



The Scottish Parliament  
Pàrlamaid na h-Alba

Published 2 March 2021  
SP Paper 966  
1st Report. 2021 (Session 5)

## **Equalities and Human Rights Committee Comataidh Co-ionannachd agus Còraichean Daonna**

# **Report on the impact of the COVID-19 pandemic on equalities and human rights**



**Published in Scotland by the Scottish Parliamentary Corporate Body.**

---

All documents are available on the Scottish  
Parliament website at:  
[http://www.parliament.scot/abouttheparliament/  
91279.aspx](http://www.parliament.scot/abouttheparliament/91279.aspx)

For information on the Scottish Parliament contact  
Public Information on:  
Telephone: 0131 348 5000  
Textphone: 0800 092 7100  
Email: [sp.info@parliament.scot](mailto:sp.info@parliament.scot)

# Contents

<b>Membership changes</b>	<b>1</b>
<b>Convener’s Foreword</b>	<b>2</b>
<b>Executive summary</b>	<b>3</b>
<b>Introduction</b>	<b>8</b>
<b>Background</b>	<b>11</b>
Emergency measures and legislation	11
COVID-19 death statistics	13
Committee’s consideration	14
Evidence sessions and engagement	14
<b>Part 1: Overarching themes</b>	<b>16</b>
Adherence to equalities and human rights legislation, international conventions and treaties	16
Lockdown measures and access to food	17
Maintaining dignity in the provision of food	18
Special diets and cultural requirements	19
Visual impairment and access to food	19
Accessing food in rural areas	20
Food bank volunteers	20
Conclusion	21
Inclusive communication	22
Access to services	22
Provision of Scottish Government information about the pandemic	23
Public service provision of information about their services	24
Conclusion	25
Social care	25
Care homes	26
People requiring social care support	27
Conclusion	29
Impact on carers	29
Young carers	31
Conclusion	31
Social isolation and digital exclusion	32
Social Isolation	32
Conclusion	33
Digital Inclusion	34

Access to public services _____	34
Groups of people most likely to face digital exclusion _____	34
Digital exclusion in rural areas _____	36
Conclusion _____	36
Role of the third sector and impact of COVID-19 _____	37
<b>Part 2: Protected characteristics and people in vulnerable situations _____</b>	<b>39</b>
Disabilities and long-term health conditions _____	39
Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) _____	40
Number of deaths _____	41
Public transport and disability during the pandemic _____	42
Visual impairment and sight loss _____	43
Shared outside spaces _____	43
Social distancing _____	44
Learning disabilities _____	45
Need for disaggregated data _____	46
Mental health _____	46
Mental health and the Coronavirus Act 2020 _____	48
Long term health conditions and terminal illness _____	48
Older people _____	50
Employment _____	50
Women _____	51
Impact of job disruption on women _____	52
Lone parent families _____	53
Sex discrimination _____	54
Domestic abuse and violence against women (and girls) _____	54
Domestic abuse and child contact _____	55
Equality impact assessments _____	56
Conclusion _____	56
Black and minority ethnic communities _____	57
Ethnicity data _____	58
Health _____	58
Public sector employees _____	59
Health and social care employees _____	59
Education employees _____	59
Local authority employees _____	60
Conclusion _____	61

Other labour market participation _____	61
Housing _____	62
Migrants, refugees and asylum seekers _____	62
Gypsy/Travellers _____	63
Showpeople _____	64
Children and young people _____	65
Human rights _____	66
Children and young people in vulnerable situations _____	67
Poverty _____	68
Care and protection _____	69
Looked after children and young people _____	69
Foster Care _____	69
Kinship Care _____	70
Collection of data _____	70
Education _____	70
Mental health _____	71
LGBT+ _____	72
Community safety _____	72
Domestic abuse _____	73
Social Isolation _____	74
Access to health and housing services _____	74
Health services _____	74
Homelessness and housing _____	75
Conclusion _____	76
Prisoners _____	76
<b>Overall conclusion _____</b>	<b>78</b>
<b>Annexe _____</b>	<b>79</b>

# Equalities and Human Rights Committee

To consider and report on matters relating to equal opportunities and upon the observance of equal opportunities within the Parliament (and any additional matter added under Rule 6.1.5A). In these Rules, “equal opportunities” includes the prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, on racial grounds or on grounds of disability, age, sexual orientation, language or social origin or of other personal attributes, including beliefs or opinions such as religious beliefs or political opinions. Human rights, including Convention rights (within the meaning of section 1 of the Human Rights Act 1998) and other human rights contained in any international convention, treaty or other international instrument ratified by the United Kingdom.



[equalities.humanrights@parliament.scot](mailto:equalities.humanrights@parliament.scot)



0131 348 6040

# Committee Membership



**Convener**  
**Ruth Maguire**  
Scottish National Party



**Deputy Convener**  
**Alex Cole-Hamilton**  
Scottish Liberal  
Democrats



**Gillian Martin**  
Scottish National Party



**Alexander Stewart**  
Scottish Conservative  
and Unionist Party



**Alison Harris**  
Scottish Conservative  
and Unionist Party



**Joe FitzPatrick**  
Scottish National Party



**Mary Fee**  
Scottish Labour

# Membership changes

The following membership changes took place during the inquiry:

- Alexander Stewart MSP replaced Maurice Golden MSP (20 August 2020)
- Gillian Martin MSP replaced Angela Constance MSP (1 September 2020)
- Joe FitzPatrick MSP replaced Fulton MacGregor MSP (22 December 2020)

# Convener's Foreword

During this past year, we've all faced the challenges of a pandemic and the measures put in place to deal with it. It has been evident that whilst we are all in the same storm we are not in the same boat.

The virus does not discriminate but it is crystal clear that the reality is those already facing inequality, for example due to their sex, age, disability and race or in those vulnerable situations due to poverty have been impacted to the greatest extent.

It is absolutely crucial that as service providers, law and policy makers we understand completely the impact of our decisions on the people we serve. We must become more rigorous with our data gathering, ensure lived experience is captured in a meaningful way, and prioritise use of impact assessments to take fully informed decisions that not only mitigate harm, but advance human rights and equalities and improve the lives of our citizens.

There can be no bright side to a pandemic and COVID-19 is not the wake-up call we wanted. But, lessons can be learned and as we move forward we should know that it is possible that those still suffering can have a better future, without discrimination and with their rights protected, respected and fulfilled. The innovation shown during this difficult time has highlighted both that change is possible and that with political will and the right resources it can be quick too. With a concerted, consistent effort to truly put equality and human rights at the centre of our nation's recovery we can ensure that no one is left behind.

This Parliamentary session the Committee has worked hard for those whose voices aren't heard enough. Our report crucially draws together the evidence we have gathered from our many trusted stakeholders and sets this out in the context of actions taken as well as seeking further action. We do not underestimate the work still to be done. This report will provide a good starting point for our successor committee to measure progress against and continue its scrutiny over the coming years.

# Executive summary

1. Since March 2020 the focus of the Committee's work has been on COVID-19, either directly or through other topic inquiry work or legislative scrutiny.
2. This report is the culmination of the Committee's work as this Parliamentary session comes to an end. It sets out a clear foundation from which the Committee's successor can continue to scrutinise the Scottish Government and other public bodies on the equalities and human rights impact of COVID-19 and the measures taken to mitigate the pandemic.
3. In addition to previous recommendations set out in its letters to the Scottish Government and other inquiry work, the Committee has made twelve recommendations:

## Access to food

In its **Guidance to local authorities** the Scottish Government sets out guiding principles on financial support. The Committee has received evidence that cash-based approaches should be prioritised to respect people's dignity, but also to help take account of factors such as lack of transport and rurality. The Committee asks the Scottish Government to strengthen its guidance to address these concerns. (Para. 78)

## Social care – care homes

The Committee welcomes the intention to hold a public inquiry into care homes. The inquiry should take a human rights-based approach and we ask the Scottish Government to ensure the inquiry specifically gives consideration as to whether human rights standards and principles have been met. (Para. 119)

## Social isolation

Embedding and delivering upon the Scottish Government's national strategy to tackle loneliness "A Connected Scotland" has become more important than ever. The Committee recommends the Scottish Government reviews its strategy prior to 2022 to reflect the significant impact of COVID-19 on social isolation and loneliness. (Para. 160)

## Digital inclusion

Asylum seekers and refugees are in a particularly vulnerable situation during the pandemic. The Committee recommends the Scottish Government widen its 'vulnerability' criteria on projects and funds tackling digital exclusion, to address barriers for people seeking asylum who need digital resources to stay connected, access support and continue education. (Para. 181)

## Visual impairment and sight loss – shared outside spaces

The Committee asks the Scottish Government to write to COSLA to reinforce to local authorities that any scheme to introduce cycle lanes must be subject to an impact assessment, which should include consultation with Scottish Access Panel

## **Network, local disability groups and with blind and partially sighted people. (Para. 219)**

### **Long term health conditions and terminal illness**

Regarding local authority adaptations for disabled people, the Committee has agreed to write to COSLA to get a better understanding as to why some local authorities have not been meeting their legal duties in this regard and whether this issue has persisted. The Committee will also alert the Local Government and Communities Committee to disabled people's concerns, so it may continue to observe developments. (Para. 253)

### **Women**

The Committee recommends the Scottish Government carries out a detailed cumulative impact assessment of the measures taken to mitigate the pandemic and also in relation to its recovery planning to ensure women are not further impacted disproportionately. (Para. 299)

### **Migrants, refugees and asylum seekers**

Asylum seekers and people with No Recourse to Public Funds are one of the most marginalised groups in Scotland. The Committee recommends the Scottish Government produces dedicated Public Health Scotland guidance on refugees and asylum seekers and migrant rights in the Covid-19 recovery phase. (Para. 334)

In follow up to the Committee's recommendation in its report, [Hidden Lives - New Beginnings: Destitution, asylum and insecure immigration status in Scotland](#), we ask Scottish Ministers and COSLA to urgently publish and fund the forthcoming Anti-Destitution Strategy to prevent and mitigate the risk and reality of homelessness and marginalisation for those subject to No Recourse to Public Funds. (Para. 335)

### **Showpeople**

The Committee asks the Scottish Government to take dedicated action to support Showpeople during COVID-19 to ensure their heritage and culture is protected for the future. (Para. 345)

### **Mental health – children and young people**

The Committee asks for assurances for the Scottish Youth Parliament's Equalities and Human Rights Committee that the Scottish Government's [new plan will help ensure mental health and wellbeing remains at the heart of the Scottish Government's response to coronavirus](#), and associated funding, will deliver increased availability of mental health support and address any backlog of support to children and young people. (Para. 387)

### **LGBT+**

The Committee asks the Scottish Government to undertake work to establish the impact of the pandemic on Scotland's LGBT community. (Para. 412)

4. There are also several areas of concern where the Committee considers further

information is required to progress its scrutiny:

### **Access to food**

**It is important to ensure food provided in an emergency is suitable and meets people's needs as far as is practical, including their cultural needs. The Committee asks what monitoring the Scottish Government is undertaking to ensure the emergency provision of food meets people's needs. (Para. 79)**

**The Committee notes the British Red Cross' [vulnerability mapping](#) which it has used to identify those most at risk. We ask the Scottish Government, in conjunction with its partners, what work has been undertaken to identify high risk groups. (Para. 81)**

**It is understood from the [Coronavirus \(COVID-19\): Food Fund guidance for local authorities](#) that monitoring information is being requested monthly. We ask the Scottish Government what use is being made of this information and whether it's being used to target high risk groups, for example, those with No Recourse to Public Funds in Scotland. (Para. 82)**

### **Inclusive communication**

**The Committee asks when the Scottish Government will respond to the Social Renewal Advisory Board report and if this will be before the end of the Parliamentary session. (Para. 103)**

**The Committee refers to its previous correspondence with the Scottish Government and again reiterates the need for inclusive communication and asks the Scottish Government what further action it will take on inclusive communication. (Para. 104)**

### **Social care**

**The Committee asks the Scottish Government and COSLA what progress has been made in relation to the 24 recommendations made in the [Scottish Human Rights Commission's Social Care and Human Rights: Impact Monitoring Report](#). (Para. 131)**

**The Committee reiterates the importance of a human rights and equality approach to social care and asks when the Scottish Government will respond to the [independent review](#). Also, the Committee asks the Scottish Government how the findings from the inquiry into care homes will be taken into account when developing its approach to adult care services, particularly as there has been a gap between the policy intention and people's experiences of social care. (Para. 149)**

### **Digital inclusion**

**The Committee asks the Scottish Government for an update on the number of devices provided since October 2020 and what groups they have been provided to. (Para. 179)**

**Evidence to the Committee suggests there are still issues with connectivity, for example, with children and young people accessing online schooling in rural areas with poor broadband connection. The Committee asks the Scottish Government what guidance is in place for local authorities to address this situation. (Para. 180)**

## **Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR)**

**More recent information from Age Scotland suggests there is still an issue with DNACPR forms as recently as November 2020. It is of great concern to the Committee that there is continued poor practice in this area. As per the Minister for Older People and Equalities evidence on 25 June 2020, the Committee asks the Scottish Government what progress has been made with its inquiry. (Para. 202)**

## **Public transport and disability during the pandemic**

**The Committee asks the Scottish Government what action it is taking to improve public transport and getting around for disabled people. In particular, the Committee would like to know what arrangements are being made to assist people with visual impairment on public transport. (Para. 212)**

## **Visual impairment and sight loss – social distancing**

**The Committee asks the Scottish Government what actions it has taken to assist blind and partially sighted people to assist them with social distancing, access to supermarkets and whether it has given consideration to running campaigns around disability and hidden disabilities. (Para. 227)**

## **Learning disabilities – disaggregated data**

**The Committee asks the Scottish Government what data the Scottish Government is collating in relation to people with learning disabilities regarding the impact of COVID-19. (Para. 233)**

## **Older people**

**The Committee asks the Scottish Government what plans it has put in place to support older workers during the pandemic and in planning for the recovery period. (Para. 261)**

## **Black and minority ethnic people**

**It is noted that the Scottish Government's [response](#) does not completely align with the [Expert Reference Group on COVID-19 and Ethnicity: Recommendations to Scottish Government](#), but there is some overlap. The Committee asks the Scottish Government what work is being undertaken to pick up the gaps in approach. (Para. 321)**

## **Babies and young children**

**The Committee asks the Scottish Government what work has been undertaken into how the pandemic is affecting the delivery of universal services for babies and young children, for example in relation to health visiting and other routine health programmes, and what impact COVID-19 and the measures taken to mitigate its impact have had on babies and young children's development. (Para. 353)**

## **Children and young people in vulnerable situations**

**It is understood that hub attendance figures increased to 2,000<sup>i</sup> in May 2020. The Committee asks the Scottish Government what the most recent figures are for hub**

**attendance and what percentage of those children are classed as ‘vulnerable’. (Para. 362)**

#### **Poverty – 16 and 17 years**

**The Committee asks the Scottish Government what financial support is available to assist 16 and 17 year olds that have left school, but have been unable to start work or training due to COVID-19, and are living with their parents, but neither them or their parents are eligible to claim benefits. (Para. 367)**

#### **Care and protection – children and young people**

**The Committee asks the Scottish Government what monitoring is being undertaken to scrutinise the numbers of children coming into care and the reasons for those numbers. (Para. 372)**

#### **LGBT+**

**The Committee asks how the needs of LGBT people will be embedded in the work of the Scottish Government on tackling mental health at a national level, including measures to address the mental health impacts of COVID-19. (Para. 413)**

#### **Prisoners**

**The Committee asks the Scottish Government to provide data to enable adequate monitoring of prison conditions and their compliance with human rights standards. (Para. 420)**

# Introduction

5. Various research projects, studies and surveys have been carried out during the pandemic in the UK, by governments, campaign groups and academics to establish the existing and future impacts on affected groups. It has been widely reported that existing disadvantage and inequality in our society has been exacerbated by COVID-19.
6. Although everyone's lives have been affected by COVID-19 in some way or another, the pandemic and the measures taken to respond to it, have had a disproportionate impact on those who face additional barriers in life. Poverty and having specific protected characteristics, under the Equality Act 2010 (such as, age, sex, disability and race) can increase the risk of severe negative health effects from COVID-19 or impact economically, damaging future life opportunities.
7. A combination of these factors or multiple characteristics or those in vulnerable situations can make the impact of COVID-19 more pronounced.
8. The impact of the measures taken to tackle the pandemic have also raised concerns about the impact on human rights. Some argue specific decisions by public bodies to withdraw or amend services have directly affected their rights. Others are concerned to ensure emergency legislation which restricts rights are necessary, proportionate and time-limited.
9. Widespread concern has also been voiced about the potential long-term consequences for equality and human rights advances, which some consider could be set back decades if equalities and human rights are not prioritised in the recovery from the pandemic.
10. Impact assessments are crucial to fully understanding the impact of COVID-19 and the measures to mitigate harm.
11. The Scottish Government has published two equality and fairer Scotland impact assessments. Both documents set out the evidence gathered on the actual or likely impacts of implemented measures of Phases 1, 2 and 3 from the Route Map on different people, based on their protected characteristics and socio-economic disadvantage. They also describe a range of activities put in place to protect rights and mitigate negative impacts. The first overview report on Phase 1 and 2 measures from the Route Map was [published on 2 July 2020](#). The second overview report on Phase 3 measures from the Route Map was [published on 1 December 2020](#).
12. Phase 3 referred to the easing of some restrictions, and of course Scotland is in lockdown again. Therefore, the assessed impacts, or perceived benefits, such as older people being able to go to cafes or libraries, and the re-opening of schools for children are not relevant at the time of this report.
13. Current impacts are therefore more closely aligned with those found in the first overview report on Phase 1 and 2 measures, which were previously summarised as—
  - **Poverty** has higher prevalence across protected characteristics

- **Women are seen to face a number of impacts including:**
    - Increased health risk as women are overrepresented in health and social care jobs
    - Increased domestic abuse and support/safety being harder to access
    - A disproportionate impact on balancing child care, home schooling, and paid work
    - Financial vulnerability as lone parent households
    - A disproportionate impact on employment prospects
    - Specific impacts affecting pregnant women and new mothers, e.g. increased anxiety and loneliness
  - **Older people** are more likely to have underlying health conditions, making them more susceptible to the severe negative health effects of COVID-19.
  - **Children and young people:** many families will experience increased financial hardship with impacts for the current and longer-term health and wellbeing of children. The mental health and wellbeing needs of children and young people are likely to occur and will require varying levels of support to address them.
  - **Disabled people** are potentially at increased risk of health harm from COVID due to difficulties implementing measures to reduce transmission, as well as potentially increased risk of severe health effects due to pre-existing health conditions.
  - **Minority ethnic people** are disproportionately employed in the NHS and other key worker industries and in some cases have a higher likelihood of living in multi-generational families, both of which may increase the risk of COVID transmission and infection.
  - Impacts related to sexual orientation are less understood
  - The COVID-19 pandemic has impacted **religious and belief communities** in various ways, including the closure of places of worship leading to the cancellation of the worship services of various faiths and the closure of study groups and out-of-school settings such as Sunday schools, madrassas and yeshivas.
  - Although many challenges presented by COVID-19 are shared across Scotland, some communities will face particular **disadvantages linked to place.**
14. This report brings together relevant strands of work undertaken by the Committee since April 2020 related to COVID-19, including recommendations made to the Scottish Government and associated Government responses. It also includes matters raised during its [pre-budget scrutiny 2021-22](#), which focused on the impact of COVID-19 on equalities and human rights, as well as relevant information from the Committee's [Race Equality, Employment and Skills inquiry](#) undertaken in the autumn and winter 2020.

15. Given the expanse of the matters raised with the Committee, the report is split into two sections. There will inevitably be some overlap, but this has been minimised where possible.
16. Part 1 of the report deals with several overarching topics raised in evidence that cuts across a range of protected characteristics or groups of people, e.g. social isolation.
17. Other areas of concern raised with the Committee have either a cumulative impact on specific protected characteristics or impact chiefly on specific groups of people, e.g. people with disabilities, women, minority ethnic communities or age. These are addressed in Part 2.
18. The report does not address the roll out of vaccines, due to the timing of the call for views and this report. It is noted, however, that the Parliament's COVID-19 Committee is considering this matter, including equality aspects.
19. The longer-term consequences of the health crisis, and the actions taken in response it, may not be evident for many more years to come. According to [Scottish Fiscal Commission](#), Scottish GDP is not expected to fully recover until the start of 2024. This report therefore sets the foundation for further work in the next Parliamentary session. It will be for the Committee's successor to continue scrutiny of the ongoing equality and human rights impacts and ensure they are prioritised.

# Background

## Emergency measures and legislation

20. Following a coronavirus outbreak in Wuhan City, Hubei Province, China, in December 2019, which spread to other countries, the World Health Organisation (WHO) officially named the virus “COVID-19”. As cases increased in the UK (the first positive case of COVID-19 in Scotland being confirmed on 1 March 2020) Governments of the UK published a UK action plan on 1 March. On 11 March, WHO declared the virus a pandemic.
21. It was announced on 18 March 2020 that the UK would close all schools except for children of key workers and children in vulnerable situations.<sup>ii</sup> On the same day, the First Minister of Scotland, Nicola Sturgeon, announced that Scottish schools would also be closing from 20 March, and may not reopen before the summer.
22. In response to the increasing number of cases and the pressure on public health services, the UK Government introduced the [Coronavirus Bill 2020](#) on 19 March, which sought emergency powers to deal with the pandemic. The Scottish Government lodged a [Legislative Consent Memorandum](#) on the UK Bill the next day, which was debated on [24 March 2020](#).
23. On 20 March the Prime Minister ordered all restaurants, pubs, clubs, and indoor sport and leisure facilities to close, though delivery and take-out chains were allowed to remain open.<sup>iii</sup>
24. The UK Government announced on 23 March that to protect the NHS, these measures were to be tightened further, with wide-ranging restrictions made on freedom of movement, enforceable in law,<sup>iv</sup> resulting in the [Health Protection \(Coronavirus, Restrictions\) \(England\) Regulations 2020](#).
25. On 31 March, the Scottish Government introduced the [Coronavirus \(Scotland\) Bill](#), to make changes to some of the duties of public bodies to let them focus on work which responded to the coronavirus outbreak. The Bill was considered by a [Committee of the Whole Parliament](#) on 1 April. It was passed and formally became law on 6 April. Under the Bill, the Scottish Government must report back to the Parliament every two months, and the Scottish Parliament will review the application of the powers under the emergency legislation every six months; the powers under the legislation can be extended for six months at a time, up to a total period of 18 months.
26. The Scottish Government published [Scotland’s route map through and out of the crisis](#) on 21 May 2020. The route map supplements the previously published

---

ii BBC News article, Coronavirus: UK schools, colleges and nurseries to close from Friday, 18 March 2020 <https://www.bbc.co.uk/news/uk-51952314>

iii BBC News article, UK pubs and restaurants told to shut in virus fight, 20 March 2020: <https://www.bbc.co.uk/news/uk-51981653>

iv Prime Minister's statement on coronavirus (COVID-19), 23 March 2020: <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>

documents, [Coronavirus \(COVID-19\) Framework for decision making](#) (published, 23 April) and [Coronavirus \(COVID-19\): framework for decision making - further information](#) (published, 5 May).

27. On 9 June the Scottish Government announced it was establishing an [expert reference group](#) to consider the evidence of COVID-19, including data by NHS Scotland, National Records of Scotland and Public Health Scotland to assess the impact on Scotland's ethnic minorities.<sup>v</sup> Its remit is to assess and understand impacts for Minority ethnic groups in Scotland. For example, the team has collated published evidence of 'lived experience' gathered independently of government.<sup>vi</sup>
28. Also of relevance, is the Scottish Government's [advisory board on social renewal](#), which has been established to drive progress towards a fairer, more equal Scotland in the wake of the COVID-19 pandemic. The report on social renewal was published on 21 January 2021 and provides ten calls to action (Actions 6-15 inclusive) under the [People, Rights and Advancing Equality](#).
29. On 28 May 2020 the First Minister announced<sup>vii</sup> the move to Phase 1 of the route map out of lockdown, to begin on Friday 29 May. While outdoor work, such as construction could begin again, and garden centres could open, non-essential shops, pubs, restaurants and cafes (except for takeaway) remained closed. There were also changes in terms of social interactions, however, not for those in the shielding category, who had been shielding since the start of lockdown.
30. What has become known as the second wave of the virus was confirmed on 21 September 2020 when a [joint statement](#) from the UK Chief Medical Officers was issued, recommending that the UK Covid-19 alert level move from level 3 to level 4. This was on the basis that the number of cases were rising rapidly and probably exponentially in significant parts of all four nations. The next day, the First Minister announced [new measures to drive down the infection rate](#), including household restrictions such as not to meet people from any other households in your own home or another person's home socially; and pubs and restaurants had to close by 10pm.
31. Further restrictions on hospitality were announced on 7 October 2020. Opening times were restricted to 6am-6pm indoors, with no sales of alcohol. Premises could open outdoors until 10pm, with sales of alcohol. All licensed premises in the central belt area were required to close, with the exception of takeaway services. Outdoor live events, adult contact sports had to pause. Leisure facilities such as bingo halls, snooker halls had to close. Shops had to reinstate 2m physical distancing and one-way systems. On 21 October, the First Minister [announced](#) that these restrictions would continue until 2 November.

---

v The Scottish Government, News Release, 9 June: <https://www.gov.scot/news/action-against-inequality/>

vi The Scottish Government, Coronavirus (COVID-19) Phase 2: supporting evidence for moving to Phase 2 of Scotland's route map: WHO criterion 6: Communities have a voice:<https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-supporting-evidence-moving-phase-2/pages/8/>

vii Coronavirus (COVID-19) update: First Minister's speech 28 May 2020. Available at: <https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-speech-28-2020/>

32. On 23 October the First Minister announced [Scotland’s Strategic Framework](#), a five level plan to vary the rules for a rapid but proportionate response to Covid-19. This would help the Scottish Government to suppress localised outbreaks across Scotland. The new [local authority protection measures](#) were announced on 29 October, and they came into force on 2 November 2020.
33. The First Minister announced on 4 January 2021 that mainland Scotland would go into [lockdown](#) from 5 January with a new legal requirement forbidding anyone from leaving their home except for essential purposes. This was due to the steeply rising trend in infections and the increased transmissibility of the new variant that means that the current level 4 measures may not be enough to suppress. Like the lockdown in March 2020, this included the closure of schools.
34. A [timeline](#) which focuses on Scotland’s response to the COVID-19 pandemic and includes all major developments, including links to further information or relevant official reports, policies and guidance is published by the Scottish Parliament’s Information Centre.

## COVID-19 death statistics

35. National Records of Scotland have been recording [Deaths involving coronavirus \(COVID-19\) in Scotland](#). At the time of writing this report the following numbers of deaths by age group have been recorded as at 21 February 2021—

### By Age:

Under 1 Year	1
01-14	1
15-44	68
45-64	901
65-74	1503
75-84	3060
85+	3813
Total	9347

36. The number of deaths by sex has also been recorded—

### Male and Female:

Female	4754
Male	4593
Total	9347

37. On ethnicity, the National Records of Scotland uses linked records from death registrations and Scotland’s Census 2011 to look at the likelihood that deaths involved COVID-19, and whether this differs by ethnic group in Scotland. This data shows that the number of minority ethnic deaths in Scotland relating to COVID-19 is between 1.4% and 2.7%'.<sup>viii</sup>

---

viii National Records of Scotland, Analysis of deaths involving coronavirus (COVID-19) in Scotland, by ethnic group, Data up to 14 June 2020, Published on 8 July 2020. Available at: <https://www.nrscotland.gov.uk/files/statistics/covid19/ethnicity-deceased-covid-19-june20.pdf>

## Committee's consideration

38. The Committee's inquiry into the [impact of the COVID-19 pandemic on equalities and human rights](#) was considered and agreed on 8 April. The inquiry remit is to consider–
- what groups and individuals are disproportionately impacted by COVID 19;
  - identify what the Scottish Government and other public bodies, including regulatory and oversight bodies, need to do to ensure that measures taken in relation to the pandemic minimise negative effects on equality and human rights; and
  - examine measures taken by the Scottish Government and other public bodies and the impacts they may have on equality and human rights.
39. The call for views was launched on 27 April 2020 and ran until 31 December 2020. Given the pandemic, it was considered necessary to keep the call for views open for as long as possible. Abstracts of responses were published on the inquiry webpage to help inform the Committee's evidence taking during this time and to inform other Parliamentary Committees and the Scottish Government with their work. A total of 187 responses were received and, where permission has been granted, published on Citizen Space. These were from 105 individuals and 82 organisations including representative groups and voluntary and third sector organisations.

## Evidence sessions and engagement

40. In total the Committee has held seven COVID-19 specific evidence sessions.
41. The Committee held four evidence sessions over May and June 2020. On [28 May 2020](#) the focus of the session was on women, domestic violence, older people and human rights issues, where the Committee heard from Shakti Women's Aid, Scottish Women's Aid, Engender, Age Scotland and the Scottish Human Rights Commission.
42. Issues affecting ethnic minority communities were explored at the [4 June 2020](#) evidence session with Radiant and Brighter, Minority Ethnic Carers of People Project, Intercultural Youth Scotland, Sikh-Sanjog and Article 12 in Scotland. Homelessness was also discussed with the Homeless Network Scotland.
43. A session considering the impact of COVID-19 on disabled people, carers, long-term health and mental health conditions and social work was held on [18 June 2020](#). Organisations heard from included the Coalition of Carers in Scotland, Inclusion Scotland, Royal College of Speech and Language Therapists, Social Work Scotland and the Scottish Association for Mental Health.
44. On [25 June 2020](#) the Committee heard from Christina McKelvie, the Minister for Older People and Equalities.
45. A follow-up session on mental health and human rights was held on [27 August](#)

[2020](#) when the Committee heard from the Mental Welfare Commission for Scotland, The Royal College of Psychiatrists, Mental Health Tribunals, Law Society of Scotland, Social Work Scotland, the Scottish Association of Social Work and Edinburgh Napier University.

46. In addition, the Committee held two further evidence sessions on the 1 and 8 October examining the financial aspects of the impact of Covid-19 on equalities and human rights. The Committee heard from Glasgow, Stirling and Clackmannanshire third sector interfaces, Poverty Alliance, Health and Social Care Alliance Scotland, Includem, the Fraser of Allander Institute and Christina McKelvie, Minister for Older People and Equalities.
47. Over the course of the inquiry, the Committee's Outreach Service has been communicating with Third Sector Interfaces across Scotland and grassroots groups to gather information from those who are not online to encourage responses to the Committee's call for views. Outreach staff have also attended virtual meetings with [West Lothian Third Sector Strategy Group](#) (hosting Voluntary Sector Gateway West Lothian (VSGWL), West Lothian Social Enterprise Network (WLSEN), Firefly Arts Whitburn and District Community Development Trust (CDT), Kidzeco, The Larder, Fair Justice System for Scotland (FJSS) Group, Polbeth Community Hub, Carers of West Lothian, Men / Women Matter Home Start West Lothian and Signpost), [Dumfries and Galloway Third Sector Interface](#), [RNIB](#) and [Voluntary Action North Lanarkshire](#) (hosting NHS Lanarkshire, Barnardo's, North Lanarkshire Carers Together (NLCT), Moira Anderson Foundation, Ypeople and MADE4U IN ML2) to learn about the issues affecting their communities.

# Part 1: Overarching themes

## Adherence to equalities and human rights legislation, international conventions and treaties

48. Equalities and human rights have become a major feature of the pandemic, both in terms of the impact COVID-19 has had on those in vulnerable situations and marginalised groups, but also in monitoring and scrutinising the mitigating actions of the Scottish Government and other public authorities.
49. The Equality and Human Rights Commission (EHRC), the Scottish Human Rights Commission (SHRC) and the Children and Young People’s Commissioner Scotland (CYPCS) (the bodies charged with oversight of equality and human rights for adults, children and young people in Scotland), wrote to the Committee appealing to public bodies to observe equality and human rights legislation during the pandemic.<sup>ix</sup>
50. The equality and human rights bodies stated that they “are generally supportive of the efforts by the Scottish Government and other public authorities to protect people in Scotland from the spread and effects of Coronavirus”, however, they emphasised—
- ” It is important that any measures taken are necessary, proportionate and time-limited in order to minimise their impact on equality and human rights. We also believe that actions taken which are grounded in equality and human rights will command the strongest levels of public confidence, consent and compliance, and ensure that those who are most likely to experience the most negative impacts are prioritised and protected.<sup>x</sup>
51. EHRC warned the Scottish Government and other relevant public bodies they must continue to be aware of their obligations under the Equality Act 2010, including through the Public Sector Equality Duty and the Fairer Scotland Duty, and seek to avoid discrimination of any form during their work.
52. In particular, EHRC recommended the Scottish Government and other public bodies (including regulators, inspectorates and ombudsmen) involved in the collection of data relevant to COVID-19, should seek to fill data gaps relevant to the protected characteristics. Data should be gender-sensitive and, wherever possible, include information on different categories of ethnicity or disability (e.g. going beyond White/Non-White and Disabled/Non-Disabled).
53. Furthermore, EHRC stressed the Scottish Government and other public bodies should ensure that equality impact assessments (EQIAs) of new or changed policies or processes, are undertaken. This would improve the design and inclusiveness of policies and processes and reduce the risk of discrimination.

---

ix Letter from the Equality and Human Rights Commission, the Scottish Human Rights Commission, and the Children and Young People’s Commissioner Scotland, 16 April 2020. Available at: [https://www.parliament.scot/S5\\_Equal\\_Opps/Letter\\_to\\_Ruth\\_Maguire\\_-\\_Coronavirus\\_inquiry.pdf](https://www.parliament.scot/S5_Equal_Opps/Letter_to_Ruth_Maguire_-_Coronavirus_inquiry.pdf)

x Ibid

54. The Scottish Human Rights Commission reinforced the importance of—
- ” [...] human rights principles which must apply to emergency powers, namely, that measures must be lawful, necessary, proportionate, time-limited and non-discriminatory. This means they must go no further than is strictly necessary, and should be linked to scientific and public health evidence. It must be recognised that measures could disproportionately impact certain groups and every effort should be made to address this. Finally, measures must be subject to meaningful review and scrutiny.<sup>xi</sup>
55. JustRight Scotland, human rights lawyers (working across women’s legal justice, trafficking and labour exploitation, EU citizen rights, migration and citizenship, disability and trans legal justice) also stressed the importance of viewing disproportionate impact on particular groups in terms of potential breaches of the Scottish Government’s obligations (including the state’s positive obligations to give effect to these rights) as set out in the European Convention on Human Rights, such as the rights to life (Article 2), freedom from degrading treatment (Article 3), liberty and access to justice (Articles 5 and 6), and dignity and respect for private and family life (Article 8). They underlined that certain rights, for example, Articles 2 and 3, are absolute rights that cannot be limited by state action.
56. In relation to the Scottish Government’s Framework for Decision-Making, EHRC said the Scottish Government must ensure that it is used consistently to support and inform its future decision-making. EHRC suggested the Scottish Parliament and its committees should consider whether the actions of the Scottish Government and other public bodies are in line with the Framework’s principles and observations on equality and human rights.<sup>xii</sup>

## Lockdown measures and access to food

57. One of the earliest issues to arise from the lockdown measures was the difficulty in accessing food. Food insecurity is when a person does not have reliable access to a sufficient quantity of affordable, nutritious food. A number of organisations and individuals noted that those who were in the most vulnerable situations were the least able to access food.
58. In this regard the Human Rights Consortium Scotland (HRC Scotland), a civil society network to protect and promote human rights in Scotland, drew the Committee’s attention to the right to food under Article 11 International Covenant on Economic, Social and Cultural Rights<sup>xiii</sup> and commented that
- ” household food insecurity has increased sharply since social distancing and lockdown measures.<sup>xiv</sup>

---

xi Letter from the Scottish Human Rights Commission, 27 April 2020. Available at:[https://www.parliament.scot/S5\\_Equal\\_Opps/SHRC\\_Covid\\_response\\_FINAL\\_LETTER.pdf](https://www.parliament.scot/S5_Equal_Opps/SHRC_Covid_response_FINAL_LETTER.pdf)

xii Equality and Human Rights Commission, Written Evidence

xiii Article 11 of the International Covenant on Economic, Social and Cultural Rights, Adopted and opened for signature, ratification and accession by General Assembly resolution

59. Age Concern conducted a survey of older people in May 2020 and found 32% of respondents struggled to get food from a supermarket in person and 39% struggled to get an online delivery.<sup>xv</sup>
60. British Red Cross (BRC), which provides aid in emergencies, said the causes of hardship are complex. For example, the key factors of food insecurity include, isolation, poor physical or mental health, lack of employment, financial hardship and insecure accommodation, all of which have been exacerbated by the COVID-19 crisis.<sup>xvi</sup>

## Maintaining dignity in the provision of food

61. The Adequate Standard of Living Reference Group (ASLRG), a group of people with lived experience supported by the Scottish Human Rights Commission, referred to the Scottish Minister's Independent Working Group on Food Poverty dignity principles on emergency food—
  - involve in decision-making people with direct experience,
  - recognise the social value of food,
  - provide opportunities to contribute, and
  - leave people with the power to choose.<sup>xvii</sup>
62. ASLRG noted food insecurity is not a new issue. Before the crisis, they said work around access to food emphasised ensuring people could access food was in a dignified way. With the crisis, they noted many new systems were set up quickly, but stressed it is important that people's dignity is still respected, for example by broadening the eligibility criteria for people who need support and therefore access to online food shopping services.<sup>xviii</sup>
63. Carers on the ASLRG also noted that in the initial days of the lockdown, and in some cases well into April 2020, it had been extremely difficult to buy enough food for themselves and the person they care for because of the restrictions on item numbers. Some had been challenged by shopkeepers and customers. It was suggested a system is needed for proof of carer status, such as eligibility for Carers' Allowance.<sup>xix</sup>
64. In BRC's experience, people seeking asylum face even greater barriers to meeting their basic living needs during the pandemic. BRC advised living on a budget

2200A (XXI) of 16 December 1966 entry into force 3 January 1976, in accordance with article 27 <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

xiv Human Rights Consortium Scotland, Written Evidence

xv Age Scotland, Written Evidence

xvi British Red Cross, Written Evidence

xvii See Nourish Scotland, <http://www.nourishscotland.org/projects/dignity/> The principles around emergency food provision should include: involve in decision-making people with direct experience, recognise the social value of food, provide opportunities to contribute, and leave people with the power to choose.

xviii Adequate Standard of Living Reference Group, Written Evidence

xix Adequate Standard of Living Reference Group, Written Evidence

(£39.65 per week) has been very difficult with issues around access to basic goods in supermarkets, travel restrictions and the closure of frontline services that people rely on for additional hot meals.<sup>xx</sup>

65. During an engagement call in January 2021, hosted by Voluntary Action North Lanarkshire, they advised “often food access has a root issue of mental health, poor wellbeing and isolation. We see a large number of individuals asking for food support who are really looking for befriending, connection, etc. but who do not know how to ask or look for this help specifically.”<sup>xxi</sup>

## **Special diets and cultural requirements**

66. ASLRG pointed out that those who need emergency food may have special diets due to health conditions, allergies, religious beliefs, such as requirements for halal or kosher food, or other cultural requirements. They believed, as much as possible, provision should be made appropriately in line with these needs.
67. Radiant and Brighter (R and B), an organisation which helps minority ethnic people with employment skills and promotes diversity in the workforce, reported that food being distributed was not culturally sensitive. They advised many people attending food banks took what was supplied but didn't eat it. A family told them they had woken up in the morning and wondered what they were going to eat, despite them having tinned food in the cupboard; they were appreciative, however, it wasn't culturally sensitive.<sup>xxii</sup>
68. British Red Cross confirmed considerations around culturally sensitive food has not been consistently integrated in the early response phase but advised that it was resolved in the medium-term. For example, halal meat was sourced in many cases several weeks into the response.<sup>xxiii</sup>

## **Visual impairment and access to food**

69. Royal Blind referred to Article 28 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which requires that states recognise the right of disabled people to an adequate standard of living for themselves and their families, including adequate food.
70. The decision that blind and partially sighted people were not designated as a ‘vulnerable group’, Royal Blind said, has been detrimental to people with visual impairment and impacted on their human rights. They advised blind and partially sighted people were not prioritised for supermarket deliveries, and so were suddenly excluded from services they relied on for basic provisions, with a number of people having to rely on food parcels or ration food.<sup>xxiv</sup>

---

<sup>xx</sup> British Red Cross, Written Evidence

<sup>xxi</sup> Voluntary Action North Lanarkshire, [Engagement Note](#), 21 January 2021.

<sup>xxii</sup> Radiant and Brighter, Written Evidence

<sup>xxiii</sup> British Red Cross, Written Evidence

<sup>xxiv</sup> Royal Blind and Scottish War Blinded, Written Evidence

71. The ASLRG raised questions about protections under the Equality Act 2010 and its interaction with the current provisions under the Scottish and UK Coronavirus Acts.
- ” It has become increasingly difficult for this support/reasonable adjustment to be put into place in light of public scrutiny of social distancing measures; an additional challenge is that online supermarket software is often not accessible to screen readers, and that visual impairment itself is not a criterion for shielding.<sup>xxv</sup>
72. A participant at the RNIB Scotland Committee Outreach call said “I have been offered help from supermarket staff with my shopping and they can go around the shop with my list, but they aren’t allowed to go around WITH me so it’s harder to be offered alternatives etc.”<sup>xxvi</sup>

## Accessing food in rural areas

73. Other challenges were faced by those living in rural areas. One member of the ASLRG noted “in Skye, while people could register for supermarket home delivery, many supermarkets were not able to deliver around all parts of the island and that a compromise had been made to collect shopping from local pick up points. While useful for some, it relied on volunteers being willing to take deliveries to people who were self-isolating”.<sup>xxvii</sup>
74. Corra Foundation, a charity which distributes grants, advised in some rural communities the lack of regular or affordable public transport is an issue for community members. As such, offering local people food vouchers for supermarkets that are difficult for them to get to further exacerbates feelings of isolation and lack of control. This, they said, highlights the importance of place-based approaches to engage with people within a community to understand their needs, aspirations and ideas for positive change in the area.<sup>xxviii</sup>

## Food bank volunteers

75. HRC Scotland advised that despite the Scottish Government’s clear guidance that people should stay at home, thousands of food bank volunteers have been expected to continue to source, sort, pack and distribute food to people who have been left without the financial means to meet their needs. Statutory services, whose staff many of whom are working from home, also continue to refer people in financial crisis to food banks rather than providing cash payments.<sup>xxix</sup>

---

<sup>xxv</sup> Adequate Standard of Living Reference Group, Written Evidence

<sup>xxvi</sup> RNIB Scotland, Engagement Note, 29 July 2020

<sup>xxvii</sup> Adequate Standard of Living Reference Group, Written Evidence

<sup>xxviii</sup> Corra Foundation, Written Evidence

<sup>xxix</sup> Human Rights Consortium Scotland, Written Evidence

## Conclusion

76. The Committee acknowledges how challenging it has been to ensure people have had access to food who otherwise could have been excluded due to their specific vulnerable circumstances or structural barriers. We express our thanks to all those, including the thousands of food bank volunteers, that have given up their time to provide sustained support during the health crisis.

77. We welcome the funding of over £130 million<sup>xxx</sup> to address food insecurity, which the Scottish Government has provided and the other actions it has set out in its [Food insecurity and poverty - United Nations: Scottish Government response](#).

78. In its [Guidance to local authorities](#) the Scottish Government sets out guiding principles on financial support. The Committee has received evidence that cash-based approaches should be prioritised to respect people's dignity, but also to help take account of factors such as lack of transport and rurality. The Committee asks the Scottish Government to strengthen its guidance to address these concerns.

79. It is important to ensure food provided in an emergency is suitable and meets people's needs as far as is practical, including their cultural needs. The Committee asks what monitoring the Scottish Government is undertaking to ensure the emergency provision of food meets people's needs.

80. As the pandemic progresses, it is essential that the Scottish Government continues to identify those most at risk. When the Committee undertook its inquiry into [Hidden Lives - New Beginnings: Destitution, asylum and insecure immigration status in Scotland](#) in 2016-17, it learned a lot about the precarious lives of individuals and families who were barely surviving; without shelter and relying on charities to feed and house them. In a pandemic, these people are even less likely to engage with authorities and there is therefore a greater risk of being missed in the Scottish Government's response.

81. The Committee notes the British Red Cross' [vulnerability mapping](#) which it has used to identify those most at risk. We ask the Scottish Government, in conjunction with its partners, what work has been undertaken to identify high risk groups.

82. It is understood from the [Coronavirus \(COVID-19\): Food Fund guidance for local authorities](#) that monitoring information is being requested monthly. We ask the Scottish Government what use is being made of this

<sup>xxx</sup> [Food insecurity and poverty - United Nations: Scottish Government response](#), The Scottish Government's response to food insecurity during the COVID-19 pandemic, Access to food and other essentials, para 84.

**information and whether it's being used to target high risk groups, for example, those with No Recourse to Public Funds in Scotland.**

## Inclusive communication

83. Disability groups, human rights campaigners, minority ethnic representative organisations and those who provide advocacy services, called for the Scottish Government and other public bodies to address deficiencies in their inclusive communication and accessible information approaches. This, they considered, would help their stakeholders make informed choices about their lives. Also, by reducing existing and additional barriers to communication, they believed the extent to which protected groups would be excluded and isolated could be minimised.

## Access to services

84. DeafScotland, a national specialist organisation promoting equality, access and citizenship for those affected by deafness, advised people affected by deafness have been badly hit by the actions taken to mitigate COVID-19. For example, they said helplines are inaccessible to people with hearing loss and appointments with service providers wearing PPE make lip reading difficult, as well as there being little information provided in BS.<sup>xxx1</sup>
85. Kim Hartley Kean (Royal College of Speech and Language Therapists), pointed out that “there is a strong association with socioeconomic disadvantage, which might be linked to literacy difficulties and challenges that people experience, regardless of whether they have an identified communication support need”.<sup>xxxii</sup>
86. HIS said while NHS Inform is the main source for COVID-19 health messaging, with regularly updated information provided in Audio MP3, BSL, Easy Read, Arabic, Bengali, Simplified Chinese, Farsi, Hindi, Polish, Punjabi, Romanian, Slovak, Spanish and Urdu, this needs to be consistent for information on all aspects of the pandemic. A recent SCOVID tracker study and a survey by Mind, shows BAME people are disproportionately experiencing poorer mental health as a result of the pandemic, as such they advised clear and reliable information could improve mental health outcomes.<sup>xxxiii</sup>
87. Although deafScotland understood it is not intentional, and some of it has been unforeseen, they stressed the impact is the same. They believed the issue stems from inclusive communication not yet being understood as a mainstream activity in Scotland. DeafScotland asked the Scottish Government for a national commitment to ‘Inclusive Communication/Communication For All’, to ensure a reduction in social isolation for many people in Scotland, not just those with a hearing loss, but those who are older, have long-term health conditions, disabilities, or are living in poverty.<sup>xxxiv</sup>

<sup>xxx1</sup> deafScotland, Written Evidence

<sup>xxxii</sup> Equalities and Human Rights Committee, 18 June 2020, Official Report, Col 3.

<sup>xxxiii</sup> Healthcare Improvement Scotland, Written Evidence

88. Kim Hartley Kean (Royal College of Speech and Language Therapists) believed the Scottish Government should go further and introduce an inclusive communication law in Scotland.<sup>xxxv</sup>

## Provision of Scottish Government information about the pandemic

89. HRC Scotland advised early in the pandemic that not all information and guidance on COVID-19 is provided in accessible formats, such as EasyRead, subtitles, Braille, BSL or child-friendly versions, and in ways that all groups can have ready access to it, including migrant populations.<sup>xxxvi</sup>
90. Scottish Commission for People with Learning Disabilities (SCLD) explained people with learning disabilities may struggle to understand information on the news and must instead rely on information from friends and family. As such, SCLD said this information can at times be inaccurate leading to confusion, increased levels of anxiety, and some people not following advice regarding shielding. SCLD had been working with the Scottish Government to produce Easy Read resources on key pieces of public information. Despite this, they remain concerned about how this information is distributed to people with learning disabilities living alone who do not have access to digital resources.<sup>xxxvii</sup>
91. As a matter of urgency, Partners in Advocacy, an independent advocacy organisation, said Government guidance should be posted to all individuals with a learning disability in Easy Read format and local resilience teams notified of every individual at risk of isolation.<sup>xxxviii</sup>
92. Aberdeenshire Health & Social Care Partnership (AHSCP) discussed the changeable nature of Scottish Government's advice, which while they recognised as necessary, said causes confusion impacting on their work. They explained that their minority ethnic communities, and those whose first language is not English, face additional barriers in both language and cultural understanding of health and social care services. AHSCP advised translation services have continued to be an essential companion to their support, albeit in an adapted manner to suit the increased need to use digital communication.<sup>xxxix</sup>
93. The Health and Social Care Alliance Scotland (the ALLIANCE), a national third sector intermediary for a range of health and social care organisations, explained that although the publication of, and opportunity to respond to, the [Scottish Government's Framework for Decision Making](#) and associated 'Further Information' publication, was welcomed, they are concerned that public consultation via an online tool, without accessible formats, leaves some disabled people and people living with long term conditions unable to respond.<sup>xl</sup>

---

xxxiv Healthcare Improvement Scotland, Written Evidence

xxxv Equalities and Human Rights Committee, 18 June 2020, Official Report, Col 16.

xxxvi Human Rights Consortium Scotland, Written Evidence

xxxvii Scottish Commission for People with Learning Disabilities, Written Evidence

xxxviii Partners in Advocacy, Written Evidence

xxxix Aberdeenshire Health & Social Care Partnership, Written Evidence

## Public service provision of information about their services

94. Action on Hearing Loss Scotland (AHLS) were keen that health services consider the most appropriate means of providing interpretation to BSL users. Remote or video interpreting, they said, are not always appropriate for medical appointments, noting BSL is a 3D language and medical jargon on a 2D screen increases the risk of miscommunication. AHLS, however, didn't want a blanket policy to provide all interpretation remotely, but asked for decisions to be made in consultation with the patient and based on their communication needs.<sup>xii</sup>
95. Similarly, deafScotland urged public bodies to take “a whole-person approach” and believed “were human rights to be more evidently mainstreamed in Scotland, some of the problems could have been avoided”.<sup>xliii</sup>
96. On [4 June](#), the Committee wrote to the Scottish Government about what action it has taken to ensure that life-saving messages and key policy documents around Covid-19 and the support available. Specifically asking if information has been provided in accessible formats to those who need them, and available at the same time as plain text versions are released, and in ways that recognise barriers of digital exclusion and means of effective communication to all groups.
97. In addition, the Committee asked the Scottish Government what consideration it has given to working towards a national commitment to inclusive communication while the country is recovering from the pandemic to ensure a reduction in social isolation for many people in Scotland.
98. In the Annex to its letter of [23 June](#), the Scottish Government advised it had taken action to address inclusive communication concerns, including:
- working with Disability Equality Scotland and partners to establish and maintain the Inclusive Communication Hub.
  - arranging for in-situ BSL/English interpreters to cover the daily COVID-19 press conferences, and continue to work with broadcasters to ensure the interpreter is included in their broadcasts,
  - working with the Scottish Commission for Learning Disability and Disability Equality Scotland to produce BSL and Easy Read versions of key information. Similarly, NHS Inform are producing Easy Read and BSL versions of the COVID-19 advice and information to ensure it is accessible to all,
  - Within two weeks of lockdown the Scottish Government granted funds to Deafblind Scotland to provide translations of official UK and Scottish Government advice in Braille, Moon, XXXL print and audio.
  - Working to ensure that people with other forms of communication support needs are supported, for example: older people, translation into other languages, and children and young people.

---

<sup>xi</sup> The Health and Social Care Alliance Scotland, Written Evidence

<sup>xii</sup> Action on Hearing Loss Scotland, Written Evidence

<sup>xliii</sup> deafScotland, Written Evidence

## Conclusion

99. The Committee recognises the Scottish Government sought to address issues as quickly as possible when they arose. Organisations, however, pointed to historic exclusionary communication issues, which they believe have been amplified by service and funding decisions during the pandemic.
100. The Committee also raised issues with the Scottish Government around access to funding streams for minority ethnic organisations in its [Looking ahead to the Scottish Government's Draft Budget 2020-21: Valuing the Third Sector](#) and in its most recent [budget scrutiny 2021-22](#) work which considered the response to the pandemic.
101. Respondents to our call for views communicated very strongly that they feel the needs of disabled people, ethnic minority groups and other affected groups, have not been considered in the information and guidance provided by the Scottish Government and public services, which has had direct consequences on people's lives.
102. We note the Social Renewal Advisory Board has published its report and at [Call to Action 13](#) recommends that "inclusive communication is built into all national and local government frameworks including pandemic responses and all related communications strategies. These should routinely consider British Sign Language, sub-titling and minority languages, as appropriate. Inclusive communications should also be built into funding requirements. This should require the public sector and recipients of funding to demonstrate how they will ensure inclusive communication and accessible processes in their work".<sup>xliii</sup>

**103. The Committee asks when the Scottish Government will respond to the Social Renewal Advisory Board report and if this will be before the end of the Parliamentary session.**

**104. The Committee refers to its previous correspondence with the Scottish Government and again reiterates the need for inclusive communication and asks the Scottish Government what further action it will take on inclusive communication.**

## Social care

105. Social care includes all forms of personal and practical support for people who need extra support and can comprise of services and other types of help, including care homes and supporting unpaid carers to help them continue in their caring role.
106. Decision making around care homes, and their residents and staff, has continued to

<sup>xliii</sup> If not now, when? [Social Renewal Advisory Board report](#): January 2021, 3. People, Rights And Advancing Equalities, Call to Action 13,

be a source of concern throughout the pandemic.

107. Also of sustained concern, is the provision of other social care services affected by the challenges of dealing with the COVID-19 emergency. Several organisational responses include individual testimony showing that many older people and adults and children with disabilities have experienced their social care being stopped or reduced.

## Care homes

108. Concerns about care homes relate to deaths of residents, whether residents of care homes have had equal access to hospital treatment, if clinical guidance is appropriate, whether sufficient personal protective equipment (“PPE”) has been made available to both staff and residents, whether coronavirus testing of care home residents and staff is adequate and the facilitating of visits.
109. Healthcare Improvement Scotland referred to its published evidence which clearly identifies older people and care home residents are disproportionately vulnerable to COVID-19 illness. Reports from National Records of Scotland (NRS) show that at 11 October 2020, 77% of all deaths involving COVID-19 were of people aged 75 or over. Moreover, 46% of COVID-19 deaths registered in Scotland have been in care homes, which are predominantly occupied by older adults.
110. Age Scotland reported from March to May 2020 staff were left without appropriate Personal Protective Equipment (PPE) causing significant challenges in controlling infection and keeping residents safe.<sup>xliv</sup>
111. Age Scotland also advised their helplines were hearing that some people in care homes were being pre-emptively denied access to medical treatment—
- ” “Concerned family members of residents in care homes who were told GPs would not visit the care home unless there was an emergency”.<sup>xlv</sup>
112. In one care home, Age Scotland was told, family members were informed that “if their relative contracted COVID-19 they would not be offered treatment, but instead end of life care would be provided”.<sup>xlvi</sup>
113. Although Age Scotland accepted being admitted to hospital might not always be appropriate, predetermined decisions in advance of a resident falling ill does not treat them as an individual, but instead “amounts to age discrimination, violating their fundamental human rights”.<sup>xlvii</sup>
114. SHRC said the situation experienced in care homes raises issues under the European Convention on Human Rights (ECHR) as well as other international conventions and treaties. SHRC specifically emphasises Articles 2 and 3 of the ECHR, which protects the right to life and guarantees freedom from torture or inhuman or degrading treatment or punishment, respectively.

---

<sup>xliv</sup> Age Scotland, Written Evidence

<sup>xlv</sup> Age Scotland, Written Evidence

<sup>xlvi</sup> Age Scotland, Written Evidence

<sup>xlvii</sup> Age Scotland, Written Evidence

115. The First Minister confirmed to the Scottish Parliament on [27 May 2020](#) that there would be a public inquiry into the handling of all aspects of the pandemic, including what has happened in care homes.
116. The Committee received a response from the Scottish Government on [16 July 2020](#) on the issues raised about care homes, including admission to hospital, PPE and equality impact assessment report following the Minister for Older People and Equalities evidence on 25 June 2020.
117. On 5 November 2020<sup>xlviii</sup>, the Scottish Government appealed for a four nations care home inquiry, when other nations did not respond, the Scottish Government gave commitment to hold an inquiry on [24 November 2020](#).
118. It is noted that the Scottish Government published its [Coronavirus \(COVID-19\) - dementia and COVID-19: action plan](#) on 22 December 2020, which “sets out how we will build on our national response to the coronavirus pandemic since March 2020 and how we will continue and expand that response in 2021 to continue to support recovery for people with dementia and their carers”.

**119. The Committee welcomes the intention to hold a public inquiry into care homes. The inquiry should take a human rights-based approach and we ask the Scottish Government to ensure the inquiry specifically gives consideration as to whether human rights standards and principles have been met.**

## People requiring social care support

120. Age Scotland was “extremely concerned that from mid-March care at home packages were removed or severely reduced almost overnight from older people across Scotland”.<sup>xlix</sup> They recognised social care providers faced challenging decisions, however, they believed providers did not sufficiently consider whether families could provide the care that was being withdrawn.<sup>i</sup> Age Scotland has called for the Scottish Government to further research the excess deaths of people with dementia during the peak months of lockdown, which found deaths to be 24.5% higher between April and June 2020 than the previous five year average.<sup>ii</sup>
121. Social Work Scotland (SWS) and Scottish Association of Social Workers (SASW) commented COVID-19 has “lay bare the fragility of the systems (services, people) who protect and give meaning to human rights”<sup>u</sup>.<sup>iii</sup>
122. SWS and SASW also commented that social work is a critical component in many

---

xlviii The Scottish Parliament, 5 November 2020, Official Report, Cols 21-22

xlix Age Scotland, Written Evidence

i Age Scotland, Written Evidence

ii Age Scotland, Written Evidence

iii Social Work Scotland and Scottish Association of Social Workers, Written Evidence

public service systems. They explained for example, social workers mediate access to a wide range of support, such as for child and adult social care, deliver specific interventions and protect the interests of those unable to do so independently. COVID-19 has restricted social work’s ability to perform these functions, due to staff absence, work-from-home restrictions, limited PPE (in the early stages of the pandemic) and prioritisation of other urgent issues. As a result, SWS and SASW advised, social work is less present and accessible, causing the rights of some individuals to have been affected.<sup>liii</sup>

123. According to a survey undertaken by SCLD, 64% of individuals said their support had changed due to the COVID-19 emergency. Removal of home-based support, SCLD said, has led to a loss of independence for many. For example, in Glasgow, they advised, there has been a reduction of 1,884 people who previously received support leaving many people with learning disabilities relying on, or living with, their parents instead of living independently.<sup>liv</sup>
124. The University of Glasgow conducted research with the London School of Hygiene and Tropical Medicine about the impact of COVID-19 on the lives of disabled people and their families. As an example, Jonathan, who has Cerebral Palsy and other health conditions, said—
 

” I’ve ... been stuck upstairs for fourteen weeks because my [stair] lift has broken down and the local authority has been arguing with me about replacing the lift. They’re wanting me to live downstairs. I’ve stayed in my bathroom, my study and my bedroom after fourteen weeks.<sup>lv</sup>
125. Jonathan’s experience, the University of Glasgow said, suggests that his local authority was not upholding its statutory equality duty to an individual with protected characteristics.<sup>lvi</sup>
126. In response to the social care challenges caused by the pandemic, the ALLIANCE called for social care eligibility criteria, which had been narrowed, to be relaxed and social care support to be resumed, as a minimum, at the level it was at before the pandemic began, as they believed this is vital for people’s rights and wellbeing. In addition, the ALLIANCE wanted greater transparency and scrutiny of the changes to social care, including information on the criteria and tools used by public bodies in their decision-making, and what measures are being taken to ensure ongoing monitoring.<sup>lvii</sup>
127. The University of Glasgow understood from their work that social care assessments had been suspended for up to 4 months in some areas, leaving those with newly acquired impairments or where support needs increased, without the help they required.<sup>lviii</sup>
128. National Autistic Society Scotland discussed the plight of autistic people in Scotland

---

liii Age Scotland, Written Evidence

liv Scottish Commission for People with Learning Disabilities, Written Evidence

lv University of Glasgow, Written Evidence

lvi University of Glasgow, Written Evidence

lvii The Health and Social Care Alliance Scotland, Written Evidence

lviii University of Glasgow, Written Evidence

who had their social care support withdrawn in part or completely. They referenced the evidence in the Scottish Human Rights Commission's [Covid-19, Social Care and Human Rights: Impact Monitoring Report](#) published in October 2020<sup>lix</sup>. The report discusses the wide range of human rights obligations associated with social care, the use of the UK and Scottish Coronavirus Acts, the impact on people and their carers, and makes recommendations to the Scottish Government on a number of matters.

## Conclusion

129. Policymakers and social care providers must work collaboratively with disabled people to address their needs during the rest of this pandemic. The pandemic has significantly impacted on the health and wellbeing of disabled people and the Scottish Government must put in place a system to measure the challenges disabled people face and develop strategies and policies to help reduce their impact in the future.
130. On 6 October 2020, the Scottish Human Rights Commission published recommendations to address the removal of care plans during COVID-19 in its [COVID-19, Social Care and Human Rights: Impact Monitoring Report](#). They said potentially these amount to unlawful interferences and non-compliance with rights contained in the European Convention on Human Rights and the United Nations Convention on the Rights of Persons with Disabilities. Rights affected include people's rights to physical and psychological integrity, private and family life, and to independent living in the community.

131. **The Committee asks the Scottish Government and COSLA what progress has been made in relation to the 24 recommendations made in the [Scottish Human Rights Commission's Social Care and Human Rights: Impact Monitoring Report](#).**

## Impact on carers

132. Lucy Mulvagh, the ALLIANCE, said the number of unpaid carers in Scotland has now topped 1 million because of COVID-19, and is a group that would need particular attention through the recovery—

” Unpaid carers had barriers to realising their rights before the pandemic, and, like other groups, they are experiencing additional infringements and retrogression of their rights as it continues. Therefore, it would be great if we could give thought to that group of the population, too.<sup>lix</sup>

133. Inclusion Scotland report 40% of disabled people who responded to their COVID-19

---

<sup>lix</sup> National Autistic Society Scotland, Written Evidence

<sup>ix</sup> Equalities and Human Rights Committee, 1 October 2020, Official Report, Col 37.

survey have taken on new caring responsibilities since the pandemic.<sup>lxi</sup>

134. Claire Cairns (Coalition of Carers in Scotland) said a lot of older carers are caring for a spouse or an adult with a learning disability. She referred to views provided to the Scottish Parliament’s Carers Cross-Party Group about carers suffering from exhaustion and isolation. She emphasised it is crucial for services, such as day care, to open up as soon as possible.<sup>lxii</sup>
135. The Scottish Parliament’s Cross-Party Group on MS heard that carers across Scotland have seen the reduction or removal of services to which they are assessed as requiring under legislation. They were told by staff at Leuchie House (a national respite centre)—
- ” In particular family carers for a spouse have now in cases had up to 6 months without support or access to respite services.
136. A health professional also advised the Cross-Party Group on MS—
- ” I think many of the patients who are severely affected by their MS had their care packages reduced due to pandemic thus leading to a huge strain on family, often being unable to cope leading to an increase in admissions due to a deterioration in their condition.
137. Parents and family carers told SCLD about the impact of additional caring responsibilities has had on their lives—
- ” I’m a lone parent and sole carer. It’s now 24 hours a day, 7 days a week with no respite at all.<sup>lxiii</sup>
138. Another parent spoke of how their son's anxiety made their own experience of anxiety worse. While a carer asked why family carers would not be compensated for lost hours of work like others—
- ” Unpaid carers seem to be a group who have been left to pick up the work when services to those with LD [learning disabilities] is stopped. Everyone seems to be compensated by the government...but not us.<sup>lxiv</sup>
139. Feedback from the West Lothian Third Sector Strategy Group highlighted the pressure carers can feel, “people who are carers they have no privacy and time to have a call to get support either one to one or in a group as they are home all the time with the person they are caring for. Carers are left isolated as a result. Respite is cancelled”<sup>lxv</sup>
140. Corra Foundation referred to the difficult caring decisions faced by families balancing the individual’s needs and wellbeing against, for example, paid carer support in their home and the associated risks, or support access to indoor activities with further risks.<sup>lxvi</sup>

---

lxi Health Inclusion Scotland, Written Evidence

lxii Equalities and Human Rights Committee, 18 June 2020, Official Report, Col 12.

lxiii Scottish Commission for People with Learning Disabilities, Written Evidence

lxiv Scottish Commission for People with Learning Disabilities, Written Evidence

lxv West Lothian Third Sector Strategy Group, Engagement Note, 3 June 2020

141. MND Scotland believed further consideration needs to be given to caring situations that have a detrimental impact on the physical and mental health of carers—

” Mary (West Scotland) has MND and her husband is her full-time carer. He requested respite, which includes overnight care, so that he could take 4 days off from caring. However, he has been told by the local authority that there will be too much “footfall” in the home, and increased risk due to COVID. The only alternative is for the Mary to go into a care home however, the family is reluctant to do this given the risk of infection in local care homes. As a result, her husband, a full-time carer, is suffering from burnout and putting his own physical and mental health at risk because the local authority say they cannot provide the support he needs.<sup>lxvii</sup>

## Young carers

142. It was noted by Aberdeenshire Health & Social Care Partnership that there have been additional responsibilities placed on young carers due to the pandemic.

143. Claire Cairns (Coalition of Carers in Scotland) pointed out that the education of young carers is impacted because it is difficult for them to study at home. She suggested there should be specific guidance for them and an assurance that schools ensure support for young carers.<sup>lxviii</sup>

144. Salvesen Mindroom Centre believed there has been a large impact on the demands placed on young carers in terms of both physical and mental resilience. They said many have seen respite removed due to COVID-19 restrictions leading to a loss of vital support.<sup>lxix</sup>

## Conclusion

145. From the evidence the Committee has received, measures implemented to curtail the spread of COVID-19 have impacted considerably on those being cared for and their carers.

146. The Committee notes the Scottish Government gave a commitment to review adult social care in its Programme for Government on 1 September 2020. Health Secretary Jeanne Freeman said—

” This independent review will examine how adult social care can be most effectively reformed to deliver a national approach to care and support services - and this will include consideration of a national care service.<sup>lxx</sup>

---

<sup>lxvi</sup> Corra Foundation Written Evidence

<sup>lxvii</sup> MND Scotland, Written Evidence

<sup>lxviii</sup> Equalities and Human Rights Committee, 18 June 2020, Official Report, Col 18.

<sup>lxix</sup> Salvesen Mindroom Centre, Written Evidence

<sup>lxx</sup> Review of Adult Social Care, The Scottish Government, News Release, 1 September 2020.

147. The [Adult social care: independent review](#) was published on 3 February 2021. It made recommendations for establishing a human rights and equality approach to social care services and support rooted in the work to consider incorporation of international treaties into domestic legislation, and the recent experiences during the pandemic that have exposed structural inequalities and pre-existing inadequacies in the current social care support system.
148. The Committee welcomes an overhaul of the system that places the individual and their care at the centre. As we have seen from its operation during COVID-19 the system needs to be responsive, humane and funded to achieve good quality social care provision.

**149. The Committee reiterates the importance of a human rights and equality approach to social care and asks when the Scottish Government will respond to the independent review. Also, the Committee asks the Scottish Government how the findings from the inquiry into care homes will be taken into account when developing its approach to adult care services, particularly as there has been a gap between the policy intention and people’s experiences of social care.**

## Social isolation and digital exclusion

### Social Isolation

150. During the pandemic, social isolation has affected most of Scotland’s population to some extent. Evidence shows, however, that certain groups are at higher risk of isolation generally. For instance, people with disabilities, mental health problems, older people, children and young people and LGBT+ people, refugee and asylum seekers have been more adversely affected by lockdown measures. Those on the shielding list are also likely to experience stress related to both isolation and the fear of contracting the virus.
151. According to the BRC, research has consistently demonstrated the health-damaging effects of social isolation and loneliness, and the health-promoting effects of social support. They said feeling lonely is often linked to early deaths on a par with smoking or obesity. Further they advised social isolation is also linked to increased risk of coronary heart disease, stroke, depression, cognitive decline and an increased risk of Alzheimer’s.<sup>lxxi</sup>
152. AHSCP explained suspension to care home visiting, closure of day services and training and skills opportunities have had a significant impact on their area’s older population. AHSCP said whilst every effort has been made to provide alternative means of social contact this has not always been suitable or preferable. These groups are particularly vulnerable to the virus and so this has also meant that during periods where restrictions have been eased this support has not been able to resume as it was prior to the pandemic.<sup>lxxii</sup>

<sup>lxxi</sup> British Red Cross, Written Evidence

<sup>lxxii</sup> Aberdeenshire Health & Social Care Partnership, Written Evidence

153. Lack of visiting for care home residents was also raised by Age Scotland, which they said was important for social interaction but also as a way for family members to assess the quality of care provided and their loved one's wellbeing.<sup>lxxiii</sup>
154. Also at risk of isolation AHSCP stated, are people who are ordinarily more independent, but benefit from the social support provided by drop-in services. In addition, AHSCP said those with hidden or physical disabilities, who are not clinically vulnerable, are at risk of being very isolated and almost unseen.<sup>lxxiv</sup>
155. British Red Cross highlighted specific social isolation concerns around—
- ” People experiencing grief and bereavement who are cut off from services and support structures,
  - Deterioration of physical and mental health of the shielded population,
  - Decrease in referrals to Child and Adolescent Mental Health Services (CAMHS).<sup>lxxv</sup>
156. In relation to shielding, University of Glasgow said many participants in their study chose to shield because of their medical conditions despite receiving no official letter or support from the government; a number criticised the Government's shielding definition as being too restrictive. The Study showed shielding placed significant strain on their health and wellbeing.<sup>lxxvi</sup>
157. Educational Institute of Scotland (EIS) stated that many LGBT+ young people are at an increased risk of isolation during lockdown, particularly if they were not 'out' to family members or have a hostile home environment. EIS pointed out that LGBT+ young people may also need additional support on return to school, college or university and that educational institutes should consider ways to provide support when clubs and societies have suspended their activities.
158. In December 2018, the Scottish Government launched [A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections](#). The first strategy runs to 2026 and will be reviewed and updated to reflect progress every two years (in 2020, 2022 and 2024).

## Conclusion

159. The Committee acknowledges the harm social isolation can cause. It is one of the main ways to fight the spread of COVID-19, but it has taken a toll, exacerbating existing loneliness and isolation with the associated detrimental impacts for mental health.

160. **Embedding and delivering upon the Scottish Government's national**

<sup>lxxiii</sup> Age Scotland, Written Evidence

<sup>lxxiv</sup> Aberdeenshire Health & Social Care Partnership, Written Evidence

<sup>lxxv</sup> British Red Cross, Written Evidence

<sup>lxxvi</sup> University of Glasgow, Written Evidence

**strategy to tackle loneliness “A Connected Scotland” has become more important than ever. The Committee recommends the Scottish Government reviews its strategy prior to 2022 to reflect the significant impact of COVID-19 on social isolation and loneliness.**

## Digital Inclusion

161. To mitigate the impact of COVID-19 and associated measures to tackle it, there has been more reliance on providing services through electronic means and a greater focus on digital connectivity more generally. A lack of access to devices and data can, however, exclude people from accessing support services, public health information, educational resources as well as impact on their ability to stay in touch with family and friends. Digital ‘exclusion’ can therefore exacerbate loneliness and social isolation.

### Access to public services

162. Citizens Advice Scotland noted with its work that the rapid shift to online delivery of advice and services may have posed some difficulties for those in vulnerable situations. Specifically, they said, those who are digitally excluded (or those without access to a phone) might include older, disabled, and socio-economically marginalised groups, who may prefer to access face-to-face advice.
163. Healthcare Improvement Scotland (HIS) said those in the over 70 age group are most unlikely to engage online. They referred to Age Scotland’s work which found around 500,000 over 60s say they do not use the internet and that familiarity and confidence are key barriers, though it was also noted that some older people simply do not wish to use virtual resources.
164. Corra Foundation said the increased shift to digital connectivity highlighted the need for internet access and digital inclusion to be considered as a modern-day human right.<sup>lxxvii</sup>

### Groups of people most likely to face digital exclusion

165. Various surveys and research show older people, young care leavers, disabled people and people experiencing poverty and minority ethnic communities are more likely to be at risk of digital exclusion.
166. In relation to young care leavers, HIS directed the Committee to the work of the Carnegie Trust, which although evidence suggests nearly all young people have access to the internet, young people in care are disproportionately at risk of digital exclusion. A 2018 report from Bright Spots found that 20 percent of care leavers across the UK did not have access to the internet at home (compared to 9 percent in the general UK population).<sup>lxxviii</sup>

<sup>lxxvii</sup> Corra Foundation, Written Evidence

<sup>lxxviii</sup> Healthcare Improvement Scotland, Written Evidence

167. According to HIS, disabled people are also more likely to be digitally excluded. They pointed to Glasgow Disability Alliance’s survey which showed only 37% of disabled people had home broadband. Many respondents also said they lacked the confidence or skills to use the internet. In 2018, HIS said 27% of disabled adults in Scotland reported not using the internet, compared with 8% of non-disabled adults; and 2019 Office of National Statistics reports put the gap in ‘recent internet usage’ for disabled compared to non-disabled adults at 17%.<sup>lxxix</sup>
168. SCLD said everyone is being encouraged to utilise technology to maintain connectedness with our loved ones but they pointed out that for many people with learning disabilities, this is not an available option. SCLD said this may be because of poverty, safeguarding needs, need for adult support, lack of access to these resources, or having them controlled by professionals.<sup>lxxx</sup>
169. They referred to the experience of a parent carer and their son who is currently in a residential setting—
- ” What failed was the attention to ensuring FaceTime was preserved...For three days FaceTime wasn't working. The day before, my son was crying on screen, letting out his emotions, which he can safely do with me because I speak his language fluently...he gets heard and I support him. It's more than just 'chatting' to mum...With me, he puts forward stories about his life, his friends, significant places; and we talk with hope about what lies ahead. There is a lack of recognition of the spiritual needs of somebody with a complex and profound learning disability, in general, and in particular in this situation. Remembering that my son, too, for all his profound cognitive impairment, is frightened, wants to know when he will come home again when he will see familiar people again...<sup>lxxxi</sup>
170. On the link between deprivation and digital exclusion, HIS stated that in 2018, 69% of households with an income of less than £10,000 had internet access at home compared to almost 99% of households with an income of £40,000+ had home internet access. They referred to the work of the Poverty and Inequality Commission, which highlights poverty disproportionately affects protected groups such as disabled people, black and minority ethnic people and women who are single parents.<sup>lxxxii</sup>
171. BRC explained that many people prior to lockdown relied on free Wifi and computers in libraries and drop-in centres to access the internet. They said that Wifi and internet access is not provided in asylum support accommodation and therefore asylum seekers are expected to use the £39.65 they receive each week to pay for digital devices and internet access. In Glasgow, BRC have seen cases of young refugees unable to continue their college education due to digital exclusion, as well as a decline in the number of people accessing their services remotely.
172. EIS were also concerned about affordability of electronic devices for families to support online learning, in addition to the cost of electricity, broadband, or data,

---

<sup>lxxix</sup> Healthcare Improvement Scotland, Written Evidence

<sup>lxxx</sup> Scottish Commission for People with Learning Disabilities, Written Evidence

<sup>lxxxi</sup> Scottish Commission for People with Learning Disabilities, Written Evidence

<sup>lxxxii</sup> Healthcare Improvement Scotland, Written Evidence

which is also hindering their children’s access to education.<sup>lxxxiii</sup>

173. Corra Foundation advised there is a significant digital connectivity gap in Black, Asian and minority ethnic communities on low incomes. Corra explained that several children took part in their Corra’s community story in collaboration with SCORE Scotland. The children received an electronic device for their household through local digital inclusion projects to enable them to maintain important education and social connections including school, youth clubs, churches and mosques.

### Digital exclusion in rural areas

174. Rurality can also be a factor in digital exclusion. AHSCP said the roll out of digital connectivity in rural areas is essential and highlighted North Aberdeenshire as an area of digital vulnerability.<sup>lxxxiv</sup>
175. Dumfries and Galloway Third Sector Interface said the virus has exposed how poor the broadband service is in the region and therefore how vulnerable the economy and the well-being of the people is.<sup>lxxxv</sup>
176. EIS emphasised rural poverty and inequity of digital connection is impacting on children and young people’s attainment. They said that in many rural areas connectivity is poor, meaning it is a “post-code lottery” in terms of access to education being delivered remotely. Also, their Members noted higher levels of disengagement among children and young people from poorer backgrounds and called for steps to be taken to ensure the most vulnerable situations are reintegrated into education.<sup>lxxxvi</sup>
177. According to the Minister for Older People and Equalities, approximately 7,500 devices have been provided and of those about 40% were to people aged over 60, 34% had long-term conditions or a disability that prevents them from working, and 20% were unemployed. The Minister also explained the Connecting Scotland Fund is a “three-pronged approach”—

” The programme not only provides iPads, but provides and pays for internet access, and offers support for learning and skills development.<sup>lxxxvii</sup>

### Conclusion

178. The Committee welcomes the £5m Connecting Scotland Fund and the efforts it has made to provide devices, pay for internet and deliver digital learning and skills.

<sup>lxxxiii</sup> Educational Institute of Scotland, Written Evidence

<sup>lxxxiv</sup> Aberdeenshire Health and Social Care Partnership, Written Evidence

<sup>lxxxv</sup> Dumfries and Galloway, Third Sector Interface, Engagement Note, 3 June 2020

<sup>lxxxvi</sup> Educational Institute of Scotland, Written Evidence

<sup>lxxxvii</sup> Equalities and Human Rights Committee, 8 October 2020, Official Report, Col 21.

179. **The Committee asks the Scottish Government for an update on the number of devices provided since October 2020 and what groups they have been provided to.**

180. **Evidence to the Committee suggests there are still issues with connectivity, for example, with children and young people accessing online schooling in rural areas with poor broadband connection. The Committee asks the Scottish Government what guidance is in place for local authorities to address this situation.**

181. **Asylum seekers and refugees are in a particularly vulnerable situation during the pandemic. The Committee recommends the Scottish Government widen its ‘vulnerability’ criteria on projects and funds tackling digital exclusion, to address barriers for people seeking asylum who need digital resources to stay connected, access support and continue education.**

182. While digital connectivity has many advantages, the Committee notes some people will want or need to use other communication methods, as such options must remain available to meet the needs of these people or other groups in vulnerable situations.

## **Role of the third sector and impact of COVID-19**

183. The third sector is playing a pivotal role in supporting people through the pandemic, with both practical and social support.

184. Third sector organisations have acted quickly and been essential to maintaining services, without them the situation could have been much worse.

185. Over two successive years the Committee has considered the issues facing the third sector, [Looking ahead to the Scottish Government’s Draft Budget 2020-21: Valuing the Third Sector](#) focuses on the long term sustainability of the sector and partnership working, while the Committee’s most recent [budget report 2021-22](#) looks at the impact of COVID-19 on the sector and emergency funding.

186. Research by the Scottish charity regulator found that 20% of Scottish charities are facing a “critical threat” to their financial viability in the next 12 months as incomes fall and demand for services grows as a result of COVID.<sup>lxxxviii</sup>

187. On funding of the third sector, the Minister for Older People and Equalities advised financial support provided by Scottish Government to date has mitigated against

---

<sup>lxxxviii</sup> Equalities and Human Rights Committee, Letter to the Minister for Older People and Equalities, Para 129, 29 October 2020. Available at: [https://www.parliament.scot/angiestest/Letter\\_to\\_Min\\_pre-budget\\_2021-22.pdf](https://www.parliament.scot/angiestest/Letter_to_Min_pre-budget_2021-22.pdf)

this threat for a large number of organisations. She said, nevertheless, the Scottish Government maintains regular contact with third sector partners and will seek to address needs as far as possible, helping organisations adapt to the ongoing pandemic and plan for greater sustainability.<sup>lxxxix</sup>

---

<sup>lxxxix</sup> Letter from the Minister for Older People and Equalities to the Equalities and Human Rights Committee, 2 February 2020, Annex, Funding the Third Sector. Available at:[https://www.parliament.scot/S5\\_Equal\\_Opps/General%20Documents/2122\\_Pre\\_budget\\_Scrutiny\\_\\_EHRiC\\_report\\_\\_Response\\_Annex\\_\\_January\\_2021.pdf](https://www.parliament.scot/S5_Equal_Opps/General%20Documents/2122_Pre_budget_Scrutiny__EHRiC_report__Response_Annex__January_2021.pdf)

## Part 2: Protected characteristics and people in vulnerable situations

### Disabilities and long-term health conditions

“ In terms of **human rights**, it really feels like some of us have just not been thought of at all. It feels like **disability rights** has gone **back 40 years**.

(A participant at the Committee’s Outreach Engagement with RNIB Scotland)

Source: A quote from a participant who attended Committee’s Outreach Engagement with RNIB Scotland

188. Evidence to the Committee shows that many disabled people feel forgotten about. Some of the actions taken have been blanket policies, which cannot take account of individual disabilities or complex health needs, which is leading to disabled people experiencing significant impacts on their lives.
189. Inclusion Scotland ran a survey from 1-30 April 2020 seeking the views of disabled people and received over 800 responses from across Scotland. The key findings are:
- Social care support has been stopped or reduced
  - People have new or increased caring responsibilities
  - Disabled people are struggling to get access to the food and medicine they need
  - People are being asked to sign Do Not Resuscitate (DNR) notices
  - People are concerned that they will lose their job
  - Social distancing and isolation are proving extremely challenging <sup>xc</sup>
190. In Part 1 of the report, the Committee addressed some of the issues that directly impact on people with disabilities, particularly public authorities early mitigating actions, such as, resource rationing of social care and national lockdown measures affecting access to food, social isolation, and the impact on those with caring responsibilities.

191. This section therefore considers other issues of relevance to disabled people and people with long-term health conditions. It is noted some issues considered might apply equally to the protected characteristic of age, as many older people have underlying health conditions, as well as children and young people.

## Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR)

192. In April 2020, Age Scotland advised it was “inundated” with calls from older people saying that their GP practices were asking them to consent to a DNACPR.<sup>xcii</sup> Adam Stachura (Age Scotland) told the Committee his organisation was still hearing that “family members are leaving hospital with a DNAR form slipped into their discharge notes. Those people who leave hospital do not have their own capacity—they might have dementia—and their power of attorney is not consulted”.<sup>xciii</sup> He explained that people “thought that it meant that they would not be given medical treatment and that they would be left to die if they got the virus”. He was also worried that “administrative staff have been calling older people with dementia, who have agreed to something on the phone”.<sup>xciii</sup>
193. Both HRC Scotland and Wellbeing Scotland (a voluntary organisation therapeutic services) were similarly concerned.
194. HRC Scotland were very concerned that undue pressure is being applied, undermining people’s right to life and dignity.<sup>xciv</sup>
195. Wellbeing Scotland were appalled by the practice. They believed people should have the right to full medical intervention no matter what their previous health issues are.<sup>xcv</sup>
196. During October and November of 2020, Age Scotland said there was a resurgence of further cases of poor practice.<sup>xcvi</sup>
197. The Committee wrote to the Scottish Government on [4 June 2020](#) about the relevant guidance and received a response from the Scottish Government on [23 June 2020](#). This stated decisions regarding CPR are made according to current ethical principles, legislation such as the Human Rights Act (1998) and Adults with Incapacity (Scotland) Act 2000 as well as international human rights instruments such as the European Convention on Human Rights and the UN Convention on the Rights of Persons with Disabilities.
198. Subsequently, in evidence on 25 June 2020, the Minister for Older People and Equalities said-

---

<sup>xcii</sup> Age Scotland, Written Evidence

<sup>xciii</sup> Equalities and Human Rights Committee, 28 May 2020, Official Report, Col 12.

<sup>xciv</sup> Equalities and Human Rights Committee, 28 May 2020, Official Report, Col 13.

<sup>xcv</sup> Human Rights Consortium Scotland, Written Evidence

<sup>xci</sup> Wellbeing Scotland, Written Evidence

<sup>xcvi</sup> Age Scotland, Written Evidence

” The honest answer is that we do not know. Our guidance to GPs and other health professionals did not change. I think that there was a bit of panic at the beginning, with people thinking that the health service would be overwhelmed.<sup>xcvii</sup>

199. The Minister confirmed the Scottish Government would hold an inquiry into the issue and that the First Minister had provided a commitment to do so on 24 June.<sup>xcviii</sup>
200. The Committee wrote again emphasising the importance of understanding what has happened in relation to DNACPR forms and asked the Scottish Government to undertake an investigation into the circumstances that led to DNACPR forms being given to older people without clinician/patient conversations taking place or advocacy being sought where appropriate.
201. In the Scottish Government’s response on 16 July 2020 the Committee was advised in light of concerns raised regarding DNACPR conversations, the Scottish Government’s Chief Medical Officer, BMA and RCGPs issued a joint letter to GP practices on 10 April to provide advice and support on having anticipatory care planning conversations. Additionally, on 17 April, a further joint letter from the Scottish Government’s Chief Medical Officer, BMA and RCGPs was sent to GPs to reinforce this message and set out how they could effectively support care homes during this difficult time.

**202. More recent information from Age Scotland suggests there is still an issue with DNACPR forms as recently as November 2020. It is of great concern to the Committee that there is continued poor practice in this area. As per the Minister for Older People and Equalities evidence on 25 June 2020, the Committee asks the Scottish Government what progress has been made with its inquiry.**

## Number of deaths

203. HIS advised the COVID-19 death rate for disabled people is reportedly 11 times higher than for non-disabled people. Although there are gaps in data, that make it difficult to describe what is happening for different groups of people, HIS said, it is known that by the end of May 2020, for example, 20% of all recorded deaths in Scotland were of people with diabetes.<sup>xcix</sup>
204. SCLD also raised concerns that the numbers of deaths of people with learning disabilities are not being accurately captured.
205. Heather Fiskien (Inclusion Scotland) said—

---

<sup>xcvii</sup> Equalities and Human Rights Committee, 25 June 2020, Official Report, Col 13.

<sup>xcviii</sup> Equalities and Human Rights Committee, 25 June 2020, Official Report, Col 14.

<sup>xcix</sup> Healthcare Improvement Scotland, Written Evidence

- ” We know that 44 per cent of disabled people aged 16 to 24 are likely to live in poverty. That is an issue when it comes to Covid-19 because we know that people who live in poverty and in areas of multiple deprivation are more likely to contract and die of Covid-19.<sup>c</sup>

## Public transport and disability during the pandemic

206. A priority issue for many disabled people is access to transport to enable them to maintain their independence.
207. The Mobility and Access Committee for Scotland (MACS) is an advisory non-departmental public body whose role is to offer advice to Scottish Ministers on the travel and transport needs of disabled people. MACS believed there has been a lack of engagement with disabled people to understand their needs when planning interim public transport and passenger assistance plans during the pandemic.<sup>ci</sup>
208. MACS called for steps to be taken to ensure disabled people and older people have available, accessible and affordable transport options to get to medical appointments, noting the failure of transport to medical facilities is a long-standing problem for disabled people and older people.<sup>cii</sup>
209. In relation to island communities, MACS said ferry services should be increased to meet the needs of islanders requiring to travel for medical and hospital appointments and that consideration should be given to including Community Transport Services and Private Taxi travel in the Concessionary Travel Scheme (National Entitlement Card) – or comparable schemes.<sup>ciii</sup>
210. Furthermore, MACS suggested transport providers should ensure accurate information is available on major travel planning services (such as Google Maps and Move-it), which disabled people can find easier to use than trawling through individual operators’ sites. Also, MACS said information should be provided in other formats as disabled people may be digitally excluded.<sup>civ</sup>
211. Royal Blind also emphasised access to public transport is crucial for many blind and partially sighted people. Concerns expressed to them, include—
- ” How will social distancing be managed for blind and partially sighted people on public transport? Many people fear that they will receive less assistance especially when using trains and taxis due to social distancing. (Braille Proof Reader, Scottish Braille Press)<sup>cv</sup>

---

<sup>c</sup> Equalities and Human Rights Committee, 18 June 2020, Official Report, Col 12.

<sup>ci</sup> The Mobility and Access Committee for Scotland, Written Evidence

<sup>cii</sup> The Mobility and Access Committee for Scotland, Written Evidence

<sup>ciii</sup> The Mobility and Access Committee for Scotland, Written Evidence

<sup>civ</sup> The Mobility and Access Committee for Scotland, Written Evidence

<sup>cv</sup> Royal Blind and Scottish War Blinded, Written Evidence

**212. The Committee asks the Scottish Government what action it is taking to improve public transport and getting around for disabled people, in particular, the Committee would like to know what arrangements are being made to assist people with visual impairment on public transport.**

## Visual impairment and sight loss

213. Particular issues have arisen for those with visual impairment or sight loss, for example around social distancing and people exercising or using alternatives to public transport.

### Shared outside spaces

214. MACS advised disabled people have been prevented from using shared spaces and pathways due to the increase of bikes on non-segregated park paths.<sup>cv</sup>

215. Guide Dogs Scotland advised that guide dog owners and long cane users get from place to place by learning routes, when changes occur to these routes people no longer feel safe and secure.<sup>cvii</sup>

216. These concerns were shared by the Royal Blind, who explained that a number of councils have indicated they wish to introduce more 'popup' cycle lanes. Some blind and partially sighted people have told them about near-misses with cyclists who they couldn't hear coming.<sup>cviii</sup>

217. Disability Equality Scotland said there needs to be attitudinal and cultural changes so that the needs of disabled people are routinely understood by the public as well as decision makers.<sup>cix</sup>

218. MACS emphasised the need for meaningful equality impact assessments and said the Scottish Access Panel Network should be included in these assessments. They said it is essential that data informs reporting on the use of powers and should be collected and disaggregated by protected characteristics and socio-economic status or background wherever appropriate and possible. This will allow a better understanding of the emergency powers on people experiencing disadvantage and groups sharing protected characteristics.<sup>cx</sup>

**219. The Committee asks the Scottish Government to write to COSLA to reinforce to local authorities that any scheme to introduce cycle lanes must be subject to an impact assessment, which should include consultation with Scottish Access Panel Network, local disability groups and with blind**

<sup>cv</sup> The Mobility and Access Committee for Scotland, Written Evidence

<sup>cvii</sup> Guide Dogs Scotland, Written Evidence

<sup>cviii</sup> Royal Blind and Scottish War Blinded, Written Evidence

<sup>cix</sup> Disability Equality Scotland, Written Evidence

<sup>cx</sup> The Mobility and Access Committee for Scotland, Written Evidence

## and partially sighted people.

### Social distancing

220. Royal Blind explained that while people have been encouraged to leave their homes for walk and exercise, this has been hugely challenging for people living with visual impairment to maintain social distancing when they can't see who is around them. Many rely on sighted guides, but if guides are from outwith their household they have not been able to receive this support and so have been unable to leave their home.<sup>cxix</sup>
221. Easing of restrictions had worsened the situation for blind and partially sighted people. Royal Blind advised streets got busier, with queues outside premises and changes to street landscape making it even more difficult for people with visual impairment because of the challenges they face with social distancing—
- ” Supermarkets are now totally inaccessible for blind and partially sighted people due to social distancing. The majority of blind and partially sighted people do not have a guide dog and often rely on touch and guiding from another person to navigate the shop. Under social distancing measures, this is no longer possible. (Royal Blind School parent)<sup>cxix</sup>
222. A participant at the Committee's engagement call with RNIB Scotland said—
- ” It's difficult now we are coming out of lockdown and lots of café's and bars have moved furniture out on to the street it is making it harder for us to walk around town as the layout is less familiar. It is hard to access information on how the street layouts have changed. Especially if you can't get online.<sup>cxix</sup>
223. Shops, restaurants and public transport have all adopted measures to enforce social distancing. Guide Dogs Scotland said the most common way of doing so is to use floor markers and signage, neither of which are fully accessible to people with sight loss. They shared an example which showed the emotional toll of trying to deal with social distancing measures—
- ” I left the shop in tears...the one-way system just doesn't work for me and I'm so scared I'll get too close to someone else...<sup>cxix</sup>
224. Schools and workplaces also present issues around social distancing. Royal Blind shared an example of people's concerns—

<sup>cxix</sup> Royal Blind, Written Evidence

<sup>cxix</sup> Royal Blind, Written Evidence

<sup>cxix</sup> RNIB Scotland, Engagement Note, 29 July 2020

<sup>cxix</sup> Guide Dogs Scotland, Written Evidence

” As a blind person living in Scotland in lockdown, I am a bit nervous about what the situation is going to look like when we go back to school in August. It is most likely that there will be social distancing measures in place in my school. As a blind person, I don't know how on earth we are going to achieve the rule of staying 2 metres apart from everyone at all times. I think I will have difficulty maintaining social distance from everyone around me in school. (school pupil)<sup>cxv</sup>

225. Most organisations representing people with visual impairment and sight loss called for a high-profile public awareness campaign on visual impairment and social distancing.

226. Guide Dogs Scotland suggested a campaign should focus on three key messages—

” Social distancing is hard if you can't see what's about you – understand that blind and partially sighted people need you to be responsible in socially distancing around them and recognise their needs. Visual impairment can be an invisible disability – not all people living with sight loss have a guide dog or use a white cane. If you can, offer help to people with visual impairment while social distancing when appropriate.<sup>cxvi</sup>

**227. The Committee asks the Scottish Government what actions it has taken to assist blind and partially sighted people to assist them with social distancing, access to supermarkets and whether it has given consideration to running campaigns around disability and hidden disabilities.**

## Learning disabilities

228. National Autistic Society Scotland highlighted the [Left Stranded report](#), published in September 2020 by the National Autistic Society, which sets out the disproportionate and devastating impact on the mental health, wellbeing and education prospects of autistic people. National Autistic Society Scotland advised that those requiring full-time support were significantly more affected by lockdown—

90% of autistic people worried about their mental health during lockdown

- 20% of family members had to reduce work due to caring responsibilities
- 70% of parents said their child had difficulty understanding or completing schoolwork
- Around 50% of parents said their child's academic progress suffered.<sup>cxvii</sup>

229. According to SCLD, evidence shows that people with learning disabilities are at

---

<sup>cxv</sup> Royal Blind, Written Evidence

<sup>cxvi</sup> Guide Dogs Scotland, Written Evidence

<sup>cxvii</sup> National Autistic Society Scotland, Written Evidence

higher risk of underlying health conditions, including respiratory disorders such as asthma, COPD, and an increased prevalence of swallowing and eating problems which can lead to chest infections and pneumonia<sup>cxviii</sup>. This suggests that people with learning disabilities may face poorer outcomes if infected with COVID-19. These poorer outcomes are increased, SCLD said, because of already documented limited access to appropriate healthcare which meets their needs.<sup>cxix</sup>

### Need for disaggregated data

230. SCLD called for robust data collection regarding people with learning disabilities in Scotland, including, fatality rates, numbers of confirmed cases and numbers of individuals shielding. These gaps in disaggregated data regarding learning disability should be considered more widely as part of Scotland’s recovery and renewal planning in line with Article 31 of the UNCRPD.<sup>cxx</sup>
231. HIS referred to the experience in England where reports from the Care Quality Commission show a 134% increase in deaths of people with learning disabilities living in social care settings in England.<sup>cxxi</sup>
232. Since their response to the Committee, SCLD has published a report that states the mortality rate for people with learning disabilities is three times higher than the general population.<sup>cxxii</sup>

**233. The Committee asks the Scottish Government what data the Scottish Government is collating in relation to people with learning disabilities regarding the impact of COVID-19.**

### Mental health

234. Mental health concerns are raised throughout the report across the protected characteristics. Existing mental health conditions have been exacerbated by changes to mental health provision and worsened by lockdown restrictions. Some people are experiencing mental health problems for the first time as a result of the measures being taken to address COVID-19.
235. Carolyn Lochhead (Scottish Association for Mental Health) told the Committee there has been an increase in the number of incidents involving self-harm, attempted self-harm and thoughts of suicide. “We cannot say that that is definitely an impact of

cxviii <http://www.healthscotland.scot/media/1690/people-with-learning-disabilities-in-scotland.pdf>

cxix <http://www.healthscotland.scot/media/1690/people-with-learning-disabilities-in-scotland.pdf>

cxx Scottish Commission for People with Learning Disabilities, Written Evidence

cxxi Healthcare Improvement Scotland, Written Evidence

cxxii Scottish Commission for People with Learning Disabilities, A Position Statement, A statement on the publication of learning disability mortality statistics in Scotland, February 2021: [https://www.sclد.org.uk/wp-content/uploads/2021/02/SCLD-Data-press-statement\\_Feb21.pdf](https://www.sclد.org.uk/wp-content/uploads/2021/02/SCLD-Data-press-statement_Feb21.pdf)

lockdown, but it is certainly very noticeable that the timing of that increase has coincided with the introduction of lockdown.<sup>cxxiii</sup>

236. BRC advised feedback from their frontline services suggests that anxiety levels of people with underlying long-term health conditions and mental health conditions have increased significantly since the lockdown as they are struggling to access mental health support in the community.<sup>cxxiv</sup>
237. In relation to their refugee services, British Red Cross explained refugees and asylum seekers have complex mental needs and significant trauma, which requires services to meet their individualised needs. Between 18 March and 23 July, BRC refugee services in Glasgow supported 55 clients who have disclosed suicidal ideation and have taken 134 actions to respond to disclosures. Furthermore, they report refugee and asylum-seeking clients have experienced difficulties accessing GP appointments and the asylum health bridging team have been unable to conduct visits.<sup>cxxv</sup>
238. The Scottish Government announced a “[new plan will help ensure mental health and wellbeing remains at the heart of the Scottish Government’s response to coronavirus](#)” on 8 October 2020. The [Coronavirus \(Covid-19\): mental health – transition and recovery plan](#) .
239. The Committee also notes the Scottish Government is providing a range of funding, including:
- £250,000 funding to help people with autism<sup>cxxvi</sup>
  - £15m to help children and young people with the pandemic<sup>cxxvii</sup>
  - Extra £1.32 million to improve wellbeing of students <sup>cxxviii</sup>
  - More funding for veterans’ mental health services<sup>cxxix</sup>
  - Frontline workers to get specialist mental health support help<sup>cxxx</sup>
240. Mental health has been raised as a significant issue throughout this report, for example, by disabled people, carers, children and young people, LGBT people all groups struggling with social isolation and other vulnerable situations linked to their protected characteristic or socio-economic disadvantage. There is likely to be significant pressure on mental health services in the coming months and years. The Committee therefore welcomes the Scottish Government’s mental health transition recovery plan and the funding provided to support the mental health of specific

---

cxxiii Equalities and Human Rights Committee, 18 June 2020, Official Report, Col 25

cxxiv British Red Cross, Written Evidence

cxxv British Red Cross, Written Evidence

cxxvi The Scottish Government, [Supporting and celebrating different minds](#), 5 October 2020

cxxvii The Scottish Government, [Children and young people’s mental health](#), 2 November 2020

cxxviii The Scottish Government, [More mental health support for students](#), 6 November 2020.

cxxix The Scottish Government, [Mental health support for veterans](#), 17 November 2020.

cxxx The Scottish Government, [Mental health support for health and social care staff](#), 28 January 2021.

groups. The Committee will continue to monitor progress in this critical area.

## Mental health and the Coronavirus Act 2020

241. The CMHCL hoped the mental health measures in the UK-wide Coronavirus Act 2020, which include longer periods of emergency detention and make it simpler for securing short-term detention certificates and compulsory treatment orders, would never be brought into force. Although the CMHCL was reassured that the Mental Welfare Commission has established a scrutiny group to monitor the effect of the changes, should they be introduced, they suggested the Committee invite the Mental Welfare Commission to keep it apprised of emerging concerns about the human rights impact of these changes.<sup>cxxxix</sup>
242. In relation to the emergency powers in the UK Coronavirus Act 2020, the Committee was particularly concerned about their impact on the rights of those with mental health conditions. The Committee heard evidence from human rights and mental welfare experts and wrote to the Scottish Government on [4 June 2020](#) and [7 July 2020](#) requesting that the power be repealed as it hadn't been used. Following correspondence from the Royal College of Psychiatrists on [8 June 2020](#) and [10 July 2020](#) the Committee decided to hold an evidence session on [27 August 2020](#). The Committee will continue to keep a watchful eye on these emergency powers, but is satisfied currently there are sufficient checks and balances in place.

## Long term health conditions and terminal illness

### *Adaptations for disabled people*

243. Several responses to the Committee's call for views provided examples of the impact COVID-19 was having on people with long term health conditions or a terminal illness and their access to local authority support or medical treatment.
244. MND Scotland provided examples of people not being able to access their rights. They explained people with motor neurone disease (MND) require a team of specialists from the NHS and their local authorities. As MND progresses, people become more and more disabled, needing increased levels of care and more complex care. MND Scotland said the impact of COVID-19 and the pandemic has exacerbated long-standing problems in the system—
- ” Andrea (Central Scotland) The local authority has assessed Andrea as needing a stairlift but is requiring a special bi-fold door to be in place before they will make the adaptation in order to comply with the local authority's fire regulations.<sup>cxxxix</sup>
245. They said Andrea was advised by the local authority the door would take 4-5 months to arrive due to COVID disrupting supply chains. MND Scotland, said the local authority's solution was to advise Andrea to self-fund the stairlift, as she wouldn't need to comply with the same building regulations and could use another

---

<sup>cxxxix</sup> The Centre for Mental Health and Capacity Law, Edinburgh Napier University, Written Evidence

<sup>cxxxix</sup> MND Scotland, Written Evidence

door which could be sourced more quickly.<sup>cxxxiii</sup>

246. MND Scotland stated—

” The legal requirement for statutory services to provide adaptations for disabled people is not being met and COVID is the reason being given.<sup>cxxxiv</sup>

### **Access to health care**

247. BRC commented it has been difficult to achieve an appropriate balance between COVID and ‘ordinary’ health and care demand. They anticipated a significant number of people’s health will have worsened because they haven’t had medical intervention. They are concerned people are delaying accessing healthcare services as they are now seeing cases that were previously treatable health conditions progressing beyond the point of medical intervention.<sup>cxxxv</sup>

248. The Scottish Parliament Cross-Party Group on Chronic Pain is concerned that chronic pain patients in Scotland have not been able to access specialist treatment at NHS Scotland chronic pain clinics for 7 to 8 months. Some pain patients must have specialist treatment, such as lidocaine infusions or pain relief injections, but were left to suffer without services from March onwards to Sept/October in most areas, after which some health boards told patients their services would be reduced in future, in some cases halved, reducing pain treatment from ever 6 weeks to 12 weeks.<sup>cxxxvi</sup>

249. The Scottish Parliament’s Cross-Party Group on Chronic Pain heard that many patients believe their human rights have been breached or discarded, particularly the right to health, the right not to be denied access to medical assistance, the right to human dignity and freedom from what amounts to torture. It was also noted that most patients are female and they considered gender bias is a historic factor. One of the pain patients who contacted the Cross-Party Group said—

” I’m one of the few still trying to keep a job and am a single parent. I may be forced to give up our livelihood because I cannot appear in a workplace doubled up in pain after seven months with no treatment. People lose all human dignity without regular treatment.<sup>cxxxvii</sup>

250. Another pain patient was concerned about treatment following the pandemic pain services and whether this would be cut further.<sup>cxxxviii</sup>

---

<sup>cxxxiii</sup> MND Scotland, Written Evidence

<sup>cxxxiv</sup> MND Scotland, Written Evidence

<sup>cxxxv</sup> British Red Cross, Written Evidence

<sup>cxxxvi</sup> Scottish Parliament Cross-Party Group on Chronic Pain, Written Evidence

<sup>cxxxvii</sup> Scottish Parliament Cross-Party Group on Chronic Pain, Written Evidence

<sup>cxxxviii</sup> Scottish Parliament Cross-Party Group on Chronic Pain, Written Evidence

## Conclusion

251. In relation to long term health conditions the Scottish Government published 13 August 2020 the [Covid-19 rehabilitation and recovery](#) to provide support to three groups:
- The rehabilitation of people who have had COVID-19
  - The rehabilitation of those people where emerging evidence points to a negative impact as a consequence of the lockdown restrictions.
  - Ongoing and intensive rehabilitation and rehabilitation for people with long-term physical and mental health conditions, multiple illnesses and those who have been impacted from delayed diagnoses and scheduled treatments due to pausing of non-critical health services.
252. The Committee is hopeful this should address many of the concerns raised, but will continue to monitor this area.

**253. Regarding local authority adaptations for disabled people, the Committee has agreed to write to COSLA to get a better understanding as to why some local authorities have not been meeting their legal duties in this regard and whether this issue has persisted. The Committee will also alert the Local Government and Communities Committee to disabled peoples' concerns, so it may continue to observe developments.**

## Older people

254. Generally, COVID-19 can cause more severe symptoms in people with weakened immune systems, such as older people and those with pre-existing medical conditions. Therefore, older people with certain medical conditions face the highest risk of becoming severely ill with the virus and are more likely to be in the shielding category.
255. Many of the issues, associated with this older people, for example, social care, social isolation (including digital exclusion), disability and long term-health conditions have already been explored.
256. Older workers have been identified as a group that requires focus.

## Employment

257. According to Age Scotland research by the Resolution Foundation has found that older (and younger workers) have largely borne the brunt of the economic fallout. These groups, they said, have been hardest hit by redundancies and pay cuts. Further, they highlighted that older workers are less likely to be able to work from home, possibly because of the face-to-face nature of their jobs or lack of familiarity with technology.<sup>cxxxix</sup>

258. One submission highlighted that woman born in the 1950s are detrimentally affected by COVID-19 as many women, now in their 60s, need to continue to work as they cannot access their state pensions. The respondent said these women are working in high risk virus employment areas, such as carers, nurses and shop assistants, despite WHO advice stating over 60s are at high risk.<sup>cxl</sup>
259. This is a concern shared by Age Scotland about older workers who have continued to work to afford retirement due to the state pension age. They added that some may consider accessing their pension funds early if they face redundancy or job insecurity, which would result in poorer financial health for a longer period of time.<sup>cxli</sup>
260. As the economy recovers, Age Scotland is concerned older workers will be left behind, particular because many older workers might be worried about returning to their workplaces, but unable to stay at home. They stated that one in four over 40 years, experience age discrimination in the workplace or when looking for a job, Age Scotland considered it a real risk that this will worsen as older workers are seen as vulnerable.<sup>cxlii</sup>

261. **The Committee asks the Scottish Government what plans it has put in place to support older workers during the pandemic and in planning for the recovery period.**

## Women

“ Everything we worked for, that has taken 25 years, could be lost in a year.

(UN Women Deputy Executive Director Anita Bhatia talking about the UN brief: [Whose Time to Care? - Unpaid Care and Domestic Work During COVID](#))

Source: Quote from evidence submitted by Anita Bhatia, UN Women Deputy Executive Director

262. The Committee has heard how women have borne the brunt of pandemic. Women have shouldered the caring burden by looking relatives and children. Also, women are a substantial proportion of frontline workers that are fighting the pandemic, for example, working in health and social care services. Women are also over-represented in the food and retail sector, as well as the teaching profession, which have been significantly affected by the measures to tackle COVID-19. Women and children<sup>cxliii</sup> have also been at increased risk of domestic violence during the

<sup>cxl</sup> Anonymous Response 234921558, Written Evidence

<sup>cxli</sup> Age Scotland, Written Evidence

<sup>cxlii</sup> Age Scotland, Written Evidence

pandemic.

263. Engender said—

” This isn't just a public health issue for women - it comes with an increase in unpaid care, precarity for those in insecure housing, higher risks for those in low-paid and precarious work, damaging societal expectations of motherhood, new ways of carrying out online harassment, and many other ways in which women are being discriminated against.<sup>cxliv</sup>

## Impact of job disruption on women

264. Close the Gap warned disruption to women's jobs has potentially far-reaching consequences for women's equality in Scotland.<sup>cxlv</sup>

265. EIS said frontline workers during the pandemic are predominantly women, often in undervalued and underpaid roles. During lockdown, EIS members reported that workload is now even heavier. Already women under 'normal' circumstances carry out 2.6 times as much unpaid caregiving and domestic work as their male partners and while at home during periods of lockdown this is likely this will be exacerbated. They are concerned this crisis will therefore take a significant toll on women.<sup>cxlvi</sup>

266. NASUWT, the Teachers' Union, referred to work undertaken by the Women's Budget Group, which outlined several factors why women are the majority of workers with highest exposure to COVID-19. Of the 3,200,000 workers in 'high risk' roles, 77% are women.<sup>cxlvii</sup>

267. EIS advised 77% of its membership is female, commenting that many of its members have made significant contribution to the provision of learning hubs for children in vulnerable situations, including Looked After Children, and children of keyworkers during the period of lockdown and school closure.<sup>cxlviii</sup>

268. HIS reflected that health and care workers have been at the frontline of the response to the pandemic. They have therefore been at increased risk of contracting COVID-19. Moreover, they have had to navigate the rapid changes in how they work alongside the emotional impact of dealing with COVID-19 cases. Engagement with health and care staff, HIS said, has shown that while a lot of positive learning is emerging, many have found the situation has taken a toll on their wellbeing.

269. Close the Gap, Scotland's policy advocacy organisation working on women's labour market participation, advised BME women are more likely to work in a sector that has been shut down. They explained as they are more likely to be in insecure work

---

cxliii Most domestic abuse victims/survivors are women and girls. It is recognised, however, that men can also be subject to domestic abuse and that domestic abuse can occur in a LGBT relationship.

cxliv Engender, Written Evidence

cxlv Close the Gap, Written Evidence

cxlvi EIS, Written Evidence

cxlvii NASUWT, Written Evidence

cxlviii EIS, Written Evidence

which puts them at increased risk of loss of hours and earnings; and are concentrated in low-paid service sectors which are more susceptible to redundancies over the course of the crisis.

270. The Scottish Women's Convention said women, particularly those with intersectional characteristics, have been hit disproportionately and in differing ways. Many individual women's rights and opportunities have been significantly reduced. They called for a temporary state financial system for those on lower incomes to offset the vulnerability of applying for high risk finance for individual household debt.

## Lone parent families

271. Both CPAG and EIS pointed out that over 90% of lone parents are women. Lockdown measures have impacted on lone parent families. Lone parents can include those who do not receive parenting or financial support from another parent and those who may have chosen to have a child and bring the child up on their own. Lone parents, the Committee heard, may also be part of the "sandwich generation", having eldercare responsibilities whilst also looking after dependent children.

272. A significant barrier to working lone parents during the pandemic has been child care. CPAG put the issue of childcare succinctly - no childcare equals no income, for example—

” A client with two children who had been furloughed, has now been told that she is expected back at work at the beginning of June. When she explained that she doesn't have any childcare, she was told that she will have to take unpaid leave. <sup>cxlix</sup>

273. In relation to benefits, CPAG advised the benefit cap is a limit that has been placed by the UK government on the amount of benefit that can be paid to working age people. They advise that 60% of households capped are single parent families. <sup>cl</sup>

274. One response argued solo parents who are recently self-employed, or who are directors of their own limited companies are disproportionately affected by the Government's financial support packages, because they do not have a partner's income to fall back on. <sup>cli</sup>

275. Several suggested recommendations were made including: lowering eligibility criteria for Universal Credit, increasing childcare vouchers and childcare support payments for key workers, allowing two households to form "bubbles" to provide mutual support; allowing children to attend their lone parent's hospital appointments, providing priority on-line shopping slots for lone parents and prioritising mental health support for lone parents particularly key workers and those dealing with additional pressures such as bereavement and parenting children with additional support needs.

---

<sup>cxlix</sup> Child Poverty Action Group, Written Evidence

<sup>cl</sup> Child Poverty Action Group, Written Evidence

<sup>cli</sup> Anonymous response 378334598, Written Evidence

276. The Scottish Government [announced](#) that Primary 1-3 will start to go back to school on 22 February, and limited numbers of S4-6.
277. Furthermore the Scottish Government announced on 12 February through its [Financial help for families in need](#) a total of 144,128 COVID Winter Hardship Payments have been made to families. Payments are available to families with children receiving Free School Meals on the basis of low income, with £14.41 million given to households as part of the Scottish Government’s Winter Plan for Social Protection. A one-off payment of £100 was made, by local authorities, for each eligible child in receipt of Free School Meals between 30 November 2020 and the start of the winter holidays.
278. In addition, [56,000 parents have applied for Scottish Child Payment](#) – the new payment for children under 6, which opened from Monday 15 February 2021. The new benefit will give eligible families on tax credits or certain benefits an extra £40 every four weeks for each child under six.
279. We recognise the considerable efforts the Scottish Government is taking to ensure children and their families are not financially struggling due to the health pandemic.

## Sex discrimination

280. Regrettably, NASUWT noted the last few months have seen a resurgence of sex discrimination in the workplace, including “appalling treatment of pregnant teachers” who have faced escalated workplace discrimination during the pandemic.<sup>clii</sup>
281. Child Poverty Action Group (CPAG) provided case studies of the pressures faced by women juggling work and caring responsibilities during the pandemic—
- ” A lone parent key worker has been unable to get childcare for her two children as the local provision for key workers is full. She took two weeks sick leave but has been on unpaid leave ever since. She has been advised to claim universal credit (UC) just now and that she may lose her job if she cannot get childcare sorted out. #719 (06/05/20)<sup>cliii</sup>
282. Other responses focused on the Government’s job retention scheme, highlighting employers had substantial discretion as to who is furloughed, retained or made redundant, potentially raising the prospect of direct or indirect discrimination. Calls were made for proactive monitoring of job losses and the equality impacts of the Job Retention Scheme, particularly around timescales for women to enforce their rights during the pandemic.

## Domestic abuse and violence against women (and girls)

283. Several submissions emphasised the impact of pandemic and the measures taken to address it on women in abusive situations.

---

clii NASUWT, Written Evidence

cliii Child Poverty Action Group, Written Evidence

284. Scottish Women's Aid (SWA) underlined domestic abuse affects enjoyment of a range of human rights, including the rights to life, to security of the person, to health, to the equal protection of the law, and the right to a remedy. In some circumstances, domestic abuse may amount to torture or cruel, inhuman or degrading treatment.<sup>cliv</sup>
285. Specific measures taken to address the pandemic including, lockdown, early release of prisoners, closure of schools, working from home, reductions in the work of courts and closure of some services and transition of others to remote provision, SWA said, have impacted on women and children in domestic abuse situations.<sup>clv</sup>
286. Also, SWA advised calls to Scotland's Domestic Abuse and Forced Marriage Helpline show abusers are using measures imposed to combat the pandemic as a tool in their abuse, for example increasing their control of women's movement, keeping them isolated, threatening to expose them to the virus, or discouraging women from seeking help by telling them that services are not operating or that the police will not respond.<sup>clvi</sup>
287. HRC Scotland was concerned about victims/survivors who do not live with their abusers, as they may feel an increased level of fear at the prospect of their abuser knowing that they are at home, and the possibility for further surveillance that this creates.<sup>clvii</sup>
288. In addition, HRCS advised women who sell sex are at increased risk of violence and exploitation as evidence from other countries indicates that demand for sex is as high as before COVID-19 and that men are using the crisis to further manipulate women in vulnerable situations to engage in more risky behaviour than before (such as abandoning the use of condoms).
289. Girijamba Polubothu, Shakti Women's Aid, explained BME women can be living with multiple perpetrators. They may be living in a joint family, their mother-in-law, sister-in-law or brother-in-law may be a perpetrator, as well as their husband. Lockdown has made it extremely difficult for the outreach service, especially, to get in touch with a woman who is living with perpetrators, and for her to get in touch with her caseworker.<sup>clviii</sup>
290. In tackling these concerns SWA raised several urgent issues including children's rights and gaps in protection, delays to court proceedings, lack of access to legal support, homelessness, and the need for monitoring of the impact of measures taken.

## **Domestic abuse and child contact**

291. A few responses referred to compliance with the Scottish Courts published guidance on complying with family court orders during the COVID-19 outbreak,
- 

<sup>cliv</sup> Scottish Women's Aid, Written Evidence

<sup>clv</sup> Scottish Women's Aid, Written Evidence

<sup>clvi</sup> Scottish Women's Aid, Written Evidence

<sup>clvii</sup> Human Rights Consortium Scotland, Written Evidence

<sup>clviii</sup> Equalities and Human Rights Committee, 28 May 2020, Official Report Col 27.

which emphasised that contact arrangements should remain as they are unless a parent and their ex-partner agree to change them during the pandemic.

292. SWA explained some abusive ex-partners had not returned their children after a contact visit, as they claimed someone in the household had developed symptoms of COVID-19 and therefore the child needed to isolate with them. They called for greater clarity on which officials should respond in these situations and the process to be followed. Also, SWA said there should be a consistent response across the country, so children have equal protection irrespective of where they live. They emphasised the Scottish Government has an obligation to act in the best interests of the child and to protect children from all forms of abuse.<sup>clix</sup>
293. The Minister for Older People and Equalities advised in her letter [23 June 2020](#) to the Committee's letter of [4 June 2020](#), that the Scottish Government had announced an additional £1.35m to Scottish Women's Aid to support service redesign, expand National Helpline capacity and provide support for women and children in vulnerable situations at the end of March 2020.

## Equality impact assessments

294. Engender, an organisation that works in Scotland to advance women's economic, social and cultural, and political equality with men, pointed to the early actions of UK Government which, under the Coronavirus Act 2020, enabled public sector bodies to suspend the April 2020 Public Sector Equality Duty (PSED) reporting obligations throughout the crisis. Engender believes this to be an unnecessary reduction in accountability, particularly given public bodies were about to publish their suite of reports when the nation went into lockdown.
295. Engender argued that while the Scottish Government stress the importance of EQIAs and taking a mainstreaming approach, this has not translated into outputs and pointed to gendered concerns on policies such as unpaid care and childcare, women's labour market participation, women's use of public space and transport, and men's violence against women. They believed impact assessments, are being carried out after policy has been developed and, often, after policy has been announced.<sup>clx</sup>
296. In relation to the quality and scope of EQIA publications during the health crisis, Engender stated it was "difficult to know what data the Scottish Government is using", for example the initial EQIA produced for school reopening planning includes no data whatsoever about the link between women's home-schooling roles and the reopening of education settings.<sup>clxi</sup>

## Conclusion

297. With COVID-19 significantly increasing the burden of unpaid care, which is

---

clix Scottish Women's Aid, Written Evidence

clx Engender, Written Evidence

clxi Engender, Written Evidence

disproportionately carried out by women, and other contributory factors such as women's employment in low paid roles or furloughed sectors such as retail or as frontline workers in the health and care sector, the impact on women is being multiplied.

298. The cumulative impact upon women therefore needs to be examined at a granular level to establish the long-term impacts on women's lives to ensure gender equality gains do not regress and that targeted action can be taken to deliver future opportunities for women to thrive.

299. **The Committee recommends the Scottish Government carries out a detailed cumulative impact assessment of the measures taken to mitigate the pandemic and also in relation to its recovery planning to ensure women are not further impacted disproportionately.**

## Black and minority ethnic communities

“ Often we are represented by people who have no lived experiences, yet we hear that we are in it together.

(Radiant and Brighter, BME Employment organisation)

Source: Quote from evidence received by Radiant and Brighter, BME Employment organisation

300. Race is a protected characteristic under the Equality Act 2010. Ethnic minority status intersects with socio-economic disadvantage and migration status. Ethnic minority communities in Scotland includes populations of other White groups (Polish, Irish, Gypsy-Traveller and Other White) and non-White minorities (Pakistani, Chinese, Indian, African, Bangladeshi, Caribbean and Black Other groups). Evidence to the Committee shows these minority groups face particular vulnerabilities in relation to the health and economic impacts of COVID-19, with some communities significantly excluded, for example, refugees and asylum seekers.
301. R and B asked for urgent action to ensure BAME voices are heard and their views taken into consideration. They said the Scottish Government, local authorities and health boards need representatives from the BAME communities that understand their communities.<sup>clxii</sup>

## Ethnicity data

302. Ethnic Minority National Resilience Network (Scotland) (EMNRRN Scotland) (a group with 74 member organisations set up by BEMIS in response to the pandemic) called for better data on the impact of COVID-19 on minority ethnic communities, focusing on links to health inequalities and COVID-19 susceptibility e.g. what Asian ethnicities have died (Pakistani, Indian, Chinese, or Bangladeshi). In the event of a second spike it was suggested Scotland should be ready to identify and message communities at risk - evidence from England may assist. Disaggregation was also needed in relation to the "white" figure based on the ethnic categories as EMNRRN said anecdotal evidence suggests there have been specific outbreaks of COVID mortality within Roma and Jewish communities due to population density and age and asks when figures are due to be published again.<sup>clxiii</sup>

## Health

303. HIS referred to the Office for National Statistics data that black men are 4.2 times, and black women are 4.3 times, more likely to die from COVID-19 illness than men and women who have a white ethnicity. While they said early findings from Public Health Scotland and National Records of Scotland show increased risk for South Asians living in Scotland. They are conscious of the lack of Scottish-specific data in this area and welcomed the recommendation of the Expert Reference Group on COVID-19 and ethnicity (ERG) to routinely monitor inequalities by race in line with the Equality Act 2010.<sup>clxiv</sup>
304. West Lothian Third Sector Strategy Group said people in the BME who become ill with COVID-19 face real stigma. They advised people are isolating themselves even further, not wanting anyone to know they have the condition and not asking for support from their community.<sup>clxv</sup>
305. Health and Care Professions Council called on the Scottish Government to ensure equality of access to the vaccine. They said there must be a focus on encouraging BAME people, those from lower socio-economic backgrounds, health and care professionals and service users to receive the vaccine. Also, the Scottish Government should be proactive in tackling misinformation and engaging groups that typically may be more isolated to improve uptake, tackling structural barriers, which might make certain groups less likely to engage.<sup>clxvi</sup>
306. The Committee notes the Scottish Parliament's COVID-19 Committee is considering the vaccine uptake, including equality issues.

---

clxiii Ethnic Minority National Resilience Network (Scotland), Written Evidence

clxiv Healthcare Improvement Scotland, Written Evidence

clxv West Lothian Third Sector Strategy Group, Engagement Note, 3 June 2020

clxvi Healthcare and Care Professions Council, Written Evidence

## Public sector employees

### Health and social care employees

307. HIS referred to UK figures which show that two thirds of all health and care staff who have died as a result of COVID-19 illness have been BAME.
308. Nursing and Midwifery Council (NMC) analysed its current data, which sadly appears to substantiate UK figures. Their figures show 61% of the BME people have sadly died. This is three times higher as a percentage of those on the register as a whole i.e. 20%. NMC said they will continue to monitor data for disparity in mortality rates and seek to explore differences between the UK nations in the future.<sup>clxvii</sup>
309. HIS said some BAME staff felt there was a delay between the interim guidance and the occupation risk assessments being rolled out. Conversations with BAME colleagues, HIS said, highlighted differential impacts on mental wellbeing linked to factors such as lack of contact with family, stigma associated with larger family structures and feeling unable to share different experiences with colleagues. They advised they are developing a staff network to facilitate peer support for BAME colleagues with opportunities to raise awareness and influence HIS' policies and practice.
310. Nursing and Midwifery Council advised in Scotland 22.5% of roles carried out via an agency were Asian, Black, mixed or other group, as well as almost 19% of roles in the care home sector. Ethnic minority professionals in Scotland deliver 5.7% of roles overall, which they said demonstrates they are overrepresented in agency and care home roles compared to other work settings. They noted these roles often have the poorest pay, conditions and development opportunities, and have had the highest risk of exposure to COVID-19.
311. Royal Pharmaceutical Society (RPS) are also concerned for their BAME colleagues. Surveys by the Royal Pharmaceutical Society (RPS) and the UK Black Pharmacists Association (UKBPA), have demonstrated that Black, Asian and Minority Ethnic (BAME) pharmacy colleagues are disproportionately impacted by the risks of COVID-19 than their white colleagues. An initial survey in June 2020 found that more than two-thirds of BAME respondents had not been approached by their employer (including some NHS employed respondents) to conduct an assessment. The second survey, published in August, showed that nearly a quarter (24%) of all pharmacists were still waiting for this to happen, with little variation amongst ethnic groups who responded. Just under two thirds (63%) of those surveyed believed they were at risk of COVID-19 in their workplace, rising to 71% of Black pharmacists and 67% of Asian respondents.

### Education employees

312. The NASUWT compiled extensive data from research and casework involving teachers. This, they advised, shows that few school and college employers considered race equality impacts as part of their plans and arrangements for the

reopening of schools in the Autumn of 2020. Also, NASUWT said BME teachers faced significant pressures to return to the workplace in the absence of racial equality impact assessments, although BME teachers are around 50% more likely to say they do not feel safe about plans for the reopening of schools compared to their white peers.<sup>clxviii</sup>

313. They also said Government guidance for schools and colleges includes no specific advice on how to mitigate adverse racial equality impacts from COVID-19 in the reopening of schools and colleges. In addition, their work showed BME teachers are significantly more likely to report being threatened by their employer with disciplinary proceedings or job loss when expressing concerns about returning to the workplace, when compared with their white peers.<sup>clxix</sup>
314. NASUWT advised they have also had reports from teachers of abuse, prejudice and xenophobia targeted at predominantly Chinese and other East Asian teachers and pupils, and those perceived to be from those communities, in schools.<sup>clxx</sup>
315. Educational Institute of Scotland (EIS) is a teaching union, representing over 60,000 members (80% of all teachers and lecturers in Scotland). For teachers who are Black and Minority Ethnic, the reporting on higher risk facing some BME groups has resulted in additional anxieties about returning to work. In response, the EIS has advised that all BME members should request an individual risk assessment before returning to the classroom. The mental health impact of belonging to a group that is at higher risk of contracting and dying from the virus, may be significant, and requires additional support.<sup>clxxi</sup>
316. Of respondents working in Scotland (72 of the 635 respondents), EIS said 51% had not had an individual risk assessment from their employer, 58% believed they were at risk from COVID-19 in their workplace and 57% believed that changes could be made to their workplace to reduce the risk.<sup>clxxii</sup>

### Local authority employees

317. The Committee received limited information from local authorities, however, Dumfries and Galloway Council and the Dumfries and Galloway Equality and Diversity Working Group Introduced a Black Asian Minority Ethnic (BAME) Risk Assessment Tool to identify staff at a greater risk and to manage and reduce the level of risk.<sup>clxxiii</sup>

---

clxviii NASUWT, Written Evidence

clxix NASUWT, Written Evidence

clxx NASUWT, Written Evidence

clxxi Educational Institute of Scotland, Written Evidence

clxxii Educational Institute of Scotland, Written Evidence

clxxiii Dumfries and Galloway Council and the Dumfries and Galloway Equality and Diversity Working Group, Written Evidence

## Conclusion

318. Public bodies should be undertaking individual COVID-19 workplace risk assessments that include assessing ethnicity. Evidence received indicates that risk assessments may have been slow to roll out. This will have impacted negatively on BME employees' confidence that their employer has taken their risk factors fully into account.
319. The Scottish Government issued [Coronavirus \(COVID-19\): guidance on individual risk assessment for the workplace](#) in September 2020.
320. The [Expert Reference Group on Covid-19 and Ethnicity](#) published [recommendations](#) to the Scottish Government on 18 September 2020. On 3 November 2020 the Scottish Government published an [initial response](#) to these recommendations.

**321. It is noted that the Scottish Government's response does not completely align with the Expert Reference Group on COVID-19 and Ethnicity, but there is some overlap. The Committee asks the Scottish Government what work is being undertaken to pick up the gaps in approach.**

## Other labour market participation

322. Several submissions noted that minority ethnic workers are likely to be in precarious work on zero-hour contracts, agency contracts, temporary work or low paid jobs.
323. EMNRM described the social impact on minority ethnic communities as a significant threat, advising they had already dealt with referrals for over 800 individuals who have zero access to financial support. Many cannot apply for Universal Credit due to a variety of reasons including No Recourse to Public Funds, language barriers, no internet access and restricted support capacity from local groups who offer welfare support and advice.<sup>clxxiv</sup>
324. R and B are frustrated that BME employment issues are often talked about, but little is done for communities. They said, when support is provided to individuals and organisations it is generic.<sup>clxxv</sup>
325. CPAG advised unemployed EU nationals, who are receiving Universal Credit, are at risk of losing their entitlement to UC unless they can demonstrate that they have a genuine prospect of work, which they said is increasingly difficult in the current employment market. Migrants who were unable to work during the pandemic were left with little or no income and no access to financial support. They also explained that people from abroad are often incorrectly refused benefits they should be entitled to.<sup>clxxvi</sup>

---

clxxiv Ethnic Minority National Resilience Network (Scotland), Written Evidence

clxxv Radiant and Brighter, Written Evidence

clxxvi Child Poverty Action Group, Written Evidence

## Housing

326. BRC said people from BAME backgrounds are more likely to live in overcrowded and multi-generational housing.<sup>clxxvii</sup>
327. Citizens Advice Scotland referred to analysis of advice needs said that advice on the private rented sector (PRS) has grown as a proportion of housing advice more than other kinds of housing advice, and that PRS tenants are more likely to be younger or part of an ethnic minority than other tenure types.<sup>clxxviii</sup>
328. Claire Frew, Homeless Network Scotland, told the Committee that we know the single biggest risk factor for homelessness in Scotland is poverty. She mentioned that one group of people susceptible to homelessness are those with No Recourse to Public Funds.<sup>clxxix</sup>

## Migrants, refugees and asylum seekers

329. The Scottish Refugee Council explained delays in asylum decisions leaving people a long period of uncertainty, financial support to the value of only 50% of the social security minimum, and a move away from community housing of asylum seekers to institutional accommodation or hotels room has deepened the effects of the pandemic.
330. Since 18 March 2020, British Red Cross advised its refugee services have been operating remotely, supporting 1,082 clients (657 adults with 425 dependents), of which 248 adults and 155 dependents were experiencing destitution. They said it remains vital that everyone, irrespective of their immigration status, can—
- ” live in dignity, afford the most basic things and to be safe”. (Simon, VOICES Network Ambassador and British Red Cross service user).
331. EMNRN Scotland referred to Civil and Political rights and stated where the immigration status of a parent or carer results in a detrimental outcome for a child, e.g. No Recourse to Public Funds it is incumbent upon Government and other statutory services to recognise that in areas of devolved power the non-discrimination provisions inherent in Article 1 of the International Convention on the Elimination of All Forms of Racial Discrimination and the UN Convention on the Rights of the Child dictate that devolved Government responses must disregard the immigration status of a parent/carer if it has the material impact of discriminating against the child or young person.<sup>clxxx</sup>
332. CPAG explained many people from outside the EU, who are resident in the UK, will have a condition attached to their visa that stipulates that they have No Recourse to Public Funds. This limits the support they can access, including access to benefits. They shared concerns about migrant children and called for clearer information and guidance to be provided to public bodies on the different types of status that migrant

<sup>clxxvii</sup> British Red Cross, Written Evidence

<sup>clxxviii</sup> Citizens Advice Scotland, Written Evidence

<sup>clxxix</sup> Equalities and Human Rights Committee, 4 June 2020, Col 22

<sup>clxxx</sup> Ethnic Minority National Resilience Network (Scotland), Written Evidence

children and families are subject to, adding there should be greater support for, and accountability of, public bodies to make maximum use of the powers that they have to support families accordingly.<sup>clxxxii</sup>

333. Both CPAG and EMNRN asked the Scottish Government to use its devolved powers, for those who have No Recourse to Public Funds, to create a new benefit to ensure that we make sure all children in Scotland are not subject to financial penalties due to their parents' nationality, like the Scottish Child Payment, whilst they apply for the NRPF condition to be lifted or are otherwise supported out of poverty and destitution.<sup>clxxxii clxxxiii</sup>

334. **Asylum seekers and people with No Recourse to Public Funds are one of the most marginalised groups in Scotland. The Committee recommends the Scottish Government produces dedicated Public Health Scotland guidance on refugees and asylum seekers and migrant rights in the Covid-19 recovery phase.**

335. **In follow up to the Committee's recommendation in its report, [Hidden Lives - New Beginnings: Destitution, asylum and insecure immigration status in Scotland](#), we ask Scottish Ministers and COSLA to urgently publish and fund the forthcoming Anti-Destitution Strategy to prevent and mitigate the risk and reality of homelessness and marginalisation for those subject to No Recourse to Public Funds.**

## Gypsy/Travellers

336. Suzanne Munday, Minority Ethnic Carers of People Project (MECOPP), said she "has seen mental health issues coming to the fore at this time of year, which is traditionally the shifting season when people are able to travel. The fact that people have had to stay put has had a significant impact on their mental health".<sup>clxxxiv</sup>
337. She went on to advise that her team is supporting 100 carers in the Gypsy/Traveller community and there are examples of carers having to take on even more care than they were previously, because of the withdrawal or reduction of services.<sup>clxxxv</sup>
338. Aberdeenshire Health & Social Care Partnership advised the Committee that during the pandemic they have prioritised work to support approximately 20 Gypsy/Travellers families within the Aberdeenshire council area to ensure there is continuity of targeted financial and practical support for those who need it, as well as weekly checks so they can offer mental health support for example.<sup>clxxxvi</sup>

---

clxxxii Child Poverty Action Group, Written Evidence

clxxxiii Child Poverty Action Group, Written Evidence

clxxxiv Ethnic Minority National Resilience Network (Scotland), Written Evidence

clxxxv Equalities and Human Rights, 4 June 2020, Official Report, Col 21.

clxxxvi Equalities and Human Rights, 4 June 2020, Official Report, Col 23.

339. Dumfries and Galloway Council in partnership with the Dumfries and Galloway Equality and Diversity Working Group have provided additional accommodation for Gypsy/Traveller families who may be travelling into the region, including the provision of temporary washing and toilet facilities. A process has been set up to provide food parcels where necessary with local partners. The team is working to support residents who are in vulnerable situations and following ‘Shielding’ advice and has ensured the views of existing Gypsy/Traveller site residents have been taken into account.<sup>clxxxvii</sup>

## Showpeople

340. Fair Scotland (an organisation which raises awareness of Scotland’s Travelling Showpeople) advised Scotland has a population of 6,000 Showpeople. They explained Showpeople are a distinct community among travelling communities. As with other travelling communities, Fair Scotland said Showpeople experience significant social discrimination.<sup>clxxxviii</sup>
341. Many Showpeople, Fair Scotland advised, have diversified traditional fairground livelihoods by cultivating alternative opportunities in catering or ancillary trades connected to events businesses, or by hiring out their equipment and expertise to commercial, tourist and/or cultural events. They explained that most fairground micro-enterprises have had their bookings cancelled due to COVID-19, with many now having no income in 2020, while having to maintain equipment and other operating or overhead expenses.<sup>clxxxix</sup>
342. Fair Scotland advised Showpeople have been indirectly excluded from key COVID-19 funding as they do not have fixed premises. Also, many of these family micro-enterprises have not joined trade associations for travelling fairs, so consequently they are excluded from funding support schemes restricted to trade associations members. Fair Scotland called on funding to be extended to Showpeople who aren’t currently members of a Trade Association, but who can demonstrate they had a viable business prior to COVID-19 and have been negatively impacted by the pandemic.<sup>cxc</sup>
343. Fair Scotland suggested that Showpeople are currently underrepresented within Scotland’s policymaking landscape. The accumulated economic impact on Showpeople, Fair Scotland said, is considerably greater than other self-employed businesses since whole families are involved. They wished to engage with the Scottish Government on a range of issues faced by Showpeople and wanted Showpeople to be recognised as a marginalised community in the same way as Gypsy/Travellers communities.<sup>cxc</sup>

---

<sup>clxxxvi</sup> Aberdeenshire Health and Social Care Partnership, Written Evidence

<sup>clxxxvii</sup> Dumfries and Galloway Council and the Dumfries and Galloway Equality and Diversity Working Group, Written Evidence

<sup>clxxxviii</sup> Fair Scotland, Written Evidence

<sup>clxxxix</sup> Fair Scotland, Written Evidence

<sup>cxc</sup> Fair Scotland, Written Evidence

<sup>cxc</sup> Fair Scotland, Written Evidence

344. They are concerned if the issues are not addressed, an already vulnerable culture (and its associated sector) which has faced significant discrimination and disadvantage prior to the onset of the pandemic will experience further significant social, material and economic marginalisation.<sup>cxcii</sup>

345. **The Committee asks the Scottish Government to take dedicated action to support Showpeople during COVID-19 to ensure their heritage and culture is protected for the future.**

## Children and young people



It [coronavirus] has **affected me** because, I am **worried** and **nervous**, I have been **really sad**, I have been very angry. I hate change. I like to know what is going to happen and now I don't and that has really bothered me. I **miss my teacher**. I have not been looking after myself properly. Life has been **really hard**. And I have been **struggling** from **anxiety**.

**(Young Person, Community Stories Project, Corra Foundation)**

Source: Quote from evidence received by a Young Person at Community Stories Project, Corra Foundation

346. The Committee received a wide range of views about the concerns of children and younger people from organisations that work with them or represent them. In addition, to these views the Committee has gathered views from children and young people through its engagement work on the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill in relation to the impact of COVID-19.

347. Topics raised covered access to education, including children with additional support needs, social isolation, access to mental health services, employment, protecting children and young people in vulnerable situations, and living in poverty. A lot of the issues raised mirror those highlighted by adults but, they have a differential impact, whilst others are specific to the systems put in place to protect children and young people.

## Human rights

348. The Scottish Youth Parliament (SYP), YouthLink Scotland and Young Scot partnered to deliver Lockdown Lowdown – a survey of young people from across Scotland on their concerns about COVID-19. Over half of the respondents to their first Lockdown Lowdown survey (58%) stated that they had some concern over their ability to access their rights, of these 39 responses listed the rights they considered are impacted—
- Rights to freedom (Unable to see family or friends; feeling trapped in the household; feeling isolated; had to move back in with parents; restrictions on going outside; unable to go for a walk without an adult present; lack of personal decision making; abusive family members)
  - Educational rights
  - Employment rights (Salary not being fairly compensated; feeling underappreciated by employer; lack of job opportunities when coronavirus ends)
  - Right to access medical support
349. SYP stressed that decision makers should ensure that young people’s views are taken into consideration in all decisions affecting them during the COVID-19 crisis and recovery period.<sup>cxci</sup>
350. CELCIS (Centre for Excellence for Children's Care and Protection Scotland) referred the Committee to the 2016 Concluding Observations to the UK. The UN Committee on the Rights of the Child highlighted continued concerns in relation to high rates of child poverty, discrimination of children in care, inadequate family support, and inequalities in educational attainment and access to health services for children in care. CELCIS said the pandemic and the public health protection response has intensified disadvantage for children and families in vulnerable situations in particular.<sup>cxci</sup>
351. The NSPCC was very concerned that the rights of babies and very young children are being particularly overlooked in the pandemic response. NSPCC said babies are a uniquely vulnerable group of children, especially vulnerable to physical and emotional harm because of their fragility, their complete dependence on adults for their care and protection, and their inability to seek help. Poor parental mental health, and other forms of parental adversity, exacerbated by the stress and anxiety caused by COVID-19, may result in many infants and young children not receiving the nurturing care and attention they need.<sup>cxci</sup>
352. Views from the West Lothian Third Sector Strategy Group Committee engagement meeting stated “babies and young children are missing key development and milestones due to very little social interaction”.<sup>cxci</sup>

---

<sup>cxci</sup> Scottish Youth Parliament, Written Evidence

<sup>cxci</sup> CELCIS, Written Evidence

<sup>cxci</sup> NSPCC, Written Evidence

<sup>cxci</sup> West Lothian Third Sector Strategy Group, Engagement Note, 3 June 2020

**353. The Committee asks the Scottish Government what work has been undertaken into how the pandemic is affecting the delivery of universal services for babies and young children, for example in relation to health visiting and other routine health programmes, and what impact COVID-19 and the measures taken to mitigate its impact have had on babies and young children’s development.**

## Children and young people in vulnerable situations

354. Children and young people may be vulnerable for a range of reasons. This could be because they are for example, on the child protection register, care experienced, have complex additional support needs, or being affected by poverty and deprivation.
355. The Scottish Children’s Services Coalition (SCSC) emphasised some children and young people rely upon the care and protection provided by schools and other agencies.<sup>cxcvii</sup>
356. Teachers and social workers and other support providers face a challenge delivering the safeguarding systems important to children in vulnerable situations during the pandemic.
357. Where appropriate, local authorities will need to ensure and prioritise continued care and support for these pupils during the period of school closure, however SCSC said, of the 97,000 children defined as “vulnerable” only 1,030 children are attending hubs, with just over 1% of those classed as vulnerable.
358. The vast majority of children in vulnerable situations, SCSC stated, are therefore being supported via telephone and online contact with school staff, which in some situations can be extremely challenging, or by other services including third sector initiatives. SCSC warned failure to act will create a major backlog in issues and “lead to a lost COVID generation of vulnerable children and young people, with an impact on the individual and a resultant cost to society”.<sup>cxcviii</sup>
359. CELCIS argued the lack of national definition of ‘vulnerability’ has resulted in inconsistency, and therefore the subsequent response to the categories of keyworker children and children in vulnerable situations across local authorities in Scotland.<sup>cxcix</sup>
360. Salvesen Mindroom Centre advised the pandemic has given rise to a lack of social work support to varying degrees among the families they support. Where support is available, they said, it is focussed mainly on the most critical cases or families in vulnerable situations where child protection issues had been identified previously. They advised this has been to the detriment of other families whose needs were viewed as less critical or urgent and pointed to cases where young people had been

<sup>cxcvii</sup> Scottish Children’s Services Coalition, Written Evidence

<sup>cxcviii</sup> Scottish Children’s Services Coalition, Written Evidence

<sup>cxcix</sup> CELCIS, Written Evidence

informed they would receive no services until further notice, in some instances services withdrawn across the board where face to face interaction was a necessary component.<sup>cc</sup>

361. The Committee believes it is vital to ensure children and young people in vulnerable situations are not lost sight of and that systems are joined up to ensure targeted support.

362. **It is understood that hub attendance figures increased to 2,000<sup>cci</sup> in May 2020. The Committee asks the Scottish Government what the most recent figures are for hub attendance and what percentage of those children are classed as 'vulnerable'.**

## Poverty

363. CELCIS emphasised children's economic rights are a fundamental part of the United Nations Convention on the Rights of the Child (UNCRC), as this is the right not only to survive but also to develop to their full potential, requiring an adequate standard of living that ensures they can develop physically, mentally and socially, meeting their best interests and best health. They said children living in poverty erodes all of these rights.<sup>ccii</sup>

364. There was concern from the West Lothian Third Sector Strategy Group about young adults not engaged with services being forgotten about. They said this group have little support and connection to services. They don't attract lobbying, finance, or support and have low prospects. Some are living at home. In already tense households and this will increase.<sup>cciii</sup>

365. CPAG highlighted that the response to the virus meant that many 16 and 17 year olds were no longer in education, but were unable to start work or training. They said this highlighted a gap in social security support for 16 and 17 year olds who still live at home with their parents. Their parents are no longer entitled to child benefit or tax credits for them if education is interrupted for more than six months, but the young people are not entitled to any benefits in their own right, putting a strain on the household's income.<sup>cciv</sup>

366. Scottish Youth Parliament's Equalities and Human Rights Committee asked for clear, youth-friendly and accessible information to be provided for young people regarding the financial supports/benefits they are entitled to and the process to claim these.<sup>ccv</sup>

cc Salvesen Mindroom Centre, Written Evidence

cci **Letter from the Deputy First Minister and Cabinet Secretary for Education and Skills to the Education and Skills Committee, 20 May 2020** [https://www.parliament.scot/S5\\_Education/General%20Documents/20200526InDFMtoEducationCommittee.pdf](https://www.parliament.scot/S5_Education/General%20Documents/20200526InDFMtoEducationCommittee.pdf)

ccii CELCIS, Written Evidence

cciii West Lothian Third Sector Strategy Group, Engagement Note, 3 June 2020

cciv Child Poverty Action Group, Written Evidence

ccv Scottish Youth Parliament, Written Evidence

**367. The Committee asks the Scottish Government what financial support is available to assist 16 and 17 year olds that have left school, but have been unable to start work or training due to COVID-19, and are living with their parents, but neither them or their parents are eligible to claim benefits.**

## Care and protection

### Looked after children and young people

368. Includem referred to a report by Scottish Government and SOLACE on young people in vulnerable situations. This highlighted that third sector organisations are reporting an increase in families seeking support through helplines and webchats. They said, however, this was not translating into referrals to social work for statutory support. Despite referrals being down, the number of Child Protection Orders (CPOs) taken in the last week in April increased by 38% from the 2019 level. Includem is concerned that the impact of this lower threshold of risk results in more young people coming into care.<sup>ccvi</sup>
369. Also, Includem advised young people experiencing poverty are 10 times more likely to come into care. They are concerned that children have come into care at a time when the measures to protect their rights, enshrined in Article 25 of the United Nations Convention of the Rights of the Child (UNCRC), have been reduced due to the Coronavirus (Scotland) 2020 Act, which extended the timescales for review of the granting of CPOs by Children’s Hearings.<sup>ccvii</sup>
370. Partners in Advocacy said looked after children, who would normally have supervised contact with their parents, are missing out on face to face contact because of the pandemic having to rely instead on access to technology.<sup>ccviii</sup>
371. SYP Equalities and Human Rights Committee considered that decision makers should ensure that all young people in the care system continue to have regular and appropriate contact with their siblings.<sup>ccix</sup>

**372. The Committee asks the Scottish Government what monitoring is being undertaken to scrutinise the numbers of children coming into care and the reasons for those numbers.**

### Foster Care

373. CELCIS drew the Committee’s attention to the emergency changes to legislation in response to the pandemic, which removed limits on the number of (unrelated)

<sup>ccvi</sup> Includem, Written Evidence

<sup>ccvii</sup> Includem, Written Evidence

<sup>ccviii</sup> Partners in Advocacy, Written Evidence

<sup>ccix</sup> Scottish Youth Parliament, Written Evidence

children who may be placed within one fostering family, so as to ensure adequate provision in responding to children who require substitute family-based care. They said the longer-term implications of this must be recognised and considered that once emergency legislation is lifted, there is a danger that children may face increased changes of placement, to their detriment.<sup>ccx</sup>

## Kinship Care

374. In terms of kinship care, CELCIS said their networks indicate that the pandemic has exacerbated the scarcity of financial, practical and emotional support for kinship carers, who can often be living in low-income communities across Scotland. They called for an urgent response to the families and emphasised the views of the child should be considered within decision-making processes and that assessments are robust.<sup>ccxi</sup>

## Collection of data

375. NSPCC believed the government has an obligation to monitor the impact of measures taken to address the pandemic for any disproportionate negative impact on groups which could constitute discrimination. It supported calls from the Equality and Human Rights Commission, the Scottish Human Rights Commission, and the Children and Young People's Commissioner Scotland to "collect robust information to fully understand the equality and human rights impacts of Coronavirus and related measures on people in Scotland".<sup>ccxii</sup>
376. Aberlour called for "a forensic understanding of how ethnic minority children have been affected".<sup>ccxiii</sup>

## Education

377. UsForThem Scotland (a grassroots parents' organisation campaigning for normal schooling throughout the coronavirus pandemic), warned enforced wearing of face coverings is having a detrimental impact on some school children, particularly those with sensory impairments, respiratory issues and learning disabilities. They said it risks infringing the human rights—

---

<sup>ccx</sup> CELCIS, Written Evidence

<sup>ccxi</sup> CELCIS, Written Evidence

<sup>ccxii</sup> NSPPC, Written Evidence

<sup>ccxiii</sup> Aberlour, Written Evidence

” “My son is exempt, and wearing a mask causes him significant distress due to his health history, including two operations as he has 90 per cent airway obstruction, and receives regular respiratory physio to retrain his diaphragm. We’ve had a few issues with facemasks – but it is hard for a nine-year-old to explain to people in a class where his teacher has told him wearing masks saves lives and keeps everyone safe. He thinks he will harm others in public by not wearing a mask.”<sup>ccxiv</sup>

378. A recent paper to EIS Further Education Committee found pupils and students with additional support needs are being disproportionately affected by both COVID-19 and the response to it, exacerbating existing educational inequalities for this group. EIS said students with additional support needs are more likely to be in the shielding category, and lack of face-to-face learning may further adversely impact their mental health, as well as accessibility issues with using online platforms. EIS called for measures to ensure that disabled children receive support to ‘catch up’ on the educational provision that they were excluded from during the pandemic.<sup>ccxv</sup>
379. Youth Community Support Agency (YCSA) said families where English is parents’ second language do not fully understand the education system and may not be able to help with homework. They advised, children are more likely not to have received homework during lockdown due to digital exclusion so fall further behind.<sup>ccxvi</sup>
380. Khaleda Noon, Intercultural Youth Scotland, said there is evidence that young BAME Scots will face challenges in receiving estimated grades from teachers. Schools in less affluent areas will not have the previous performance privileges. As a result, there is a greater risk that pupils from lower socioeconomic or ethnic minority backgrounds will be disadvantaged.<sup>ccxvii</sup>

## Mental health

381. Almost two fifths (39%) who responded to the Scottish Youth Parliament, YouthLink Scotland and Young Scot’s survey, were concerned for their mental wellbeing, and 46% stated that they felt moderately or extremely concerned about the mental wellbeing of others.
382. Participants in an engagement call on 21 January 2021, hosted by Voluntary Action North Lanarkshire, feared young people are getting lost and stated—
- ” In March [2020] there was a creative rush of energy, co-production, but now a lot of young people are really fed up and ‘Zoomed out’. Many issues need to be addressed, and lots of work done. It has been worse these last couple of weeks than it was back in March. The number of young people admitted to hospital because mental health and overdoses is more than we have ever seen before.”<sup>ccxviii</sup>

<sup>ccxiv</sup> UsForThem Scotland, Written Evidence

<sup>ccxv</sup> EIS, Written Evidence

<sup>ccxvi</sup> Youth Community Support Agency, Written Evidence

<sup>ccxvii</sup> Equalities and Human Rights Committee, 4 June 2020, Official Report, Col 6.

<sup>ccxviii</sup> Voluntary Action North Lanarkshire, [Engagement Note](#), 21 January 2021

383. An MSYP for LGBT Youth Scotland said a lack of access to support groups and centres can be really damaging to mental health. They highlighted that 91% of LGBT Youth Scotland respondents had concerns about mental health and wellbeing.<sup>ccxix</sup>
384. Additionally, many reports show that LGBT young people are more likely to experience mental health problems compared to their straight/cis counterparts, which is believed to be due to this group not being able to easily access mental health services, such as CAMHS or therapy.<sup>ccxx</sup>
385. During this time, young carers will be taking on greater roles and responsibilities compared to their usual stressful and busy schedule. Lockdown presents challenges for respite services usually available.
- ” 90% of Carers Trust Scotland members have concerns around their own mental health and wellbeing.<sup>ccxxi</sup>
386. SYP Equalities and Human Rights Committee considered there should be increased availability of mental health support during the COVID-19 crisis, such as emergency drop ins/phone calls with counsellors and sessions with youth workers. Websites alone are not enough. They believed further investment is needed deal with the backlog for mental health support created by the COVID-19 crisis in an efficient way.<sup>ccxxii</sup>

**387. The Committee asks for assurances for the Scottish Youth Parliament’s Equalities and Human Rights Committee that the Scottish Government’s new plan will help ensure mental health and wellbeing remains at the heart of the Scottish Government’s response to coronavirus, and associated funding, will deliver increased availability of mental health support and address any backlog of support to children and young people.**

## LGBT+

388. Stonewall Scotland advised many lesbian, gay, bi and trans (LGBT) people, particularly those already facing discrimination on because of their intersectional identities, such as LGBT disabled people, LGBT people of colour, and working-class LGBT people, have been disproportionately impacted by the pandemic.
389. Areas of concern relate to community safety, domestic abuse, social isolation, housing issues and access to healthcare services.

## Community safety

390. Stonewall Scotland said anti-LGBT hate crime and discrimination figures in

ccxix Scottish Youth Parliament, Written Submission

ccxx Scottish Youth Parliament, Written Submission

ccxxi Scottish Youth Parliament, Written Evidence

ccxxii Scottish Youth Parliament, Written Evidence

Scotland show they “were already high, and arguably rising, prior to the pandemic”. They advised the number of charges of sexual orientation aggravated crime reported to the Procurator Fiscal has risen annually with the sole exception of one year, from 452 (2010-11) to 1486 charges (2019-20).<sup>ccxxiii</sup>

391. In relation to figures during the pandemic, Stonewall Scotland said there is evidence to suggest they may have increased because of the pandemic. For example, they said LGBT Foundation reported their helpline had “seen significant increases in calls about discrimination from the period of 23 March to 12 April 2020, compared with the three weeks prior. This included 52 per cent, 100 per cent, and 450 per cent increases in calls about homophobia, transphobia, and biphobia, respectively”.<sup>ccxxiv</sup>

392. Respondents to Stonewall’s survey reveal lockdown and social distancing measures, have heightened visibility as LGBT people in the community, especially those in same-sex relationships—

” When we are taking exercise, me and my partner have had very hostile looks from other members of the public. At first, I was shocked thinking it was years since I'd experienced such homophobia. Then I [realised] it was more likely a ‘softer’ homophobia, as the person doesn’t realise we’re a couple, in the same household, so can be less than 2m apart. After a lifetime of avoiding [public displays of affection] for safety, we are now sometimes doing them as ‘clarification’. Which is fine until it isn’t. It doesn’t come easily in public when you’re older.(45-54, Lothian)<sup>ccxxv</sup>

## Domestic abuse

393. It was highlighted by Stonewall Scotland and LGBT Youth Scotland that LGBT people also experience high rates of domestic abuse.

394. Stonewall’s research (LGBT in Britain: Home and Communities, 2018) found that more than one in ten LGBT people (11%) had faced domestic abuse from a partner in the previous year, including one in five trans people and non-binary people (19% respectively).<sup>ccxxvi</sup>

395. LGBT Youth Scotland also pointed to research that shows that LGBT young people pre-lockdown experience domestic abuse at the same level as women and already have indicators of poor mental health.<sup>ccxxvii</sup>

396. LGBT Youth Scotland called for clear messaging from public authorities that domestic abuse support services are open to LGBTI people, including those experiencing familial abuse and that messages should not rely on digital methods as many young LGBTI people do not have private access to devices.<sup>ccxxviii</sup>

<sup>ccxxiii</sup> Stonewall Scotland, Written Evidence

<sup>ccxxiv</sup> Stonewall Scotland, Written Evidence

<sup>ccxxv</sup> Stonewall Scotland, Written Evidence

<sup>ccxxvi</sup> Stonewall Scotland, Written Evidence

<sup>ccxxvii</sup> LGBT Youth Scotland, Written Evidence

397. Stonewall’s survey respondents reported having experienced particular difficulties related to their LGBT identity during the pandemic, some had been living with people who were not supportive of their identity, or to whom they were not ‘out’ and were forced back ‘into the closet’ in order to protect their safety—

” [I’m] living with someone who I feel could be dangerous and I’ve found myself hiding who I am, which I haven’t done since I was 15.” (25-34, Central Scotland) Not having any supportive spaces (online or otherwise) and relocating to a small town with my family (to most of whom I am not out) has not been easy on my self-esteem and mental health” (18-24, Lothian).<sup>ccxxix</sup>

## Social Isolation

398. In response to Stonewall’s survey, LGBT people were feeling isolated from the LGBT community due to lockdown and social distancing, although LGBT social spaces and support groups have changed methods of service delivery measures—

” Lack of connection to and general isolation from the LGBT community and LGBT individuals [has made this time particularly difficult]. I had been about to join my local LGBTQ+ group when lockdown hit and feel negatively impacted by the lack of interaction with others who have had similar experiences. (18-24, Highlands and Islands)<sup>ccxxx</sup>

399. LGBT older people, Stonewall Scotland said are particularly vulnerable to experiencing loneliness and isolation. They explained the older LGBT population, in comparison to the general older population, are more likely to live alone, be single as they age, have no children, and to be estranged from their birth families. The older population is also more likely likely to face digital exclusion, heightening feelings of social isolation at this time.<sup>ccxxxi</sup>

## Access to health and housing services

### Health services

400. Research has identified difficulty accessing gender identity, sexual health, and mental health services due to the redistribution and rationing of healthcare provision in response to the pandemic. Stonewall’s survey showed almost two in five respondents (18%) indicated they had been unable to access healthcare for issues not related to COVID-19. This included difficulty accessing gender identity, sexual health, and mental health services. Also, almost a quarter of respondents (23%) indicated they had not been able to access medication or were worried they would not be able to access it.<sup>ccxxxii</sup>

---

ccxxviii LGBT Youth Scotland, Written Evidence

ccxxix Stonewall Scotland, Written Evidence

ccxxx Stonewall Scotland, Written Evidence

ccxxxi Stonewall Scotland, Written Evidence

ccxxxii Stonewall Scotland, Written Evidence

401. LGBT Youth Scotland also pointed to research that shows that LGBT young people pre-lockdown already have indicators of poor mental health. This is reinforced by health information for 2019, which Stonewall Scotland referred to which shows prior to the crisis, LGBT communities were already an at-risk group for experiencing poor mental health, evidenced by LGBT people experiencing depression, anxiety, self-harm, and suicidal ideation at a significantly higher level than the general population.<sup>ccxxxiii</sup>
402. Also, LGBT Youth Scotland called for steps should be taken to ensure strategies are in place to minimise and mitigate the impact on LGBTI young people who are currently not able to access clinical support for mental health.<sup>ccxxxiv</sup>
403. Access to gender identity services, including through primary care, and appointments at gender identity clinics (GICs) had been affected. Information from the Equality Network, Scottish Trans Alliance and Stonewall Scotland pointed to regional differences with Lothian maintaining services, while other services were closed. Stonewall Scotland noted that waiting lists had increased and the consequent negative impact this had on people’s mental health—
- ” One of the things that’s kept me going is feeling I’m making progress towards something. But with the gender clinics closed, no services such as electrolysis, no referrals for transition related care, I feel like everything is in limbo and all my social support is unavailable. It’s been devastating for my mental health.(45-54, Glasgow).<sup>ccxxxv</sup>
404. LGBT Youth Scotland stated gender identity services must not be disproportionately impacted by the response to COVID-19. Adequate resources for young LGBTI people, they said, must be put in place for those already on waiting lists or attempting to access waiting lists access.<sup>ccxxxvi</sup>
405. Equality Network and Scottish Trans Alliance pointed to long waiting lists and said they are already “aware of people having appointments cancelled which they have been waiting two years for”.<sup>ccxxxvii</sup>
406. The SYP Equalities and Human Rights Committee believed all transgender young people should have immediate access to hormonal treatment (as they require it).<sup>ccxxxviii</sup>

## Homelessness and housing

407. LGBT Youth pointed to research that shows that LGBT young people pre-lockdown are over-represented in homelessness populations.
408. Stonewall Scotland also referred to research, which identified “parental rejection

---

<sup>ccxxxiii</sup> LGBT Youth Scotland, Written Evidence

<sup>ccxxxiv</sup> LGBT Youth Scotland, Written Evidence

<sup>ccxxxv</sup> Stonewall Scotland, Written Evidence

<sup>ccxxxvi</sup> LGBT Youth Scotland, Written Evidence

<sup>ccxxxvii</sup> Equality Network and Scottish Trans Alliance, Written Evidence

<sup>ccxxxviii</sup> Scottish Youth Parliament, Written Evidence

(69%), abuse within the family (69%), and aggression and violence in the family (62%) to be the three most common reasons for LGBT youth homelessness". AKT, an organisation which supports LGBT young people experiencing homelessness or living in hostile environments, Stonewall Scotland said, found that a quarter of the youth homeless population (24%) in Britain is LGBT.<sup>ccxxxix</sup>

409. LGBT Youth Scotland were concerned to ensure that accommodation is age appropriate for young LGBTI people and that adequate safeguarding must not be compromised during the pandemic. Also, to ensure LGBTI people that experience homelessness can practice social distancing guidance.<sup>ccxli</sup>
410. It was acknowledged by Stonewall Scotland that the Scottish Government has provided funding to LGBT third sector organisations to increase the provision of LGBT specific services and provide support for LGBT social groups, such as to LGBT Health and Wellbeing and LGBT Youth Scotland. Stonewall Scotland called for these to be funded in the longer term to continue much needed support provision not available from mainstream services.<sup>ccxlii</sup>

## Conclusion

411. Scottish specific data on the impact of the pandemic on LGBT communities has mostly been gathered through a UK survey. It is acknowledged this data is helpful in drawing out the broad issues being experienced. It is evident from the responses received, however, that there are specific issues that relate to service provision, and in planning for recovery from the pandemic, which need to be investigated further for LGBT adults and young people views to be properly accounted for.

**412. The Committee therefore asks the Scottish Government to undertake work to establish the impact of the pandemic on Scotland's LGBT community.**

**413. The Committee also asks how the needs of LGBT people will be embedded in the work of the Scottish Government on tackling mental health at a national level, including measures to address the mental health impacts of COVID-19.**

## Prisoners

414. Several submissions highlighted the detrimental impact lockdown measures were having on prisoners' human rights.
415. LOOP (Loved Ones of Prisoners) Scotland explained prisoners and their loved ones

<sup>ccxxxix</sup> Stonewall Scotland, Written Evidence

<sup>ccxli</sup> LGBT Youth Scotland, Written Evidence

<sup>ccxlii</sup> Stonewall Scotland, Written Evidence

feel excluded from the First Minister’s daily updates, saying “we are the forgotten victims, the victims that nobody wants to talk about”.<sup>ccxlii</sup>

416. Submissions cited examples of prisoners being locked in their cells for 23 hours a day due to social distancing measures and having to make the choice between showering and phoning loved ones, as family visits had stopped. One individual noted that three months after lockdown measures were imposed there was still no sign of video visits in all jails and compared this to the positive efforts being made to reduce restrictions to allow pubs to reopen.
417. SHRC were also acutely concerned about people confined to their cell for extended periods of time, with very limited access to shower facilities and time out of cells, including access to outdoor exercise. Additionally, they were concerned about lack of family contact and access to a lawyer by people in detention and stated “it is crucial that the right to family life is maintained for people in detention during this difficult period”.<sup>ccxliii</sup>
418. Some priority actions were suggested to mitigate these concerns including that the Scottish Prison Service should publish a strategy to maintain contact, etc. with appropriate timescales and backed by sufficient resources for implementation. Also, the Scottish Prison Service should ensure families and friends of prisoners are kept fully and timeously informed of all developments in prisons which impact on the lives of prisoners and that any changes made to prison life seek to minimise adverse effects upon prisoners.
419. SHRC advised the Committee they had written to the Scottish Government about the vital importance of efforts to uphold the rights of people in detention and deprived of their liberty during the COVID-19 outbreak, setting out their recommendations. They have engaged with HM Inspector of Prisons the Cabinet Secretary for Justice on some of the issues raised which are identified as progressing slowly and the Scottish Parliament’s Justice Committee.<sup>ccxliv</sup>

**420. The Committee asks the Scottish Government to provide data to enable adequate monitoring of prison conditions and their compliance with human rights standards.**

---

<sup>ccxlii</sup> Loved Ones of Prisoners Scotland, Written Evidence

<sup>ccxliii</sup> Scottish Human Rights Commission, Written Evidence

<sup>ccxliv</sup> Scottish Human Rights Commission, Written Evidence

## Overall conclusion

421. The Committee welcomes everything the Scottish Government is doing to help the people of Scotland through this pandemic. It is an enormous challenge.
422. It is recognised that decision-making has had to happen quickly. That measures needed to be taken to stop the spread of COVID-19, to protect lives and to ensure the health service could cope as a priority.
423. The consequences of pandemic and the necessary measures to mitigate its impact have, however, come at a price. Systemic inequalities have been made more visible. Those in the most vulnerable situations in our society have been impacted on a significant scale.
424. It was stressed to, and by, the Scottish Government that public bodies' decisions needed to be compliant with equalities and human rights legislation and standards, including the need for impact assessments to be undertaken.
425. It is unclear whether and to what extent equalities and human rights processes and standards have been considered by public bodies. The Committee received lots of negative examples, which suggest at best there is a mixed picture of compliance, and at worst, wholesale disregard.
426. A recurring theme for the Committee is the need for systematic, intersectional, disaggregated data. This information will be necessary to undertake a detailed impact analysis, to truly understand the impact of the measures on different groups of people who share protected characteristics.
427. As we are still in the hold of the pandemic, the Committee recognises the Scottish Government's focus will be on testing and the vaccination programme, but there will need to be learning from this pandemic to ensure we are better prepared for future emergencies. For example, the need for greater resilience in social care, education, health and mental health care - services which support those in the most vulnerable situations - as we move forward into recovery planning. Addressing these issues will require a bold approach, one that is centred on human rights and listening to those furthest from power.
428. We welcome the report of the social renewal advisory board and look forward to considering the equalities and human rights aspects of the Scottish Government's response.

# Annexe

## Annexe A: Minutes of meetings

The Committee considered its inquiry at the following meetings—

- [7<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 14 May 2020](#)
- [8<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 28 May 2020](#)
- [9<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 4 June 2020](#)
- [11<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 18 June 2020](#)
- [12<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 25 June 2020](#)
- [13<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 13 August 2020](#)
- [14<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 27 August 2020](#)
- [15<sup>th</sup> Meeting, 2020 \(Session 5\), Thursday 3 September 2020](#)
- [5<sup>th</sup> Meeting, 2021 \(Session 5\), Thursday 18 February 2021](#)

