The re-opening of the indoor hospitality sector will have allowed greater choice for disabled people, with a wider selection of hospitality businesses opening; this may have had a positive impact in terms of accessibility. The reduced opportunities may therefore have a negative impact for disabled people. However, this must be balanced against the need to protect public health.

Employers will need to ensure safety and guidance is fully adhered in order to protect employees with long-term conditions or illnesses as well as all other employees.

Without accessible formats of information or through a lack of access to a support worker some people may find the changes to this measure more difficult to

	understand. Information on both the SG and HSE websites have a range of accessibility options.
Religion and Belief	The reduced opportunity to meet other people outwith the home may have a negative impact for households but the ability to continue to attend Places of Worship should have positive impacts.
Sexual Orientation	The opportunity to attend informal social meetings with a wider range of friends in the earlier part of Phase 3, who could offer support, will have been beneficial for an LGB person's mental health. Reduced opportunities to meet other people may have a negative impact. The Scottish Government has provided a package of support to organisations who support LGBT people across Scotland to help mitigate negative effects. ²⁸
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	The opportunity to attend informal social meetings with a wider range of friends in the earlier part of Phase 3, who could offer support, will have been beneficial for a pregnant woman's mental health. Reduced opportunities to meet other people may have a negative impact especially for lone mothers (who account for the majority of lone parents), although changes with regard to the inclusion of children for physical distancing etc. may mitigate this. The particular risks for employees who are pregnant should be considered and all relevant workforce guidance adhered to.
Gender Reassignment	The opportunity to attend informal social meetings with a wider range of friends in the earlier part of Phase 3, who could offer support, will have been beneficial for a Transsexual person's mental health. Reduced opportunities to meet other people may have a negative impact. The Scottish Government has provided a package of support to organisations who support LGBT people across Scotland to help mitigate negative effects. ²⁹
Socio-economic disadvantage: any people experiencing poverty or living with other aspects of social or economic disadvantage	Any increase in risk of contracting COVID-19 due to meeting up with others would disproportionately affect people in the most deprived areas. Those living in more deprived areas are more likely to have longstanding illnesses. These new restricted measures should reduce the risk of infection. People who are socio-economically disadvantaged, including those who may have lost jobs or have seen their incomes reduce during lockdown, may be less able to afford to engage with hospitality businesses. There is a high incidence of low pay in the tourism sector. ³⁰ 58% of adult tourism workers earn less than the living wage (an hourly rate set at £8.75 in 2018), compared to 19% overall in Scotland. The proportion earning below the living wage is highest for young workers (82%), but remains high across all age ranges (39%-50%), it's also higher for women (63%) than for men (52.5%) and more prevalent across part-time workers (73.2%), than full-time workers (40.4%). ³¹

²⁸ <https://www.equality-network.org/emergency-funding-for-lgbtq-organisations-and-groups/>

²⁹ <https://www.equality-network.org/emergency-funding-for-lgbtq-organisations-and-groups/>

³⁰ Data has been extracted from the [Annual Population Survey 2019](#), and the [Annual Survey of Hours and Earnings 2018](#)

³¹ [Annual Population Survey 2019](#), and the [Annual Survey of Hours and Earnings 2018](#)

Mitigations

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

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

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

A £40m support package is being introduced to support the new measures.

Increasing 1m to 2m physical distancing in retail businesses.

General Impacts of the measure

All but non-essential retail was instructed to close 26 March 2020. The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020, which came into force on that day, imposed a two metre rule on all businesses and service providers that remained open to ensure they took reasonable steps to ensure employees and customers were able to maintain that distance from each other.

Businesses and service providers were also instructed to take all reasonable measures to ensure that that customers were admitted to their premises in sufficiently small numbers to maintain a two metre distance.

Of those retailers that remained open, the 2m physical distance restrictions resulted in changes to operational procedures which included restricted shopping hours, introduction of one-way systems of travel through stores, hygiene and cleaning stations for customers and limiting the number of customers able to enter at any one time in order to preserve the 2m limit.

A third (35%) of businesses in the Wholesale, Retail and Repair of vehicles sector reported a decline in footfall due to the COVID-19 pandemic, whilst 10% reporting an increase³². A Scottish Retail Consortium analysis indicated that Scotland had lost £1.9bn of retail sales in the first 4 months of the pandemic March – June.³³

The 2m limit that had been imposed since lockdown commenced was changed to 1m on 10 July 2020. Non-essential retailers were instructed to reopen on 15 July 2020. Nearly all (99%) businesses in the Wholesale, Retail and Repair of vehicles sector are trading, an increase from 92% during the period 1st June – 28th June.³⁴

The risk of COVID-19 infection and transmission in the community increased as non-essential retailers in shopping centres reopened. This may have had a negative impact on people more susceptible to severe illness from COVID-19. Workers responsible for hygiene and sanitation, and customer facing staff, may have anxieties about their exposure to the virus through work and the risk of transmission within their households.

Reopening of non-essential retail and shopping centres will have benefited retailers and shopping centres directly, and those employed within it. It will also have had positive impacts for citizens seeking a return to normal life, but as these spaces have become busier, may have raised concern for people who are less sure about leaving their homes.

The return to a 2m distance between customers may alleviate some of those customer concerns, but will have an impact on retailers through the reintroduction of new distancing and customer control measures – particularly for those retailers who have been operating under the 1m rule since reopening.

Re-opening the sector has also been important to the recovery of Scotland's economy. This new restrictive measure could negatively impact retailers and consequently, hinder economic recovery.

³² <https://www.gov.scot/publications/bics-weighted-scotland-estimates-data-to-wave-13/>

³³ <https://www.scottishfinancialnews.com/article/scottish-retail-lost-1-9bn-sales-during-lockdown>

Differential Impacts	Children and Young people	There is no evidence of a differential impact identified at this time.
	Age: Older People	<p>Physical distancing may be more difficult in smaller shops and retail services, which could be a particular challenge for older people with limited mobility. Physical distancing may impact on the availability of assistance to those who need it, while queueing systems may not cater to all needs. Maintaining physical distance may be an issue if older people cannot move quickly to avoid others.</p> <p>The reintroduction of the 2m limit is likely to result in a restriction on the number of customers entering shops at any one time. This could lead to a rise in the numbers of customers queuing, which may raise anxiety for some older people or deter some from going out if they are unable to stand for long periods.</p>
	Sex: Women	Women are more likely than men to work in the retail industry. In Scotland in Jan-Dec 2019, there are 147,500 women employed in SIC 47 Retail Trade except vehicles, representing 60.5% of the sector and 11.3% of all women in employment in Scotland. ³⁵
	Sex: Men	There is no evidence of a differential impact identified at this time.
	Race	<p>It is not known if there are differential impacts depending on race or ethnicity in terms of employment in the retail sector.</p> <p>Without accessible formats of information or through a lack of access to an interpreter / support worker some customers may find this measure more difficult to understand.</p>
	Religion & Belief	There is no evidence of a differential impact identified at this time.
	Disability	<p>Disabled workers may find it more challenging, or not be able to attend work and undertake additional public health measures, but the severity of impacts will be dependent on individuals and specific job circumstances.</p> <p>Tactile markings are required for blind / visually impaired people as a result of the virus, the lack of which may affect their confidence going out to the shops. Similarly, those who are deaf / have hearing impairments may miss audio announcements about the two metre distance rule or new directions for shoppers in shopping centres or stores; this can affect their confidence when shopping.</p> <p>Learning disabled or autistic adults and children may also struggle to understand and/or comply with changes to existing measures. Without accessible formats of information or through a lack of access to an interpreter / support worker some customers may find the reintroduction of this measure more difficult to understand.</p>
	Sexual Orientation	There is no evidence of a differential impact identified at this time.

³⁴ <https://www.gov.scot/publications/bics-weighted-scotland-estimates-data-to-wave-13/>

³⁵ [Annual Population Survey Jan-Dec 2019](#)

Marriage and Civil Partnership	There is no evidence of a differential impact identified at this time.
Pregnancy and Maternity	There is no evidence of a differential impact identified at this time.
Gender Reassignment	There is no evidence of a differential impact identified at this time.
Socio-economic disadvantage: any people experiencing poverty	There is no evidence of a differential impact identified at this time.

Mitigating actions:

Retail Sector Guidance has been published and is reviewed regularly.³⁶ The guidance advises retailers to undertake a risk assessment to determine necessary actions and adjustments.

As the 2m limit for retailers was in place from 26 March to 10 July 2020, many shops will be familiar with the operational requirements necessary to ensure compliance with this change.

To aid the reintroduction of the 2m rule, an operational guide for retailers is provided with the guidance.

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

Other public health measures such as mandatory wearing of face coverings and Perspex barriers between customers and staff are in place to reduce health risks posed by the virus. There is also a need to mitigate those negative effects and to promote equality as part of our wider responsibilities under the general duty. Where any potential negative impacts have been identified, we have sought to mitigate these – for example, by provisions in the Retail support and guidance. A reasonable reason for not wearing a face covering includes where a person cannot put on, wear, or remove a face covering because of a physical or mental illness or impairment, or without severe distress. A person is also not expected to wear a face covering where they cannot put on, wear, or remove a face covering in order to communicate with a person who has difficulties communicating (in relation to speech, language or otherwise).

The retail guidance states employers should take into account individual health circumstances and protected characteristics, which aims to promote good relations and understanding. It also includes guidance for retailers and customers on catering for disabled people, to raise awareness of difficulties experienced by disabled people and promote understanding.

³⁶ <https://www.gov.scot/publications/coronavirus-covid-19-retail-sector-guidance/pages/related-information/>

Group classes for indoor gyms, sport courts and pools

- Group classes for indoor gyms, sport courts and pools will close in the Central Belt (five health board areas - Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran, Lothian and Forth Valley) for two weeks from 10 October.
- Protecting the public health of Scotland is one of the primary roles of a government. This measure is intended to break the transmission rate of COVID-19, which has continued to increase, and which has increased at a higher rate in these geographic areas.

Differential impacts	Age: Children and Younger People	Gyms and swimming pools tend to be used substantially more by younger age groups and thus any changes are likely to impact younger age groups to a greater degree.
	Age: Older People	<p>The proportion of adults who meet the Chief Medical Officer’s Physical Activity Guidelines declines with age. For those older adults who use gyms and swimming pools, restrictions are likely to have a disproportionate effect.</p> <p>According to a survey by Community Leisure UK, 60% of those over 75 who use gyms and sports facilities have been less active or significantly less active during the period in which restrictions have been in place.³⁷ This compares with 52% of those in younger age groups.</p> <p>Group classes play a significant role in providing opportunities for older adults to participate in physical activity. Group classes in swimming pools are particularly important for those with long term health conditions or frailty for whom the weightless environment of a swimming pool provides a unique opportunity to be active. Group classes also help to address loneliness and social isolation amongst older people.</p> <p>Older people are more likely to live alone, which has potentially significant implications for their wellbeing. Reduced opportunities to meet other people may therefore have a negative impact for older people as they may experience increased isolation.</p> <p>Older people are more likely to have underlying health conditions, making them more susceptible to the severe negative health effects of COVID-19. The tightening of restrictions should decrease that chance. Figures show that older people are more likely to be adversely affected by the virus.³⁸</p>
	Sex: Women	<p>Women and girls are less active than men and boys. In 2019, the Scottish Health Survey³⁹ reported that only 61% of Scottish women met the Chief Medical Officer guidelines for moderate to vigorous physical activity compared to 71% of men. For boys, 71% met guidelines compared to 68% of girls.⁴⁰</p> <p>Compared to other forms of physical activity, gyms provide an important role in providing women and girls with opportunities to be active. Sport England have reported that 80% of fitness classes offered at leisure centres are used by women.⁴¹ According to the 2019 Scottish Household Survey, a total of 31% of women reported participating in either keep fit or multigym/weight training compared to 28% of men.⁴²</p>

³⁷ <https://communityleisureuk.org/>

³⁸ See [Deaths involving COVID-19](#) and [COVID-19 statistical report](#)

	<p>Given the importance of group exercise classes for women in gyms, sports courts and pools, it is likely that this measure will have a differential impact.</p> <p>However, women are more likely than men to have longstanding illnesses.⁴³ These new restrictions should reduce the risk of COVID-19 infection.</p>
Sex: Men	No evidence of a differential impact identified at this time.
Race	<p>Feelings of loneliness are highest in single-occupier households⁴⁴ and people of 'Black, Black Scottish or Black British' ethnicity were most likely to be living alone at the time of the last census in 2011.⁴⁵ They may be negatively impacted from not being able to meet up as easily with other people due to the tightening of the measures.</p> <p>UK Active report that 74% of gym members in the UK in 2019 were white.⁴⁶ We are not aware of any published evidence that closure of gyms has disproportionately affected groups based on race.</p> <p>Recent studies have shown that mortality rates from COVID-19 are higher amongst the minority ethnic population. The evidence base is building but this is likely due to a range of clinical, social and economic factors.⁴⁷</p> <p>Without accessible formats of information or through a lack of access to an interpreter / support worker some people may find the changes to this measure more difficult to understand in relation to local and national changes.</p>
Religion & Faith	No evidence of a differential impact identified at this time.
Disability	<p>Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown. In 2018, a higher percentage of disabled adults in Scotland (39%) said that they felt lonely some, most or all of the time in the preceding week compared with all adults (21%) and non-disabled adults (16%). People with mental health issues may be at greater risk of the impacts of social isolation. These measures could therefore negatively impact on disabled people.</p> <p>According to a survey by Community Leisure UK, 64% of disabled people who use gyms and sports facilities have been less active or significantly less active during the period in which restrictions have been in place.⁴⁸ This compares with 52% of those without a disability.</p> <p>Group classes play a particularly important role in providing opportunities for those with disabilities to participate in physical activity. Group classes in</p>

³⁹ <https://scotland.shinyapps.io/sg-scottish-health-survey/>

⁴⁰ <https://www.gov.scot/publications/scottish-health-survey-2019-supplementary-tables/>

⁴¹ <https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3>

⁴² <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

⁴³ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#))

⁴⁴ [Scottish Household Survey 2018](#)

⁴⁵ [Census 2011: Detailed Characteristics on Population and Households in Scotland](#)

⁴⁶ https://www.ukactive.com/wp-content/uploads/2019/06/Moving_Communities_Active_Leisure_Trends_2019.pdf

⁴⁷ <https://www.gov.scot/publications/inequalities-by-ethnicity-in-the-context-of-covid-19-slide-pack/>

⁴⁸ <https://communityleisureuk.org/>

	<p>swimming pools are particularly important for those with long term conditions for whom the weightless environment of a swimming pool provides an essential opportunity to be active. Group classes also help to address loneliness and social isolation amongst disabled people.</p> <p>Without accessible formats of information or through a lack of access to a support worker some people may find the changes to this measure more difficult to understand in relation to local and national changes.</p>
Sexual Orientation	No evidence of a differential impact identified at this time.
Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
Pregnancy and Maternity	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. ⁴⁹ Ready, Steady, Baby guidance on NHS inform ⁵⁰ advises pregnant women to take part in low-impact fitness classes for pregnant women, including yoga. The guidance notes that classes are a great way to meet other mums-to-be and build up a support network.
Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage	<p>UK Active data suggests that 8% of gym members reside in the most deprived 10% of areas. In comparison, 14% of members are from the least deprived 10% of areas⁵¹ We are not aware of any published evidence that people in more deprived areas were more or less reliant on gyms for active health. As the majority of gym members come from less deprived areas and participation in likely gym-linked activities is greater also in this group, the impact on this group is greater than for those in the most deprived group.</p> <p>In 2019, a greater proportion of those regarded as least deprived (40%) participated in either keep fit or multigym/weights, compared to 20% of those in the most deprived quintile.⁵²</p>
<p>Mitigating actions: SportsScotland are working closely with the sector to help them develop inclusive guidance for people who need extra support to be active ⁵³</p>	

⁴⁹ <https://movingmedicine.ac.uk/evidence/improves-fitness/>

⁵⁰ <https://www.nhsinform.scot/ready-steady-baby/pregnancy/looking-after-yourself-and-your-baby/keeping-active-in-pregnancy>

⁵¹ https://www.ukactive.com/wp-content/uploads/2019/06/Moving_Communities_Active_Leisure_Trends_2019.pdf

⁵² <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

⁵³ <https://sportscotland.org.uk/media/6138/phase-3-return-to-sport-and-physical-activity-guidance-011020-final.pdf>

Outdoor adult contact sports

- Outdoor adult (18 years and older) contact sports will close in the Central Belt (five health board areas - Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran, Lothian and Forth Valley) for two weeks from 10 October.
- Protecting the public health of Scotland is one of the primary roles of a government. This measure is intended to break the transmission rate of COVID-19, which has continued to increase, and which has increased at a higher rate in these geographic areas.

Impact

The main outdoor contact sports in Scotland are football and rugby with much smaller levels of participation than in other contact sports such as hockey, water polo and handball.

The 2019 Scottish Household Survey reported that 6% of adults participated in football in the previous 4 weeks. It is estimated that there are approximately 630,000 casual football players in Scotland. This includes those that play at private providers, including 147,555 registered players. There are also 217,000 registered and unregistered rugby players. These groups have been significantly affected by the restrictions on outdoor contact sport.

Differential impacts

Age: Children and Younger People

Since 13 July, children have been able to play sport in an organised setting, where there is sport specific guidance in place from the sport's governing body. Children are at lower risk from COVID-19 and therefore these restrictions have not been extended to children. For this reason it is likely that these restrictions will have minimal or no impact on children. The exemption of children from this restriction is positive for their wellbeing.

Young adults constitute the majority of people that take part in contact sports and are most likely to be impacted by these restrictions. In 2019, 14% of 16-34 year olds participated in football compared to 5% of 35-59 year olds and 1% of 60 year olds and over. Contact sports such as football provide an important opportunity to improve wellbeing through physical exercise and social interaction.

Age: Older People

In 2018, 66% of Scotland's adults (aged 16+) met the Chief Medical Officer's (CMO) guidelines of 150 minutes of moderate to vigorous physical activity a week. Physical activity decreases with age with 53% of adults aged 65-74 years and 31% of adults over 75 meeting the CMO guidelines, compared to 80% of 25-34 year olds. There has been a recent growth of limited contact 'walking' versions of some contact sports including football, rugby and netball. This encouraging trend in 'walking' contact sports is likely being driven by increased participation by older age groups. These will be affected by the restriction on contact sports and may be detrimental to future participation rates.

Older people are more likely to live alone, which has potentially significant implications for their wellbeing. Reduced opportunities to meet other people may therefore have a negative impact for older people as they may experience increased isolation.

	<p>We recognise that these restrictions on contact sport may pose an additional barrier to older people meeting the CMO's activity guidelines, however, participation by older people in contact sports is significantly less than by younger age groups and other forms of exercise are still available.⁵⁴</p> <p>While these restrictions will negatively impact on older people's ability to take part in some physical activity, these restrictions will have a positive impact overall for older people through the reduction in prevalence of COVID-19 infections. Current scientific evidence demonstrates that risk of serious disease from COVID-19 correlates with increasing age with nine in ten (90%) of deaths involving COVID-19 in Scotland have been among those aged 65+. Contact sports can pose an opportunity for the virus to spread between participants. Restrictions on adults taking part in contact sports will allow adults to continue other exercise while protecting their health and the health of others from COVID-19.⁵⁵</p>
Sex: Women	<p>Outdoor contact sport is predominantly undertaken by young men although participation by women is rising.⁵⁶ In 2018, of adults aged over 16 in Scotland, men (70%) were more likely to meet the Chief Medical Officer's guidelines of 150 minutes of moderate to vigorous physical activity (MVPA) a week than women (62%). Restrictions on opportunities to participate in contact sports may be an additional barrier to women's participation in exercise and affect the growth in women's participation in contact sports, although it is not clear whether this will have a long term effect.</p> <p>However, women are more likely than men to have longstanding illnesses.⁵⁷ These new restrictions should reduce the risk of COVID-19 infection.</p>
Sex: Men	<p>Outdoor contact sport is predominantly undertaken by young men although participation by women is rising.</p> <p>In 2019, participation in football was 12% for men and 1% for women. The participation in Rugby is 31% for women and 69% for men.</p>
Race	<p>Recent studies have shown that mortality rates from COVID-19 are higher amongst the minority ethnic population. The evidence base is building but this is likely due to a range of clinical, social and economic factors.⁵⁸</p> <p>Limited data is available for participation in physical exercise disaggregated by race. From 2008 to 2011, adults of Pakistani background (27%) were the least likely to achieve the recommended physical activity guidelines compared to the national average of 37%. As in previous sections, we recognise that these restrictions may pose</p>

⁵⁴ <http://www.equalityevidence.scot/>

⁵⁶ <https://www.scottishfa.co.uk/media/4961/sfa-uefa-grow-pp-screens-mar19-web.pdf>

⁵⁷ Women are more likely than men to have longstanding illnesses ([Scottish Health Survey 2018](#))

⁵⁸ <https://www.gov.scot/publications/inequalities-by-ethnicity-in-the-context-of-covid-19-slide-pack/>

		<p>an additional barrier to some physical activity, however, they are necessary to reduce the COVID-19 infections. We are not aware of any published evidence which suggests that minority ethnic groups have been disproportionately affected by the restrictions on outdoor contact sport.</p> <p>Some people may be negatively impacted from not being able to meet up to play contact sports as easily with other people due to the tightening of the measures.</p> <p>Without accessible formats of information or through a lack of access to an interpreter / support worker some people may find the changes to this measure more difficult to understand in relation to local and national changes.</p>
	<p>Religion & Faith</p>	<p>Evidence from the Active Scotland Outcomes: Indicator Equality Analysis show that between 2008 and 2011, those who said they belonged to 'no religion' were most likely to meet the physical activity recommendations. 40% did so, which was significantly higher than the national average of 38%. Muslims (29%) and members of the Church of Scotland (37%) had significantly lower proportions meeting the recommendations than the average.</p> <p>In terms of sport participation, Muslims were also the least likely to participate in sport (39% did so in the previous four weeks). Roman Catholics also had significantly lower sport participation than the average (46% compared to 49%). Respondents from Other Christian groups had significantly higher sport participation than average (52%).⁵⁹</p>
	<p>Pregnancy and Maternity</p>	<p>Contact sport is not advised for pregnant women.</p>
	<p>Disability</p>	<p>There is clear evidence that disabled people are significantly less likely to participate in sport than other groups. This includes contact sport, for example in 2019 1% of those with a limiting illness participated in football compared to 8% of those with no illness (Scottish Health Survey 2019), although there have been a number of successful recent initiatives to support participation. Participation in contact sport can have positive impacts on health and wellbeing through exercise and socialising and as a result these restrictions are likely to have had a significant effect on this group. Evidence from the Scottish Health Survey 2018 shows that on average disabled people have poorer mental health than non-disabled people and that only 50% of disabled people meet physical activity recommendations compared with 75% of non-disabled people.</p> <p>Loneliness was more prevalent among disabled people prior to the pandemic and for many disabled people this has been exacerbated during the lockdown. People with mental health issues may be at greater risk of the impacts of social isolation. These measures could therefore negatively impact on some disabled people.</p>

⁵⁹ <http://www.equalityevidence.scot/>

		Without accessible formats of information or through a lack of access to a support worker some people may find the changes to this measure more difficult to understand in relation to local and national changes.
	Sexual Orientation	No evidence of a differential impact identified at this time.
	Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
	Gender Reassignment	No evidence of a differential impact identified at this time.
	Socio-economic disadvantage	<p>There is clear evidence that people living in the most deprived areas of Scotland are less likely to participate in sport compared with those living in the least deprived areas.</p> <p>In 2019, sports participation (general, excluding walking and not specific to contact sports) in the previous four weeks was lowest (42%) among those in the 20 per cent most deprived areas of Scotland, compared with 67% of those in the 20 per cent least deprived areas. Football is the only contact sport to have a degree of reach into the most deprived areas with participation rates similar between areas of both high and low deprivation (6% in most deprived compared to 7% in least deprived (SHS 2019) including highly successful initiatives such as Street Soccer Scotland. Restrictions on opportunities to participate in football may therefore have a disproportionate effect on these areas – particularly for young men.</p>

Mitigating actions:

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

These restrictions are limited to regions covered by the 5 health boards that have the highest incidence of COVID-19.

Further engagement with specific groups will be necessary to better understand the impact of these restrictions.

Bowling Alleys, Snooker and Pool Halls⁶⁰

- Bowling alleys, snooker and pool halls will close in the Central Belt (five health board areas - Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran, Lothian and Forth Valley) for two weeks from 10 October.
- Protecting the public health of Scotland is one of the primary roles of a government. This measure is intended to break the transmission rate of COVID-19, which has continued to increase, and which has increased at a higher rate in these geographic areas.

Differential impacts	Age: Children and Younger People	Participation in snooker/billiards/pool is higher in younger age groups than older (9%, 5% and 2% respectively for 16-34; 35-59; and 60+ year olds). We do not have data on participation in indoor Tenpin bowling.
	Age: Older People	No evidence of a differential impact identified at this time.
	Sex: Women	In 2019, 9% of men and 2% of women participated in snooker/billiards/pool. We do not have data on participation in ten pin bowling (SHS 2019).
	Sex: Men	Both snooker/billiards/pool and indoor bowling are significantly more popular amongst men than women such that this is likely to impact men more than women.
	Race	No evidence of a differential impact identified at this time.
	Religion & Faith	No evidence of a differential impact identified at this time.
	Disability	Those with a limiting illness are less likely to participate in snooker, pool or bowls and therefore less likely to be impacted by changes. In 2019 Scottish Household Survey, 3% of those with a limiting illness participated in snooker/billiards/pool compared to 4% with a non-limiting illness and 6% of those without an illness.
	Sexual Orientation	No evidence of a differential impact identified at this time.
	Marriage and Civil Partnership	No evidence of a differential impact identified at this time.
	Pregnancy and Maternity	No evidence of a differential impact identified at this time.
	Gender Reassignment	No evidence of a differential impact identified at this time.
Socio-economic disadvantage	Snooker, Billiards and pool are more popular amongst the most deprived 20% of communities in Scotland than in other areas (2019 SHS). This group have therefore will be more affected by closure than other groups.	

Mitigating actions:

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

⁶⁰ All data in this section from 2019 Scottish Household Survey

These restrictions are limited to regions covered by the 5 health boards that have the highest incidence of COVID-19.

Monitoring and Review

22. These regulations suspend the Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 while these regulations are in force and will expire at 0600 on 26 October 2020.