

Equality and Fairer Scotland Impact Assessment Record

Summary of aims and desired outcomes of policy

The Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 5) Regulations 2021 ('the (No. 5) Regulations') came into force at 0400 on Monday 19 July 2021 and make amendments to the Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 ('the principal Regulations'), the Health Protection (Coronavirus) (Pre-Departure Testing and Operator Liability) (Scotland) Regulations 2021 ('the 2021 Regulations') and the Health Protection (Coronavirus, Public Health Information for Passengers Travelling to Scotland) Regulations 2020 ('the 2020 Regulations'). The Regulations provide that persons arriving in Scotland from an amber list country and who have not within the preceding 10 days departed from or transited through a red list country or territory, are no longer required to self-isolate in specified premises or to take a day 8 test if they are an "eligible vaccinated passenger". This decision aligned with the UK, Northern Ireland and Welsh Governments.

In summary, these changes apply to a passenger arriving in Scotland having departed from or transited through a non-exempt but not acute risk country or territory who:

- has completed a course of doses of an authorised Coronavirus (Covid-19) vaccine,
- has participated in, or is participating in, a clinical trial for an authorised vaccine,
- is a child who is ordinarily resident in the UK,
- has completed a course of vaccine under the UK overseas vaccine roll-out programme, or who is a dependant of such a person.

The passenger must be able to produce proof of eligible vaccinated status, if requested, to immigration or an operator by way of letter of certification produced by NHS Scotland or equivalent certification, where applicable from NHS England, NHS Wales or the Department for Health in Northern Ireland.

The instrument also amends the 2021 Regulations to place a duty on operators to check evidence that someone is an eligible vaccinated passenger. There is a defence for an operator to show that the passenger presented documentation which the operator, or person acting on behalf of the operator, could not reasonably have been expected to know was not the required evidence.

The instrument also amends the 2020 Regulations to require carriers to provide an updated passenger announcement on board vessels setting out the testing and isolation requirements for passengers in light of the amendments on eligible vaccinated passengers.

The regulations also contain provisions requiring these amber list arrivals (subject to exemptions), who have been outside the Common Travel Area in the 10 days prior to arrival in Scotland, to book a Pre-Departure Test (PDT) to be taken a maximum of 72 hours before travel to Scotland and a Polymerase Chain Reaction (PCR) test should be taken on day two following arrival in Scotland.

A subsequent amendment was made to the principal Regulations and the 2021 Regulations by the Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) No. 6) Regulations 2021 which excluded passengers who had departed from, or transited through mainland France (including Corsica), from being “eligible vaccinated arrivals”, meaning that such passengers would be required to self-isolate in specified premises for 10 days and would require to take day 2 and day 8 tests, notwithstanding the changes made by the (No. 5) Regulations. This change was made following the assessment of the risk of transmission within France and was subsequently amended by the [Health Protection \(Coronavirus\) \(International Travel etc.\) \(Miscellaneous Amendments\) \(Scotland\) \(No. 7\) Regulations 2021](#); the change coming into force on 8 August 2021.

Further amendments were made to the principal via The Health Protection (Coronavirus) (International Travel) (Scotland) Amendment (No. 15) Regulations 2021 which came into force from 0400 on Monday 2 August. This amendment provides that an eligible vaccinated passenger from EU member states, the European Free Trade Association (EFTA) countries, microstates of Andorra, Monaco, San Marino and Vatican City, or the USA is required to take a Coronavirus (Covid-19) test only no later than the end of the second day following their arrival in Scotland, as opposed to on the second day and the eighth day. These “eligible vaccinated passengers” are not required to self-isolate for 10 days in specified premises on arrival in Scotland. This did not include passengers from/via France. Arrivals will have to provide a form of certification to prove details of their vaccine status. For US arrivals, this proof is a CDC card showing that they are fully vaccinated, along with proof of residence in the US. All arrivals from Europe must show a record of vaccination through the European Digital COVID Certificate.

On 22 June 2021 the Scottish Government published the Coronavirus (Covid-19) Strategic Framework Update¹, which set out how we plan to restore, in a phased way, greater normality to our everyday lives taking account of important developments. The successful roll out of the vaccination programme in Scotland with 91.3% of adults having received their first dose and 84% having received their second dose² as at 6 September 2021, has allowed us to reduce the direct harm of the virus and is enabling us to re-open large parts of the economy and society. A booster vaccination programme will be rolled out from September to the most vulnerable groups first, providing additional protect to the public.

Until now, our strategic intent has been about suppressing the virus to the lowest possible level while we seek to minimise the broader harms of the virus. Now that the direct health harms caused by the virus are reducing, the broader harms of the crisis grow relatively more important in our decision-making.

This Impact Assessment is a combined Equality Impact Assessment (EQIA) and Fairer Scotland Impact Assessment (FSIA). The EQIA considers the policy and regulations in relation to protected characteristics, whilst the FSIA looks at the socio-economic impacts of this policy and regulations.

¹ [Coronavirus \(COVID-19\): Scotland's Strategic Framework update - June 2021 - gov.scot \(www.gov.scot\)](#)

² [COVID-19 Daily Dashboard | Tableau Public](#)

Stakeholder engagement on the possible impacts of the regulations identified some key equality considerations and where possible we have outlined potential mitigations. Given the importance of assessing the impact on each of the protected characteristics, the Scottish Government has also considered the measures against the needs of the general equality duty as set out in section 149 of the Equality Act 2010, namely, to;

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This assessment has sought to use existing and emerging information and evidence and analysis, as part of the decision making process and sets out our current understanding of the policy impact. We have worked closely with a number of our partners to bring this policy and the accompanying regulations together including Police Scotland, the Crown Office and Procurator Fiscal Service, Border Force in Scotland and Public Health Scotland.

Directorate for Covid Co-ordination
Director-General Constitution and External Affairs

Executive Summary

The Scottish Government has introduced The Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 5) Regulations, and the (No. 7) Regulations 2021 to help as many people as possible return to a more normal life.

From Monday 19 July 2021, the regulations contain the following measures, that passengers (subject to exemptions), who have been outside the Common Travel Area in the 10 days prior to arrival in Scotland and are travelling from an “amber list” country or territory are required to:

- book and undertake a Pre-Departure Test (PDT), taken a maximum of 72 hours before travel to Scotland
- provide proof that they were fully vaccinated in the UK at least 14 days prior to travel
- book and undertake a Polymerase chain reaction (PCR) test to take on day two after arrival in Scotland

From Monday 2 August, passengers travelling to Scotland from an amber list country and have been fully vaccinated in the UK (including as part of UK vaccine rollout overseas), EU member states, European Free Trade Association (EFTA) countries (Iceland, Liechtenstein, Norway and Switzerland), Andorra, Monaco, San Marino and Vatican City and the USA do not have to self-isolate or take a day 8 test upon arrival in Scotland. Fully vaccinated means that they have had their final dose of a COVID-19 vaccine through approved sources, at least 14 days before you arrive in Scotland. Arrivals will have to carry with them a form of certification to provide details of their vaccine status. For US arrivals, this proof is a CDC card showing you are fully vaccinated, along with proof of residence in the US. All arrivals from Europe must show a record of vaccination through the European Digital Covid Certificate.

The Scottish Government is mindful of the three needs of the Public Sector Equality Duty (PSED) to eliminate discrimination, harassment and victimisation, advance equality of opportunity; and foster good relations. It is recognised that while these measures may positively impact on one or more of the protected characteristics they may also have a disproportionately negative impact on one or more of these characteristics for some people.

The impact assessment process has highlighted that the introduction of international travel vaccine certification, as described above, has both positive and negative impacts on people including children and people with protected characteristics. The assessment considers the impacts on inequalities experienced by people who are socio-economically disadvantaged; some positively and some negatively. The overall intention of the regulations though is of benefit to the wider population, however where possible, we have sought to mitigate/eliminate where any negative impacts have been identified.

We are also mindful that the equality and Fairer Scotland duties are not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. Where negative impacts have been identified, we have sought to mitigate as

far as practicable these through the regulations, with a small number of exemptions³ from the testing requirement and requirement to provide vaccine certification.

It is recognised that Coronavirus (Covid-19) has had an unequal impact on parts of society in Scotland, with some groups more likely to experience negative effects in many different areas in their life; including in employment, future career prospects, educational opportunities, social outcomes and health and wellbeing.⁴ As the purpose of the provisions in the regulations is to make international travel more accessible, whilst protecting the wider wellbeing and health of the people of Scotland, it is considered that equality is therefore positively promoted in the main.

There are also safeguards built into the International Travel Regulations, to ensure that the provisions only remain in force for the period where the potential public health benefits can justify any negative impacts caused. A review of the need for the measures imposed by the regulations will take place at least once every 21 days as part of the wider review of the Principal Regulations. We will continue to consider newly identified evidence, as it relates to each of the protected characteristics as set out in section 149 of the Equality Act 2010, and will make further adjustments, as appropriate.

Introduction

Our ambition for Scotland's recovery is set out in the core principles of our COVID-19: Framework for Decision Making⁵. This Framework sets out that the virus harms us in at least four ways: direct harm to health from Coronavirus (Covid-19); harm to our wider health and social care services; harm to our broader way of living and our society; and harm to our economy, which has profound effects on poverty and inequality.

The Equality and Human Rights Commission, the Scottish Human Rights Commission and the Children's Commissioner for Scotland stated in April 2020⁶ they had already found 'increasing evidence that some groups are experiencing disproportionately negative impacts of the virus and some of the responses to it'. International evidence suggests that crises responses often inadvertently discriminate. We are committed to ensuring that human rights, children's rights and equality are embedded in everything we do, and must be central to our response to the Coronavirus (Covid-19) outbreak. The Framework for Decision Making recognises that harms caused by the pandemic do not impact everyone equally and that we must work to advance equality and protect human rights.

This Equality Impact Assessment (EQIA) focuses on the potential differential impacts of Coronavirus (Covid-19) Status Certification for inbound international passengers on groups of people who share a protected characteristic under the Equality Act 2010. The Fairer Scotland Duty Assessment focuses on potential impacts on the inequalities experienced by groups who are socio-economically disadvantaged.

³ [Coronavirus \(COVID-19\): international travel and managed isolation \(quarantine\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-international-travel-and-managed-isolation-quarantine/pages/1-1-introduction.aspx)

⁴ [Large+Read+Executive+Summary+Covid+and+Equality+Scotland.pdf \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-framework-for-decision-making/pages/1-1-introduction.aspx)

⁵ [Coronavirus \(COVID-19\): framework for decision making - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-framework-for-decision-making/pages/1-1-introduction.aspx)

⁶ [Joint letter: Equality and Human Rights and the Coronavirus in Scotland - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.childrenscommissioner.scot.nhs.uk/press-releases/joint-letter-equality-and-human-rights-and-the-coronavirus-in-scotland/)

Purpose of the Regulations

The Scottish Government's strategic framework, which was published on Tuesday 23 February 2021, identified the priorities for the Scottish Government in relation to managing the spread of the virus from overseas. The framework identifies two key risks to Scotland which were identified in relation to the spread of Coronavirus (Covid-19) from overseas; namely the re-importation of known strains and the importation of new variants and strains of Coronavirus (Covid-19) to Scotland with potential vaccine resistance or with higher rates of transmission.⁷

For this reason, international travel restrictions have formed a key part of the Scottish Government's strategic approach to managing the risk of the virus.

There have been mutations of the Coronavirus (Covid-19) virus, both at home and abroad against which vaccines have varying efficacies. Analysis of vaccine effectiveness against symptomatic disease with the Delta variant suggests that, while vaccine effectiveness is lower in Delta cases compared to Alpha cases after one dose, any difference in vaccine effectiveness after two doses of vaccine is likely to be small. A Public Health England recent study shows that after a single dose there was a 14% absolute reduction in vaccine effectiveness against symptomatic disease with Delta compared to Alpha, and a smaller 10% reduction in effectiveness after 2 doses⁸, which is in line with previous studies⁹. Public Health England preliminary analysis also shows that vaccines are highly effective against hospitalisation from Delta variant¹⁰ with similar vaccine effectiveness against hospitalisation seen with the Alpha and Delta variants¹¹.

Legislative background

On 8 June 2020 the Scottish Government introduced the International Travel Regulations for the purpose of preventing the spread of infection or contamination with Coronavirus (Covid-19). At the same time, The Health Protection (Coronavirus, Public Health Information for Passengers Travelling to Scotland) Regulations 2020 were introduced relating to the duties that are also placed on transport operators to provide passengers with information throughout the passenger journey. These regulations were amended on 30 October 2020 to add to and tighten those duties.

The International Travel Regulations (in their original form) focus on two specific measures; the requirement to provide contact details through the Passenger Locator Form (PLF) and the requirement to self-isolate at the accommodation listed on their Passenger Locator Form on arrival in Scotland. Following updated scientific advice, on 14 December 2020, the regulations were amended to reduce the period a person must remain in their "specified premises" from 14 days to 10 days.

⁷ [Coronavirus \(COVID-19\): Strategic Framework update - February 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot)

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/998411/Vaccine_surveillance_report_-_week_26.pdf

⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/992741/Vaccine_surveillance_report_-_week_23.pdf

¹⁰ <https://www.gov.uk/government/news/vaccines-highly-effective-against-hospitalisation-from-delta-variant>

¹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/998411/Vaccine_surveillance_report_-_week_26.pdf

Since the introduction of the International Travel Regulations there have been numerous subsequent amendment regulations. The amendments have related mainly to the addition and removals of country specific exemptions in terms of the requirement to self-isolate, and sectoral exemptions from that same requirement.

Furthermore, The Health Protection (Coronavirus) (Pre-Departure Testing and Operator Liability) (Scotland) Regulations 2021 places a legal obligation on all international arrivals to take a Coronavirus (Covid-19) PCR test at least three days before they travel to Scotland. This has been the law since Monday 18 January 2021.¹²

The Health Protection (Coronavirus) (International Travel) (Managed Accommodation and Testing) (Scotland) Regulations 2021 came into force on 15 February 2021. The Regulations contained the requirement to check into managed self-isolation accommodation for all international travellers (subject to exemptions) from outside the Common Travel Area or from the Republic of Ireland who have departed from or transited through an acute risk country within the preceding 10 days. The Regulations also contained provisions requiring all travellers (subject to exemptions), who have been outside the Common Travel Area in the 10 days prior to arrival in Scotland, to book, pay for and undertake two PCR tests for the detection of Coronavirus (Covid-19) on days 2 and 8 of the self-isolation period. Impact Assessments were published alongside the regulations on Legislation.gov.uk¹³.

The Health Protection (Coronavirus) (International Travel etc.) (Miscellaneous Amendments) (Scotland) (No. 2) Regulations 2021 came into force on the 17 May 2021, introducing the red, amber, green “traffic light system”. As well as the requirement for all international passengers to complete a passenger locator form (PLF) and Pre-Departure Testing (PDT), there are additional requirements for travellers depending on what country or area they have been in at any point in the 10 days before arriving in Scotland. Impact Assessments were published alongside the regulations on Legislation.gov.uk¹⁴.

Measures

From 0400 on Monday 19 July 2021 all eligible travellers arriving in Scotland from a country or territory which is neither an exempt country or territory, or an acute risk country or territory (“red list country), and who have not within the preceding 10 days departed from or transited through a red list country, are no longer required to self-isolate in specified premises if they are fully vaccinated through the UK vaccination programme. Arrivals from France were still required to self-isolate¹⁵, even if they were fully vaccinated although this requirement was removed on 8 August 2021¹⁶.

From Monday 2 August 2021, this was extended to passengers travelling to Scotland from an amber list country and have been fully vaccinated in the EU member states, European Free Trade Association (EFTA) countries (Iceland, Liechtenstein, Norway and Switzerland), Andorra, Monaco, San Marino and Vatican City and the USA do not

¹² [Coronavirus \(COVID-19\): international travel and managed isolation \(quarantine\) - gov.scot \(www.gov.scot\)](#)

¹³ [The Health Protection \(Coronavirus\) \(International Travel\) \(Managed Accommodation and Testing\) \(Scotland\) Regulations 2021 \(legislation.gov.uk\)](#)

¹⁴ [The Health Protection \(Coronavirus\) \(International Travel etc.\) \(Miscellaneous Amendments\) \(Scotland\) \(No. 2\) Regulations 2021 \(legislation.gov.uk\)](#)

¹⁵ [The Health Protection \(Coronavirus\) \(International Travel etc.\) \(Miscellaneous Amendments\) \(Scotland\) \(No. 6\) Regulations 2021](#)

¹⁶ [The Health Protection \(Coronavirus\) \(International Travel etc.\) \(Miscellaneous Amendments\) \(Scotland\) \(No. 7\) Regulations 2021](#)

have to self-isolate or take a day 8 test upon arrival in Scotland. Fully vaccinated means that they have had their final dose of a COVID-19 vaccine through approved sources¹⁷, at least 14 days before they arrive in Scotland.

The International Travel Regulations, as amended by these Regulations and subsequent amending regulations, mean that a journey for people into Scotland from outside the CTA, or who are travelling by air into Scotland from elsewhere in the CTA having departed from or transited through a non-acute risk country within the previous 10 days will involve the following:

- undertaking a valid Coronavirus (Covid-19) PCR test no more than three days before departure to the UK and present a certified negative result in order to board the plane
- 14 days prior to arrival in Scotland, the individual must have received two doses of the Coronavirus (Covid-19) vaccination through the UK vaccination programme and have a vaccine certificate
- passengers travelling to Scotland from an amber list country and have been fully vaccinated in the EU member states, European Free Trade Association (EFTA) countries (Iceland, Liechtenstein, Norway and Switzerland), Andorra, Monaco, San Marino and Vatican City and the USA do not have to self-isolate or take a day 8 test upon arrival in Scotland.
- before departure, the individual must complete a Passenger Locator Form (PLF) and submit it to the Home Office. Within the PLF the individual will need to declare which countries they have been to during the 10 days prior to arriving in the UK. They can also declare that they are exempt from providing proof of vaccine certification.¹⁸

A small number of people travelling directly to Scotland do not need to provide proof of being fully vaccinated or meet the testing requirements. The exemptions are for those who can prove they have or are participating in a clinical trial for vaccination against Coronavirus (Covid-19) carried out in accordance with the requirements of the Medicines for Human Use (Clinical Trials) Regulations 2004, or a child who is under 18 on arrival and who is ordinarily a UK resident or citizen.

There are additional exemptions which are tightly defined, predominantly focusing on exempting those involved in activities that are critical to national infrastructure. These are regularly reviewed. There are further exemptions linked to urgent medical procedures which are tightly defined¹⁹.

Arrivals from all countries outside the CTA need to take tests on day 2. The day two test is timed to:

- maximise recovery of positive samples for genomic sequencing;
- ensure that variant intelligence is received;
- and can be actioned through enhanced contact tracing and testing contacts before the end of the isolation period.

Protected Characteristics

¹⁷ [Coronavirus \(COVID-19\): international travel and managed isolation \(quarantine\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19-international-travel-and-managed-isolation-quarantine)

¹⁸ [Coronavirus \(COVID-19\): international travel and managed isolation - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19-international-travel-and-managed-isolation-quarantine)

¹⁹ [Coronavirus \(COVID-19\): international travel and managed isolation \(quarantine\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/topics/health/coronavirus/covid-19-international-travel-and-managed-isolation-quarantine)

Specifically, this EQFSIA considers impacts on Protected Characteristics on the three tests of the general equality duty as set out in section 149 of the Equality Act 2010, namely;

- Does this policy eliminate discrimination for each of the 9 Protected Characteristics? If not is the discrimination justifiable and can it be mitigated against?
- Does this policy advance equality of opportunity for the protected characteristic groups?
- Does this policy foster good community relations between people of Protection Characteristics?

The Scottish Government has considered whether the measures could constitute direct and/or indirect discrimination and will keep all mitigating actions and impacts under review. This Impact Assessment is a living document and as such we will also continue to consider and use any newly identified evidence, as it relates to each of the protected characteristics.

The currently identified impacts on each of the protected characteristics, including how the Scottish Government has sought to mitigate these, are explored in more detail below.

Differential Impacts by Protected Characteristic

Age

Children and Young People

A separate Children's Rights and Wellbeing Impact Assessment has been completed and will be published alongside this Impact Assessment on Legislation.gov.uk²⁰.

Coronavirus (Covid-19) vaccines are a critical part of suppressing the virus to the lowest possible level, in order to save lives, protect health and wellbeing, reduce health inequalities and maintain quality of life. The vaccines produce an immune response that we know reduces severity of illness from the virus. It therefore makes a significant contribution to reducing the impact of the wider economic, educational attainment and work impacts of the pandemic on people, families and communities.

The Joint Committee for Vaccination and Immunisation (JCVI) have provided updated advice on the vaccination of 16 and 17 year olds on 4 August 2021.

The advice states that all 16 – 17-year olds should be offered a first dose of Pfizer-BNT162b2 vaccine. This is in addition to the existing offer of two doses of vaccine to 16 – 17 year olds who are in 'at-risk' groups. The JCVI have advised that further advice will follow as to whether or not this cohort should receive a second dose of the vaccine once further evidence on effectiveness and safety have been reviewed due to evidence of rare occurrences of myocarditis and pericarditis after a second dose.

²⁰ [The Health Protection \(Coronavirus\) \(International Travel etc.\) \(Miscellaneous Amendments\) \(Scotland\) \(No. 5\) Regulations 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

This new advice is an addition to the existing advice published on 19 July that states two doses of the Pfizer vaccine should be provided to:

- 17 year olds within three months of their 18th birthday
- 16 and 17 year olds who are in “at-risk”
- all 12 – 15 year olds who have underlying health conditions that put them at higher risk of severe Coronavirus (Covid-19).
- Children and young people aged 12 years and over who are household contacts of persons who are immunosuppressed.

This group also includes children with severe neuro-disabilities, Down’s syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities (PMLD), severe learning disabilities or who are on the learning disability register.

The Chief Medical Officer confirmed that NHS Boards could start vaccinating 16 and 17 year olds at drop-ins from the weekend of 7/8 August 2021, if their own clinical governance arrangements are content that their staff have the necessary information, training and tools to undertake the vaccinations and necessary informed consent conversations.

All Pfizer drop-in centres in mainland Scotland started offering the vaccine to 16 to 17 year old age group specified above, from Tuesday 10 August 2021.

Clinical trials are currently underway for vaccination of children and we will continue to engage with vaccine developers and the JCVI so that if trials are successful we are ready to vaccinate younger age groups, if that is what the clinical and scientific evidence supports.

Children and adolescents tend to have milder disease compared to adults, so unless they are part of a group at higher risk of severe Coronavirus (Covid-19), it is less urgent to vaccinate them than older people, those with chronic health conditions and health workers.²¹ . To mitigate this, these Regulations provide an exemption for all children who are ordinarily a UK citizen or resident so that they will not be required to isolate.

Summary:

The mitigations put in place through exemptions in the regulations help ensure that the negative effects on younger people are minimised. Provisions in the measures that can allow children to travel may help to advance equality of opportunity. Direct discrimination against children has been largely eliminated due to the lack of requirement for children to have had the vaccine and help facilitate family group travel.

Older people

UK-wide research suggests that while general willingness to get vaccinated is high, vaccine hesitancy was inversely related to age: 16–24 year olds were 1.48 times more

²¹ [COVID-19 Vaccines Advice \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/covid-19-vaccines)

likely to be vaccine hesitant than those aged 45–54 years.²² Vaccine hesitancy is most stable and consistent in young adults, with 29.2% who were ‘very unlikely’ to get the vaccine in the autumn indicating that they were still very unlikely to accept vaccination by March 2021.²³

The Scottish Government is progressing work to address vaccination hesitancy and deliver an inclusive vaccination programme, including targeted outreach.

To ensure a strong voice for equalities groups and representatives, and provide greater leadership to inclusion and equalities as part of the FVCV vaccination programme, a National Vaccine Inclusive Steering Group was established in March 2021. Its purpose is to provide feedback, challenge, and idea/advise on planning, communications and delivery of the programme. Membership includes faith, community and third sector organisations; umbrella bodies such as Voluntary Health Scotland; health professionals including GPs working in practices in deprived areas, PHS, NHS boards, Scottish Ambulance Service; relevant SG policies; and minority ethnic communities.

Under-65s have a higher propensity to travel for leisure.^{24/25} Pre-departure PCR testing within three days of travelling is already used as a requirement for entry in most countries.²⁶ A single repository for vaccination and testing status would make meeting the requirement easier and be therefore of particular benefit.

Vaccine certification and removing the requirement to self-isolate on return to Scotland from amber list countries, for those fully vaccinated will benefit this group as it will be a means of enhancing freedom to travel.

In terms of freeing up travel for older people there is a recognition that older people might be travelling with carers who have different vaccination status to them – if the carer has to self-isolate upon arrival to the extent that they cannot discharge their function as carer, then the policy could impact older people disproportionately. In 2019 there were approximately 6.2 million people with non-British nationality living in the UK and **9.5 million people** who were born abroad. Compared to the UK born, migrants are more likely to be aged 26 to 64, and less likely to be children or people of retirement age.²⁷

Carers do generally have poorer health outcomes than the general population so may have medical reasons why they cannot be vaccinated. There’s no general exemption for carers who accompany a cared person to the UK to seek medical care.

²² Robertson, E. et al (2021). [Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study](#). Brain, Behavior, and Immunity, Volume 94, 2021, p. 41-50.

²³ YouGov (12 January 2021). [COVID-19: Willingness to be vaccinated](#)

²⁴ Bernini, C.; Cracolici, MF. (2015). Demographic change, tourism expenditure and life cycle behaviour. Tourism Management, [s. l.], v. 47, p. 191–205.

²⁵ Riker, D. (2014). Population aging and the economics of international travel. Tourism Economics, 2014, 20 (1), 21–38

²⁶ International Comparators Join Unit (ICJU) (21)020 – International Travel (1) – 12 March 2021

²⁷ [Migrants in the UK: An Overview - Migration Observatory - The Migration Observatory \(ox.ac.uk\)](#)

Digital access usually reduces with age. As of 2019, 20% of over-55s in the UK do not own a smartphone²⁸ and only 47% of adults aged 75+ use a smartphone to access the internet, compared to 98% of 16-24 year olds.²⁹ Therefore, a solely app-based certificate would disproportionately negatively impact older people, exacerbating the risk of exclusion if used to determine access to spaces or services.

To mitigate against the inability to access vaccine certificates digitally, passengers can request a copy of their vaccination status by phoning the Coronavirus (Covid-19) status Helpline on 0808 196 8565. The helpline is open every day from 10am to 6pm.

The vaccination programme has followed the JCVI risk-based prioritisation for delivery of vaccine in Scotland. This is largely age-related, and so the proportion of individuals who are fully vaccinated and could benefit from this policy change increases through older age cohorts. All adults in Scotland were booked for their first dose appointment by the end of June, and with a target to ensure all second doses are completed eight weeks after first dose (and allowing for the 14-day period post-second dose), all adults in Scotland who wish to receive the vaccine will be fully vaccinated by around the end of September. This would have left a relatively short window of only around two months where some adults in Scotland who may want to benefit from this policy change are unable to do so, because of age prioritisation for vaccine delivery; this group will be heavily concentrated in the 18-30 cohort.

The First Minister announced on 20 July 2021 that people currently aged 17 but who turn 18 on or before the 31st October are now eligible to be vaccinated under the current programme. From the week commencing 9 August 2021, drop-in clinics began to offer Pfizer/BioNTech vaccines to 16 and 17 year olds. As of 31 August 2021, 50% of this age groups have has their first dose and 8% have had their second dose, bearing in mind the 8 weeks gap between vaccinations.

Summary:

There is the potential for a real age differential experience due to the current vaccine roll out programme as vaccines are still being offered to the younger age groups and therefore as from 19th July many will not be fully vaccinated and not able to take advantage of the new policy for international travel compared with the older age groups.

Measures that help limit the spread of coronavirus are expected to particularly positively affect older people and avoid discrimination against them, protecting their health and helping to advance equality of opportunity.

The moment vaccination status start to have currency value, it can become a tool for coercive control of at-risk groups, such as older people. However this will be mitigated given that the vaccination programme is being rolled out to all age groups.

Sex – Men and Women

²⁸ Deloitte (2019). [Global Mobile Consumer Survey: UK cut. Plateauing at the peak: the state of the smartphone](#). UK-representative sample (n = 4,150).

²⁹ Scottish Government (2019). [Scotland's People Annual Report](#).

Throughout the pandemic, women have tested positive in larger proportion than men. This is partly explained by the fact that women, if in employment, are more likely to work as a ‘key worker’ in a role that carries greater infection risk.

Despite testing positive more often than men, women have not disproportionately suffered serious health outcomes from Coronavirus (Covid-19): data from up to September 2020 showed that, after adjusting for age, males were 1.4 times more likely to die than females.³⁰ However, there is emerging evidence that women may be more affected by “long COVID” symptoms.³¹

The direct harm of Coronavirus (Covid-19) also extends to mental health. Scottish research into mental health impacts during the first wave of the pandemic shows that women reported higher levels of psychological distress than men across all ages, as well as depressive and anxiety symptoms. They also reported more suicidal thoughts than men in the 18 – 29 age bracket. This is consistent with UK-wide research on the mental health gender gap which, looking at data from the first wave, found that having a larger social network before the pandemic was strongly associated with larger well-being declines after the pandemic’s onset: women reported more close friends before the pandemic than men, and higher loneliness than men after the pandemic started.³²

Vaccine certification as a means of enhancing the freedoms of those who can travel could therefore particularly benefit those whose mental health has suffered disproportionately as a result of Coronavirus (Covid-19) restrictions. Removing the requirement to self-isolate on return to Scotland from amber list countries, for those full vaccinated will benefit this group as it will mitigate the issues of loneliness and isolation that can occur from isolating at home.

Since the start of the Coronavirus (Covid-19) pandemic an increased incidence of domestic violence have been reported³³. This increase in domestic violence came as a result of people spending longer periods of time in the same property, than they would do normally. Statistically, domestic abuse is already highly gendered e.g.: in the period 2018/20 16.5% of adults had experienced at least one incident of partner abuse since the age of 16; with a higher incidence rate affecting women (21.2%) than men (11.2%).³⁴ Out of the 60,641 incidents police Scotland recorded in 2018-19, four of every five incidents where gender had been recorded had a female victim and a male accused.³⁵ Since the start of the pandemic, this has worsened: Scotland’s Domestic Abuse and Forced Marriage helpline received 95% more calls in the period April-June 2020 compared to the same period the previous year, and a 27% increase for the 2020-2021 year overall compared to the previous.

People fleeing domestic abuse or violence may not be able travel because they don't have a certificate if their partner is withholding this from them which could potentially infringe on their human rights. Anyone who finds themselves in this position can contact Scotland’s Domestic Abuse and Forced Marriage Helpline on 0800 027 1234 or visit www.sdafmh.org.uk for help and support.

³⁰ National Records of Scotland (6 October 2020). [The Registrar General’s Annual Review of Demographic Trends](#)

³¹ Torjesen, I. (2021). [Covid-19: Middle aged women face greater risk of debilitating long term symptoms](#). BMJ 2021;372:n829

³² Etheridge, B.; Spantig, L. (2020). [The Gender Gap in Mental Well-Being During the Covid-19 Outbreak: Evidence from the UK](#). Institute for Social and Economic Research, No. 2020-08, June 2020.

³³

³⁴ Scottish Government (16 March 2021). [Scottish Crime and Justice Survey 2019/20: main findings](#)

³⁵ Scottish Government (25 February 2021). [Domestic abuse: statistics 2018-2019](#)

The moment vaccination status start to have currency value, it can become a tool for coercive control of at-risk groups, such as women. However this will be mitigated given that the vaccination programme is being rolled out to all age groups and sections of society

Summary:

It is recognised that some of these measures have the potential to have a greater negative impact on women. Vaccine certification could present extra hurdles to women, who come or return to Scotland to escape abusive relationships. The Principal Regulations do not include a specific exemption for persons returning to Scotland in order to escape domestic violence, however it does permit the Scottish Ministers may in writing confirm that a person is a relevant person whom they consider requires exceptional arrangements to be made on compassionate grounds.

Race

Minority ethnic people in Scotland face significant societal and health inequalities. In terms of health, mortality rates are lower than the general population, partly due to the fact that minority ethnic groups are younger. However, prevalence of some health conditions are higher for some ethnic groups, such as Type 2 diabetes and coronary heart/cardiovascular disease among people of South Asian and African descent. In 2011, despite having a much younger age profile, 37% of Gypsy/Travellers reported having long-term health conditions compared to 30% of the population as a whole.³⁶

The protected characteristic of ‘race’ also includes ‘nationality’. Many British people or British residents have family and social connections who live outside the UK. Throughout the pandemic international travel has been restricted and compromised the ability to see friends and family which in turn can have negative impacts on people’s development and wellbeing.

This policy mitigates these negative impacts by making international travel more accessible allowing people to see friends and family outside of the UK without the need to self-isolate from amber list countries on return to the Scotland if they have the means to take advantage of travel.

We know that vaccine uptake is markedly lower for people from some minority ethnic groups, particularly Polish and African communities.³⁷ Uptake data in Scotland shows that rates for White groups aged 50 or older (the JCVI priority groups) are all higher than 90%. In contrast, African groups have uptake levels ranging from 72% to 79% depending on age. Fortunately, however, recent polling data from Ipsos MORI suggests the gap might be closing.³⁸

Low uptake is a result of combination of factors including misinformation, mistrust, socioeconomic barriers, and delivery that does not meet their needs (e.g.

³⁶ Scottish Government (October 2020). [Impact of COVID-19 on Equality Groups – Ethnicity Analysis](#)

³⁷ Robertson, E. et al (2021). [Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study](#). Brain, Behavior, and Immunity, Volume 94, 2021, p. 41-50.

³⁸ Ipsos MORI (6 April 2021). [Vaccine confidence grows month-on-month in latest Ipsos MORI KnowledgePanel poll](#)

Gypsy/Travellers who are often not in an area long enough to engage with health services to receive both vaccinations).

The work being undertaken by The Scottish Government to address vaccination hesitancy and widen the offering of the vaccination will help address this issue.

As 'race' also covers 'nationality' under the Equality Act, we also look at specific impacts for migrants. Those seeking asylum and/or with concerns about their immigration status have low levels of GP registrations, in part due to fears that their data will be shared with the Home Office. They may be fearful of certification for similar reasons. Additionally, undocumented migrants may be reluctant to get vaccinated for fear that certification may result in data being shared with the Home Office despite explicit messaging that health data would not be shared.^{39/40}

The majority of documented migrants that are recent entrants to the UK do not register with a GP, despite relatively easy access to primary healthcare. The reasons for this are many.⁴¹ Undocumented migrants (estimated by the Pew Research Centre to be between 800K to 1.2m in the UK in 2019)⁴², refugees and asylum seekers are even less likely to register in primary care services⁴³, and stakeholders who support these groups highlight fear of repercussions with the Home Office as a factor. The Scottish Government position is that the right to register with a GP practice is wholly independent of citizen status, residency or right to remain, and patients can register without an address.

People on low incomes, adults living in the most deprived areas and those living in social rented housing are all less likely to use the internet.⁴⁴ Although minority ethnic adults are more likely than average to use the internet⁴⁵, undocumented migrants, who stakeholders stress suffer from high levels of deprivation, face higher rates of digital exclusion and so digital-only certification may disproportionately impact them. Stakeholders also said that all migrants have concerns about their status, not just migrants with insecure status, as even those with secure status can have that revoked. To mitigate the issue of this group being able to access vaccine certificates digitally, passengers can request a copy of their vaccination status by phoning the Coronavirus (Covid-19) status Helpline on 0808 196 8565. The helpline is open every day from 10am to 6pm. While an option of non-digital certificates could be a mitigation, access to them would still be problematic for some minority ethnic groups, such as some Gypsy/Travellers, who do not have a fixed address.

Minority ethnic people report 18% more concern than White respondents that they would be discriminated against through vaccine passports, and 54% of all surveyed people think it is likely that vaccine passports would lead to discrimination against marginalised groups.

³⁹ Papageorgiou, V. et al (2020). [Patient data-sharing for immigration enforcement: a qualitative study of healthcare providers in England](#). *BMJ Open* 2020; 10:e033202.

⁴⁰ Digital Health (14 November 2018). [NHS Digital confirms end of patient data sharing with Home Office](#)

⁴¹ Cooke, G. et al (2007). [Impact on and use of an inner-city London Infectious Diseases Department by international migrants: a questionnaire survey](#). *BMC Health Serv Res* 7, 113

⁴² Pew Research Centre (November 2019). [Europe's Unauthorized Immigrant Population](#)

⁴³ Stagg, HR et al (2012). *BMJ Open* 2012. [Poor uptake of primary healthcare registration among recent entrants to the UK: a retrospective cohort study](#).

⁴⁴ Scottish Government (2019). [Scottish Household Survey Annual Report](#)

⁴⁵ Scottish Government (September 2020). [The Impacts of COVID-19 on equality in Scotland](#)

Asylum

People arriving to seek Asylum may need support to understand the regulations, if they do not speak English or have access to digital technology. Stakeholders who work directly with migrants, refugees and asylum seekers have informed us that migrants, especially women, are likely to have low rates of digitally connectivity and so would be negatively impacted by a product that is solely a digital app. Digital exclusion affects migrants: whilst most come with a smartphone, not all of them can afford a data plan, this being particularly true for women and particularly acute among those with no legal migration status.

Refugee resettlement

As with people seeking asylum, resettled refugees may need support to understand the requirements, if they don't speak English, and may also not have access to digital technology. The Scottish Government works closely with the Convention of Scottish Local Authorities (COSLA), who provide support to local authorities receiving refugees, and it will be necessary to engage with COSLA and local authorities, to ensure they are well sighted on plans for the self-isolation period. The Scottish Government will continue to consider any impacts of the Regulations, and identify any mitigating actions, as appropriate.

Error! Bookmark not defined.

Summary:

Given the differential uptake of vaccination, certification would place a disproportionate financial burden on minority ethnic people through potential lost earnings. This is because travellers from amber countries will have to self-isolate for 10 days following their return to Scotland if they are not fully vaccinated. However the vaccination policy mitigates these negative impacts by making international travel more accessible allowing people to see friends and family outside of the UK and by doing so fostering good relationships without the need to self-isolate from amber list countries on return to the Scotland.

Minority Ethnic communities are more likely to be vaccine hesitant and so this may negatively impact on facilitating family reunions. To undertake family reunions, they'll have to pay more for their testing than their vaccinated peers.

Stakeholders said that all migrants have concerns about their status, not just migrants with insecure status, as even those with secure status can have that revoked.

The work being undertaken by The Scottish Government to address vaccination hesitancy and widen the offering of the vaccination will help address issues identified.

Disability

According to the 2019 Scottish Health Survey, 32% of men and 37% of women in Scotland reported living with a limiting long-term condition. For people aged 75 and over, 58% had a limiting long-term condition.⁴⁶ 1 in 5 Scots identify as disabled and

⁴⁶ Scottish Government (September 2020). [Scottish health survey 2019: volume one - main report](#)

more than a quarter of working age people have an acquired impairment.⁴⁷ This group also reports much higher levels of loneliness (39%) than non-disabled people (16%).

Coronavirus (Covid-19) has a disproportionate impact on the health of disabled people: 93% of people who died from Coronavirus (Covid-19) up until April 2021 had at least one pre-existing condition. Some evidence (although not peer-reviewed) also suggests that people with learning disabilities may be twice as likely to become infected with Coronavirus (Covid-19) and three times more likely to die than the general population.⁴⁸

As with age, digital access is a key consideration. Glasgow Disability Alliance reports that 60% of their members do not have digital access.⁴⁹ While disabled people may have a smartphone, it may be too old to support certain apps.^{50/51} A disabled person may choose not to update their phone to support apps as the one they have meets their accessibility needs. Therefore, a solely digital based Coronavirus (Covid-19) Status Certification is likely to exclude many disabled people, exacerbating the risk of exclusion if used to access spaces or services or international travel

A paper based certification may also have some challenges for disabled people. According to the latest statistics, in 2019 there were 23,584 adults with learning disabilities and/or autism spectrum diagnoses known to local authorities in Scotland. Some people with learning disabilities of other diagnosis may find it more challenging to maintain either a paper or digital certificate which may lead to negative impacts if they are not able to gain access to the privileges certification confers. They may also find it confusing and distressing if they are disbarred from accessing a space or service.

In terms of freeing up travel for people with a disability there is a recognition that they might be travelling with carers who have different vaccination status to them – if the carer has to self-isolate upon arrival to the extent that they cannot discharge their function as carer, then the policy could impact on the care needs of the disabled person acutely.

Carers do generally have poorer health outcomes than the general population so may have medical reasons why they cannot be vaccinated. There's no general exemption in the Principal Regulations only for carers who accompany a cared person to the UK to seek medical care.

Stakeholders advised that disabled people may have concerns about data-sharing and privacy and whether their health data (contained in certification) would be shared with the public. However this is not supported by evidence as a similar proportion of disabled and non-disabled people surveyed reported vaccine hesitancy.⁵² Stakeholders have seen an increased rise in vaccine misinformation, disinformation

⁴⁷ Scottish Government (December 2018). [A Fairer Scotland for Disabled People: employment action plan](#)

⁴⁸ HENDERSON, A. et al (Pre-print). COVID-19 infection and outcomes in a population-based cohort of 17,173 adults with intellectual disabilities compared with the general population

⁴⁹ Glasgow Disability Alliance. [GDA Connects](#)

⁵⁰ Disability Scotland (March 2021). [Your Say: Weekly polling on Vaccine Passports.](#)

⁵¹ Ada Lovelace Institute (March 2021). [The Data Divide: Public attitudes to tackling social and health inequalities in the COVID-19 pandemic and beyond.](#)

⁵² Office for National Statistics (8 March 2021). [Coronavirus and vaccine hesitancy, Great Britain](#)

and conspiracy theories and a rise in their members consuming this information, which they felt could lead to increased vaccine hesitancy.

In addition, some stakeholders also highlighted that disabled people are at increased risk of being targeted by scams or misinformation. This is backed by an information briefing from Citizens Advice in June 2018, which stated that disabled people more likely to be victims to a variety of scams.⁵³ Therefore, certification may provide an additional phishing opportunity for scammers, which would impact disabled people disproportionately.

A report from Public Health England in 2015 indicated that disabled people experience disproportionately higher rates of domestic abuse and suffer it for longer periods of time, more severely and more frequently.⁵⁴ Data from Glasgow over 2018-20 shows that 12% and 22% of Adult Support and Protection investigations involved someone with a physical or a learning disability, respectively.⁵⁵

Summary:

The impact of a continued requirement to self-isolate on individuals with particular medical conditions or disabilities may be greater than on those who do not have medical conditions or who are not disabled. There are a number of applicable defences in the International Travel Regulations which may be relevant to individuals with particular healthcare or disability-related requirements, where an individual may leave self-isolation. These include to access medical care and medical services, or other services which are critical to the wellbeing. These defences will continue to be available to individuals who are required to self-isolate because they are not able to take advantage of the relaxation for vaccinated travellers.

The moment vaccination status start to have currency value, it can become a tool for coercive control of at-risk groups, such as older people. However this will be mitigated given that the vaccination programme is being rolled out to all age groups and sections of society.

We recognise however that such a distinction may impact more on individuals who have particular medical conditions or disabilities which mean they cannot be vaccinated, and as the next phase of the policy is developed, considerations will be given to this.

Religion and Belief

The Coronavirus (Covid-19) Health Protection restrictions have caused considerable challenges to faith and belief communities. Most notably, limitations on attendance in places of worship (including periods of full closure) have impacted on people's ability to practice certain aspects of their faith, such as to congregate for worship in line with their Article 9 rights under the European Convention on Human Rights (freedom of religion).

⁵³ Citizens Advice (June 2018). [Don't miss a trick: Be scam aware](#)

⁵⁴ Public Health England (2015). [Disability and domestic abuse: risk, impacts and response](#)

⁵⁵ Glasgow Adult Protection (2020). [Adult Protection Committee Biennial report 2018 - 2020](#)

Being able to attend a place of worship is seen by many as playing an important role to the spiritual and mental health for some with the faith and belief communities, as well as contributing to reducing social isolation and loneliness.

A challenge to the closure of churches as part of the January 2021 lockdown successfully challenged the Scottish Government, arguing that the decision breached the human rights of Christians by stopping them from worshipping. Lord Braid ordered the immediate re-opening of churches and other places of worship on 24 March 2021.

People of certain religions may not want to take a vaccine because it goes, or is perceived to go, against their beliefs (e.g. Muslim/Jewish if they contain pork cells, or embryonic cells for orthodox religious people). Some people who hold non-religious but protected beliefs under the Equality Act 2010, such as veganism⁵⁶, might also reject a vaccine on the grounds that it may have been tested on animals.

The Scottish Government is progressing work to address vaccination hesitancy and deliver an inclusive vaccination programme, including targeted outreach.

Summary:

Removing the requirement to self-isolate for 10 days from those who are fully vaccinated, will allow people to access and attend places of worship and could facilitate travel to attend religious festivals or undertake pilgrimages.

It is therefore considered that these regulations do not disproportionately impact on a person's religion and faith.

Sexual Orientation

In 2018, 2% of people in Scotland identified as lesbian, gay, or bisexual (LGB).⁵⁷

During the Coronavirus (Covid-19) pandemic, loneliness and isolation have been an issue particularly for LGB people of all ages: a survey of 2,934 secondary school pupils (1,140 of whom identified as LGBT+) by Just Like Us found that LGBT+ young people are twice as likely as their non-LGBT peers (52% vs 27%) to have felt lonely and separated from the people they are closest to on a daily basis during lockdown. 68% of LGBT+ young people survey also reported their mental health has worsened since the pandemic began, compared with half (49%) of non-LGBT+ young people.⁵⁸ Age UK also reported that older LGBT people are especially vulnerable to loneliness as they are more likely to be single, live alone, and have less contact with relatives.⁵⁹

Summary

Removing the requirement to self-isolate on return to Scotland for those fully vaccinated will benefit this group as it will mitigate the issues of loneliness and

⁵⁶ UK Human Rights Blog (4 January 2020). [Ethical veganism is a protected belief, rules Employment Tribunal](#)

⁵⁷ Office for National Statistics (6 March 2020). [Sexual Orientation, UK: 2018](#)

⁵⁸ Just Like Us (18 February 2021). [LGBT+ young people twice as likely to feel lonely and worry daily about mental health than peers.](#)

⁵⁹ Age UK (February 2018). [Combating loneliness amongst older LGBT people](#)

isolation. It is considered that these regulations do not disproportionately impact on the person(s) sexual orientation

Pregnancy and Maternity

The advice from the Joint Committee on Vaccinations and Immunisations was that pregnant women, women who planned to become pregnant within 3 months, and women who were breastfeeding should not be vaccinated against Coronavirus (Covid-19). This advice changed from 16 April, so that pregnant women should be offered the vaccine at the same time as others in their age group. The change was based on data from the United States, where around 90,000 women had been vaccinated against Coronavirus with no negative impacts identified. The recommendation was also informed by positive evidence of increased risk to pregnant women, particularly those in the third trimester, of becoming severely ill or hospitalised with Coronavirus (Covid-19) should they contract Coronavirus, including an increased risk of premature birth.

In terms of direct damage to people's health from the virus (Harm 1), current evidence suggests that pregnant women are no more likely to get Coronavirus (Covid-19) than adults without health conditions, but that they may be at increased risk of becoming severely unwell compared to non-pregnant women, particularly in the third trimester.⁶⁰ Therefore, pregnant women were included in the list of people at moderate risk if they contracted the virus as a precaution, and a small number of them were asked to shield during the pandemic if they have congenital or acquired heart disease.⁶¹

The pandemic's impact on the wider health and social care systems (Harm 2) has disproportionately impacted people who share this protected characteristic. Typically, neonatal units facilitate unrestricted access for both parents, so that they can care for their baby whenever they need to. However, from March 2020 neonatal units began introducing restrictions in response to the growing pressures of Coronavirus (Covid-19) and to comply with nationally mandated hospital-wide visiting restrictions.

These changes have been detrimental (Harm 2 and 3): a survey of 510 parents in the UK whose baby, or babies, had spent time in neonatal care between March 2020 and February 2021 showed that 61% of respondents found restrictions on the unit had affected how much they could be with their baby or babies, and 41% responded that going through a neonatal admission during the pandemic restrictions affected their ability to bond with their baby at some point during their journey.⁶² As things stand in Scotland, in all five Coronavirus (Covid-19) protection levels (level 0 – 4) a birth partner supporting a woman during hospital visits remains 'essential' and allows for a woman to be accompanied during labour and at key appointments. The addition of a second birth partner and visitors to postnatal wards will be subject to the local protection levels as detailed in the guidance.

The virus has also impacted pregnant women's wellbeing and economic prospects (Harms 3 and 4). A survey conducted after the first wave by Pregnant Then Screwed showed that 15% of mothers surveyed were either made redundant or expected to be

⁶⁰ Royal College of Obstetricians & Gynaecologists (23 April 2021). [Coronavirus infection and pregnancy FAQs](#)

⁶¹ Scottish Government (19 May 2021). [Coronavirus \(COVID-19\): shielding advice and support](#)

⁶² Bliss (20 May 2021). [Locked out: the impact of COVID-19 in neonatal care](#)

made redundant. Of those, 46% reported that a lack of childcare provision played a role in their redundancy, at a time when the pandemic had resulted in the national closure of schools. 72% of mothers reported needing to work fewer hours because of childcare issues, and 65% of mothers who were furloughed said a lack of childcare was the reason. The impact on self-employed mothers was even more acute: 74% of them reported having had their earning potential reduced because of a lack of access to childcare.⁶³

Some people may want to travel internationally, such as to give birth in another country or seek medical treatment. The opening of international travel Coronavirus (Covid-19) Status Certification could positively impact people who share this protected characteristic. In addition, while airplanes are not considered high-risk setting if non-pharmaceutical interventions (NPIs), such as face coverings, are in place to⁶⁴ some pregnant women and new mothers may feel anxious about the risks of transmission. Certification may support them to feel more comfortable and less at risk if they know that those around them have been vaccinated and or tested.

Given pregnant women are being offered the vaccine, any impact of the relaxation of the self-isolation rules for those returning from international travel that is specific to pregnancy is likely to be attributable to a greater degree of vaccine hesitancy among pregnant women than among the non-pregnant population. This may be due to a perception that while vaccination is being offered to pregnant women, the recommendation is based not on a positive assessment that vaccination poses no risk to a pregnant woman or her baby, but on data suggesting that vaccination is considered less risky than becoming seriously ill with Coronavirus (Covid-19) during pregnancy. Some pregnant women may therefore conclude that in their circumstances, the greater risk lies with vaccination, and they may choose to take other measures to mitigate against catching Coronavirus e.g. voluntary shielding, physical distancing etc.

Summary:

Pregnant women who have chosen to be vaccinated and who have completed a course of doses of an authorised vaccine will be able to benefit from the relaxation immediately. The International Travel Regulations will continue to apply to pregnant women returning from amber list countries and territories who are not fully vaccinated. As noted above in relation to the issue of disability, we would flag that there are circumstances in the International Travel Regulations where an individual may leave self-isolation, such as to access medical services (including maternity or pregnancy-specific services), or to access other public services which are critical to the wellbeing of the individual.

Gender Reassignment

Stakeholders have informed us that trans people often have turbulent interactions and relationships with health care services and frequently have to repeat health care history to professionals. Stakeholders have expressed that increased points of contact

⁶³ Pregnant Then Screwed. [The true scale of the crisis facing working mums](#)

⁶⁴ McEvoy, J. (2020). Study: Risk Of Covid-19 Transmission On Planes 'Virtually Nonexistent' For Mask-Wearers. Article in Forbes.com 10/15/2020

with healthcare services and other systems may create additional anxiety and issues for trans people. They have also raised issues about the interoperability of many health care systems; data may be correct on one data base but incorrect on another and there is anecdotal evidence of health records being incorrectly updated or deleted completely.

Some trans and non-binary people may have different names and genders on different documents and data bases for legitimate reasons. While changing one's personal data with a GP is fairly easy, as explained above data can be incorrectly updated, records deleted and data 'miss-matched' due to issues with interoperability of systems, which could be problematic if certifications draws on incorrect or absent data. These pre-existing issues – data interoperability and challenges interacting with the health care system – could result in low uptake of Coronavirus (Covid-19) Status Certification.

This could be particularly challenging for testing as negative tests would only be valid for 48-72 hours and it may take longer than that time period to rectify any data flow issues. This could have particularly negative impacts for international travel if someone is unable to leave the country due to their certification not being validated in the timeframe, even though they have a negative test result.

Additionally, if someone has a different name on their health records to that on their passport and travel documents then this will present challenges. There are a number of reasons why someone may not be able to change the name on their passport, including the financial cost of attaining a new passport.

The type of personal data used and shared – such as name and gender – could have negative impacts on trans and non-binary people, including discrimination and distress such as unintended 'outings'.

Someone may have a different name and gender on their health records than the one that they use with friends, family and colleagues. If someone's name and gender is displayed on domestic Coronavirus (Covid-19) Status Certification then this may lead to unintentional 'outings', which could lead to embarrassment, trauma and discrimination.

As official ID is needed to verify certification, this will likely result in differential negative impacts on trans and non-binary people. A scoping review in North America identified that the main reason people reported not having identification was due to loss or theft and that was particularly true for precariously housed or homeless people.⁶⁵ UK research from 2015 suggests that LGBT young people may make up 25% of the young homeless population, 77% of whom state that their LGBT identity was a causal factor in them becoming homeless.⁶⁶

Summary:

Throughout the pandemic international travel has been restricted. If Coronavirus (Covid-19) Status Certification supports the opening of international travel and reduces

⁶⁵ Sanders, C. et al (2020). "You Need ID to Get ID": A Scoping Review of Personal Identification as a Barrier to and Facilitator of the Social Determinants of Health in North America. *Int. J. Environ. Res. Public Health* 2020, 17, 4227.

⁶⁶ Albert Kennedy Trust (2015). [LGBT Youth Homelessness: A UK National scoping of cause, prevalence, response, and outcome](#)

non-pharmaceutical interventions, such as the self-isolation times, this has the potential to positively impact on trans people. Some trans people travel abroad for medical treatment, including gender affirming medical procedures. Stakeholders have received anecdotal reports that some trans people residing in Scotland have not been able to travel abroad to receive medical treatment during the pandemic while others residing in England have. If certification supported the opening of international travel it could benefit trans people as they are more they can more reliably plan trips abroad, especially to seek treatment.

Marriage and Civil Partnership

During the pandemic there has been a reduction in the number of marriages and civil partnerships taking place: These were down by 14.3% in the first quarter of 2020 compared to the average over the past five years. This was mainly due to the fact that Registration Offices closed mid-March 2020 and most marriages scheduled after the closure could not take place. From June 2020 onwards marriages and civil partnerships were resumed but with very strict limits on the number of attendees. Based on the provisional data for 2020, there has been around a 54% reduction in the number of marriages and a 13% reduction in the number of civil partnerships in 2020 compared to the previous year.⁶⁷

UK polling data gives us further indications of the extent to which couples who wanted to get married or registered as a civil partnership have been impacted by the pandemic. A poll of more than 400 couples with weddings planned between September 2020 and January 2021 revealed that, while 95% are not planning to cancel their wedding, 71% were choosing to postpone to later in the year or into 2022.⁶⁸

Coronavirus (Covid-19) Status Certification supporting the resumption of international travel could positively benefit people from this protected characteristic. For couples and partners living in separate countries and affected by travel restrictions, certification could positively benefit them if it enabled them to travel more freely without self-isolating. If an individual works abroad or travels overseas for medical treatment, international certification could benefit people in marriages or civil partnerships if it supports their partner to accompany them.

While marriage/civil partnership ceremonies have not stopped during the Coronavirus (Covid-19) crisis given that they are a legal right, attendees have been severely restricted since the beginning of the pandemic. Vaccine certification supporting international travel and the removal of self-isolation could support friends and family living abroad to visit Scotland to attend a wedding or civil partnership and the reception. This could have particularly positive benefits on the couples' wellbeing if their loved ones are able to attend the event.

For this protected characteristic, only the first limb of the Public Sector Equality Duty applies (the need to eliminate discrimination), and only to policies/practices that relate to work/employment. However, an assessment has been made for completeness.

⁶⁷ National Records of Scotland. [Births, Deaths and Other Vital Events - Quarterly Figures](#)

⁶⁸ Hitted (20 October 2020). [New Study: 71% of Couples Are Postponing Their Wedding Due to COVID-19](#)

Fairer Scotland Duty Assessment

Socio-economic disadvantage: any people experiencing poverty

Accessing digital vaccine certification under this policy has the potential to increase inequality for socio-economically disadvantaged groups. People on low incomes may not have access to a desktop computer or a smartphone for registration or data for use to download vaccine certificates, therefore facing digital exclusion. A survey carried out by Ada Lovelace Institute⁶⁹ revealed that nearly a quarter (19%) of respondents said they did not have access to a smartphone, and another 14% said they do not have access to broadband internet. The most clinically vulnerable people – those who identified as having a disability, and those on the lowest household incomes (less than £20,000 p.a.) – were among people most likely to report that they do not have access to either broadband or a smartphone.

Digital exclusion disproportionately impacts older people, disabled people, Gypsy/Travellers and young carers; that is, some of the people most impacted by Coronavirus (Covid-19). While people in these groups might have access to a smart phone or digital device, they may not have the software or data plan to support an app (for example some iPhone 5s cannot support Test and Protect). A paper based solution is a critical mitigation to ensure that certification does not exclude large proportions of the population.

To mitigate the issue of being able to access vaccine certificates digitally, passengers can request a copy of their vaccination status by phoning the Coronavirus (Covid-19) status Helpline on 0808 196 8565. The helpline is open every day from 10.00am to 6.00pm. Calls to this number are free from all landlines and mobiles.

The majority of the UK public is also concerned about the potential discriminatory impact of vaccine passports⁷⁰. While two thirds (64%) of the public are not concerned that vaccine passports will be discriminatory against themselves as individuals, slightly more than half (54%) do think it is likely they would lead to discrimination against marginalised groups. People from ethnic minority backgrounds and communities, and on lower incomes (total household income under £20,000), were also more likely to express concern about the risk of discrimination towards themselves than those who did not fall into those categories.

Those who are required to travel by air for essential travel, for example on compassionate grounds or Scottish people needing to return to Scotland to access NHS treatment, may not have the financial resources to self-isolate for 10 days. The removal of this requirement for vaccine certified people will make travelling more accessible for medical, leisure and employment purposes.

Whilst overall uptake of the vaccination has been good, there is a marked difference in least and most deprived areas. Moreover, some communities display higher rates of vaccine hesitancy than the general population. One of the most impactful mitigations is the inclusive vaccination programme, which is being designed and rolled out to address these issues

⁶⁹ [The data divide | Ada Lovelace Institute](#)
⁷⁰ [The data divide | Ada Lovelace Institute](#)

Summary:

Mitigations should allow some of the socio-economic disadvantages outlined above to be mitigated. These disadvantages are also offset by the overall intention of to help as many people as possible return to a more normal life.

Summary of considerations in relation to the protected and non-protected characteristics:

The measures contained within the regulations should positively benefit people and the economy as we develop a greater normality to our everyday lives. However, some potential indirect negative impacts on one or more of the characteristics have been identified. Whilst the view of the Scottish Government is that these regulations are justified, there is also a need to not only mitigate those negative effects identified but to, advance equality of opportunity , and the measures we have put in place are designed to help do this. We have sought to mitigate these negative impacts through the regulations themselves and contacts for support.

To assist in the mitigation of any negative effects and to eliminate discrimination, advance equality of opportunity and foster good relations between people the regulations will be reviewed on a regular basis. The regulations therefore contain two safeguards:

The regulations will be reviewed every 21 days, in line with the International Travel regulations as a whole, and consider the need for restrictions and requirements imposed under the regulations.

The International Travel Regulations, and related instruments, were initially due to cease at the end of their 12 month period in June 2021 but have been extended until Monday 20 September 2021.

Any negative impacts will be kept under close scrutiny as part of the review which takes place at least once every 21 days as part of the wider review of the Principal Regulations, as will measures designed to mitigate them. We will also continue to consider any newly identified evidence in relation to the impacts of these regulations and its operation, as it relates to each of the protected characteristics, and make further adjustments, as appropriate, in line with the requirements of the Public Sector Equality Duty (PSED).

Declaration and Publication

I have read the Equality Impact and Fairer Scotland Impact Assessment (EQFSIA), and I am satisfied that it represents a fair and reasonable view of the expected equality impact of the regulations.

Signed: Kerry Morgan

Date: 7 September 2021