

COVID-19

Review of Physical Distancing in Scotland



June 2021

COVID-19: Review of Physical Distancing in Scotland

Contents

Executive summary	3
Background	5
Summary of review considerations	7
The impact of physical distancing in reducing the spread of the virus	
The impact of vaccination	
Four harms considerations	
Stakeholder engagement	
Physical distancing practice	
Outcome of review and future approach	16
Annex - Four harms evidence on physical distancing	19

COVID-19: Review of Physical Distancing in Scotland

Executive summary

Physical distancing has been a crucial measure in limiting the spread of COVID-19 and we, along with most other countries in the world, have used it to good effect to help to manage the epidemic, as recommended by the World Health Organisation (WHO). The WHO advises to stay at least one metre away from others to avoid coronavirus transmission¹ and there is evidence indicating that there is a substantial difference in risk of exposure between maintaining a two metre distance as opposed to a one metre distance - perhaps as much as two to ten times - although this will vary depending on the context.²

Whilst we know that physical distancing is an effective measure in helping us to stop the spread of the virus, we know too that, like other protective measures, it can cause broader harms. For many people, not being able to be in close contact with loved ones during the pandemic has been difficult and upsetting. For businesses, adhering to physical distancing requirements has meant a lengthy period of being unable to operate at full capacity, with associated implications for the service they can provide to their customers, their ability to make profits and to offer employment opportunities.

Our approach to dealing with the virus has been, and will continue to be, grounded in managing the “four harms” – that is, the direct and indirect health harms of the virus and the social and economic harms linked to the measures required to keep it under control. We have kept our approach to physical distancing under regular review and will continue to do so, to ensure that it remains necessary and that, weighing up the other harms, it continues to be proportionate to the public health harm caused by the virus and that the human rights engaged are respected and protected.

As we have made progress in suppressing the virus and achieving a reduction in the rate of morbidity and mortality caused by it, particularly through our progress in the vaccination programme, we have been able to amend our guidance on physically distancing from friends and family in an outdoor or indoor private setting (e.g. a home or garden.) The First Minister announced this change on 11 May to take effect on 17 May and she also made a commitment at that stage to conduct a wider review of the need for physical distancing in public places.

This document sets out the outcome of that review, taking account of the science around physical distancing, the current and projected state of the epidemic in Scotland in light of our vaccine roll-out and the “four harms” of the virus. Although physical distancing is connected to other protective measures, such as social

¹ [Coronavirus disease \(COVID-19\): How is it transmitted? \(who.int\)](https://www.who.int/news-room/qa-detail/coronavirus-disease-(covid-19)-how-is-it-transmitted)

² [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/82444/application-of-physical-distancing-and-fabric-face-coverings-in-mitigating-the-b117-variant-sars-cov-2)

gatherings, this review has been focussed on the physical distancing restrictions and the significant impacts these have on individuals and businesses. However due to the significant link with physical distancing requirements, and similar issues to be considered regarding when it is deemed safe to revise these, we will also be removing the outdoor social gathering rules at the same time as the physical distancing requirement is removed outdoors. The gathering rules will remain in place indoors until the physical distancing requirement is removed for those settings. The ongoing need for other protective measures is kept under regular review as part of the overall assessment of the state of the epidemic, and any changes to these will be guided by both clinical advice and scientific evidence.

We have undertaken both a Business and Regulatory Impact Assessment (BRIA) and an Equality Impact Assessment as part of our review of physical distancing. All proposals which may have an impact upon business or the third sector should be accompanied by a BRIA. BRIAs should be completed for legislation and regulations (including voluntary regulation), as well as policy changes. In addition an Equality Impact Assessment (EQIA) is required to assess the impact of policies or practice against the needs in the Public Sector Equality Duty.

Decisions on how and when to ease distancing measures are ultimately matters of finely balanced judgement. Following this review our assessment is that, although we remain in a situation where we must continue to ease with caution, we can now set out a pathway to easing and then removing the current physical distancing requirements. Our judgement is that the most appropriate way to balance both the risks and the benefits is to follow a staged process of easing of restrictions, focussing on the less risky outdoor settings first. The staged process for the lifting of legal restrictions on physical distancing - which will be conditional upon reviews ahead of the respective changes - is as set out below. These are indicative dates at this stage, and final decisions will be taken in the reviews preceding 19 July and 9 August.

Date	Levels Restriction	Physical distancing
19 July Conditional on a review of the epidemic ahead of this date	All areas move down to Level 0	Reduce outdoors to 0m Reduce indoors to 1m
9 August Conditional on over 40s being fully vaccinated and a review of the epidemic ahead of this date	All areas move beyond Level 0 (Levels restrictions lifted)	All physical distancing regulations lifted

Background

In responding to the pandemic, we have been guided by the principles outlined in our *Framework for Decision Making*.³ In it, we set out the direct and indirect harms of the pandemic, which we consider in our “four harms” approach:

- The virus causes direct and tragic harm to people’s health;
- The virus has a wider impact on our health and social care services, and our wider health and wellbeing;
- The measures necessary to protect us from the virus can in turn cause harm to our broader way of living and society; and
- Protective measures have a damaging effect on our prosperity.

Restrictions on individuals, organisations and businesses impact on the economy, society and on the exercise of fundamental rights. It is therefore necessary for decision-making and judgment on restrictions to take into account both the direct harm of the pandemic in terms of morbidity and mortality and the broader impact, or ‘harm’, caused by restrictions.

*Scotland’s Route Map*⁴, published in May 2020 and *Scotland’s Strategic Framework published* in October 2020⁵ (and subsequently updated in February 2021⁶ and June 2021⁷) are rooted in this approach.

In order to reduce transmission of the virus, we have had to reduce opportunities for the virus to spread and protective measures, or non-pharmaceutical interventions (NPIs), are a critical tool in the management of the virus. Physical distancing has been an important component of this and throughout the pandemic, we have reinforced the importance of individuals, businesses and organisations continuing to follow the FACTS measures for a safer Scotland: face coverings; avoid crowds, clean hands, two metre physical distancing and self-isolation.

Looking forward, we expect that the role of NPIs – including physical distancing – in managing the epidemic in Scotland will be significantly reduced as the protective effect of the vaccine both reduces the direct health harms of the virus and helps to reduce transmission. As a first step, the guidance on physical distancing was changed on 17 May so that it was no longer necessary to maintain physical distancing between family and friends in a private dwelling or private garden in areas in Level 2 or lower.

General requirements to ensure that distancing is maintained between those from different households in public premises remain at all Levels as part of the Health

³ [Coronavirus \(COVID-19\): framework for decision making - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-update-february-2021/)

⁴ [Coronavirus \(COVID-19\): Scotland's route map through and out of the crisis - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-update-february-2021/)

⁵ <https://www.webarchive.org.uk/wayback/archive/20201023135508/https://www.gov.scot/publications/covid-19-scotlands-strategic-framework/>

⁶ <https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-update-february-2021/>

⁷ <https://www.gov.scot/isbn/9781802010084>

Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020. The general requirement is to ensure that a distance of two metres is maintained, though a distance of one metre applies in places such as hospitality settings where there are particular transmission mitigations in place. In outdoor public places such as parks, individuals are advised to maintain a distance of two metres from others outwith their household.

In reviewing these remaining requirements, we have taken particular account of the fact that the vaccination rollout has been highly successful to date – and as a result, we have seen relatively fewer cases ending in hospitalisation and Intensive Care Unit (ICU) admission.

However, the virus is still out there. The spread of the Delta variant in Scotland is both a real threat and a reminder that variants of concern may continue to emerge and threaten to undo the progress we have made so far. So it remains necessary to continue to move cautiously in our approach to easing physical distancing measures.

We are still learning more about the Delta variant. It is currently thought to be much more transmissible than the Alpha variant that was the previous dominant variant in Scotland.⁸ R is now estimated to be 40–80% higher for delta than for Alpha.⁹

There also remains a degree of uncertainty regarding the impact of the Delta variant on severity of illness, treatment or reinfections. Analysis of vaccine effectiveness against symptomatic disease with the Delta variant suggests that, while vaccine effectiveness is lower in Delta cases compared to Alpha cases after one dose, any difference in vaccine effectiveness after two doses of vaccine is likely to be small.

It is within this context that we are setting out our review of physical distancing. We understand that different sectors or settings have faced significant challenges with physical distancing measures in place and that businesses and individuals are looking for clarity on what physical distancing will look like in the period ahead.

We know that almost all sectors are economically impacted by physical distancing. We regularly engage and consult with different businesses and sectors and many have cited concerns regarding the commercial viability of operating with two metre physical distancing in place. We are grateful to them for sticking with measures to keep their staff and customers safe whilst we make further progress with the vaccination roll-out and hope that the outcome of this review will assist them in planning for resuming operations at full capacity.

⁸ [S1287 SPI-M-O Summary Roadmap step 4.pdf \(publishing.service.gov.uk\)](#)

⁹ [S1284 SAGE 92 minutes.pdf \(publishing.service.gov.uk\)](#)

Summary of review considerations

In reviewing our current approach to physical distancing, we have taken a number of factors into account to reach a judgement on the most appropriate way to proceed as we take our next steps in managing the epidemic in Scotland. In particular, we have taken into account the impact of distancing in reducing the spread of the virus; the impacts of our ongoing roll-out of the COVID-19 vaccination programme; and the wider impacts of distancing in terms of health, economic and social harms. This review is set against a backdrop of differential approaches to restrictions and distancing taken in the other nations of the UK and of good self-reported adherence to current regulations and guidance in Scotland, as discussed further below.

The impact of physical distancing in reducing the spread of the virus

Current evidence suggests that the virus spreads mainly between people who are in close contact with each other.¹⁰ Infection can occur when aerosols or droplets containing the virus are breathed in or come into contact with the eyes, nose, or mouth. Transmission risk is increased in indoor places that are poorly ventilated or crowded, and where people tend to spend longer periods of time. This is because aerosols remain suspended in the air and there is increasing evidence of airborne transmission over longer distances in some situations.^{11 12}

Physical distancing and use of face coverings are therefore both important measures to reduce transmission of coronavirus. Factors that affect transmission include:¹³

- Length and frequency of exposures (time);
- Proximity or physical contact with an infected individual (non-linear relationship with distance);
- Number of people within a space (likelihood of presence of an infectious person and greater potential for secondary cases);
- Infectiousness of individuals, which may differ between viral variants; and
- Community prevalence, as the lower the prevalence the less likely you are to be in contact with someone who is infectious.

The Environmental and Modelling Group (EMG) says with high confidence that coronavirus transmission is strongly associated with proximity, duration and frequency of contact and community prevalence. The highest risks of transmission are associated with poorly ventilated and crowded indoor settings.¹⁴ In shared indoor spaces, there is no guaranteed safe distance to maintain from others, but maintaining a distance around 2 metres as far as possible and reducing the time of exposure is likely to reduce the risk of infection. Very short duration closer exposures are unlikely to pose a significant risk, especially outdoors.¹⁵

¹⁰ [Coronavirus disease \(COVID-19\): How is it transmitted? \(who.int\)](https://www.who.int/news-room/qa-detail/coronavirus-disease-(covid-19)-how-is-it-transmitted)

¹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/979612/S1186_SAGE_86_Minutes.pdf

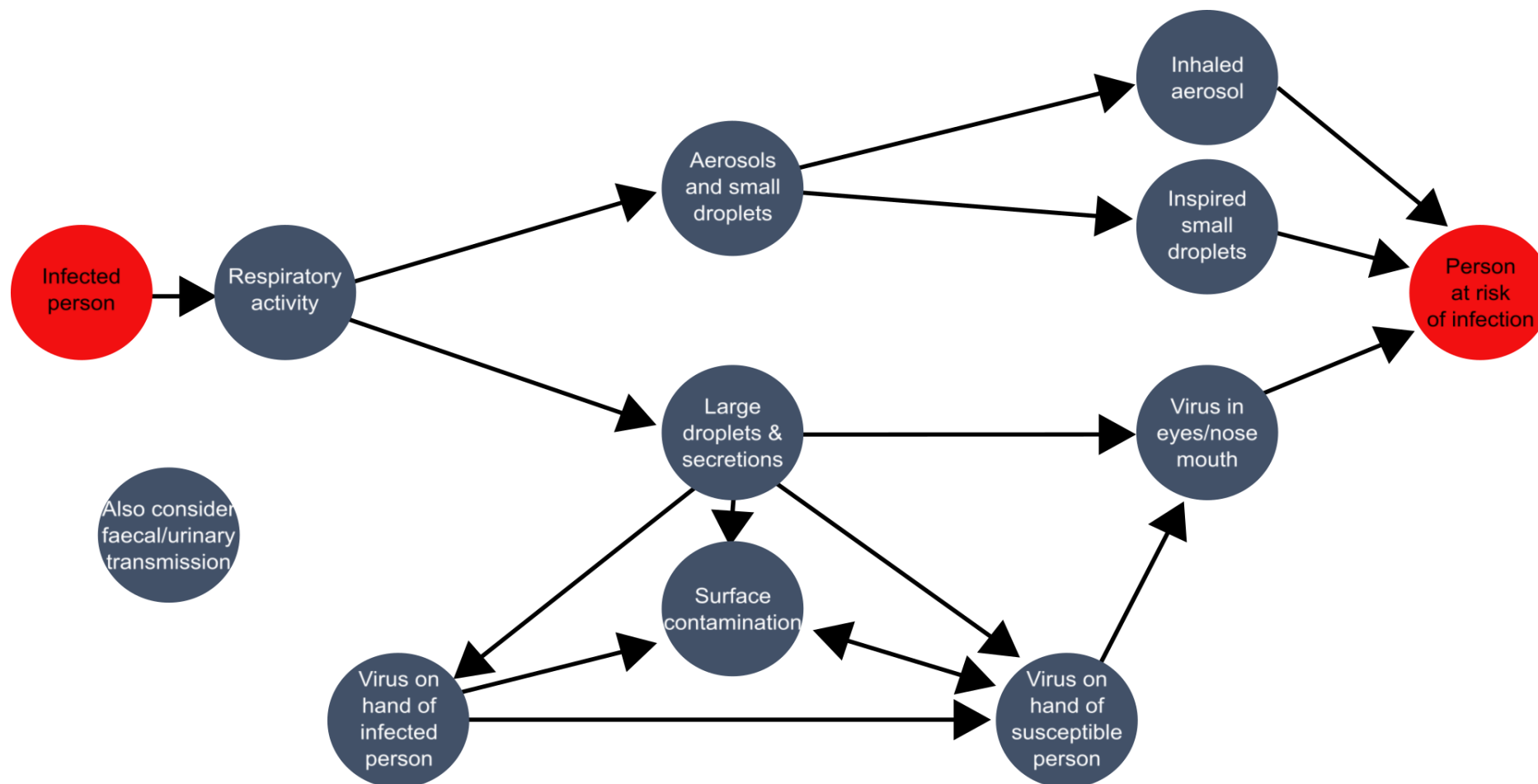
¹² [S0824 SARS-CoV-2 Transmission routes and environments.pdf \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/979612/S0824_SARS-CoV-2_Transmission_routes_and_environments.pdf)

¹³ [COVID-19 risk by occupation and workplace \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/979612/S1194_Transmission_in_hospitality_retail_leisure.pdf)

¹⁴ [S1194 Transmission in hospitality retail leisure.pdf \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/979612/S1194_Transmission_in_hospitality_retail_leisure.pdf)

¹⁵ [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/979612/S1194_Transmission_in_hospitality_retail_leisure.pdf)

Figure 1 Illustrative map of main transmission routes for SARS-CoV-2 (coronavirus) ¹⁶



¹⁶ [S0824 SARS-CoV-2 Transmission routes and environments.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/824000/S0824_SARS-CoV-2_Transmission_routes_and_environments.pdf)

The World Health Organization (WHO) advises to stay at least 1 metre away from others¹⁷ and there is evidence suggesting that there is a substantial difference in risk of exposure between 2 metres and 1 metre, perhaps as much as 2-10 times, although this will vary depending on the context.¹⁸ The Scientific Advisory Group for Emergencies (SAGE) and the EMG say that there is a significant reduction in exposure to all virus-containing droplets where around 2 metres of distance is maintained.¹⁹

As new, more transmissible variants of concern have emerged, including the Alpha and Delta variants, mitigations such as physical distancing assume even greater importance. In settings where it is not possible to maintain a 2 metre physical distance, additional mitigations are required to reduce exposure to respiratory particles. Risk assessments should consider the environment and possible mitigations, which could include face coverings, face visors, well designed screens or barriers placed between people, increased ventilation, hand hygiene and measures to reduce the duration of exposure.

The impact of the vaccination programme

Whilst we have seen the advent of new, more transmissible coronavirus variants in the course of the pandemic which make it more difficult to suppress the virus, our vaccination programme is mitigating the impact of new variants by having a positive impact in both reducing transmission and health harms.

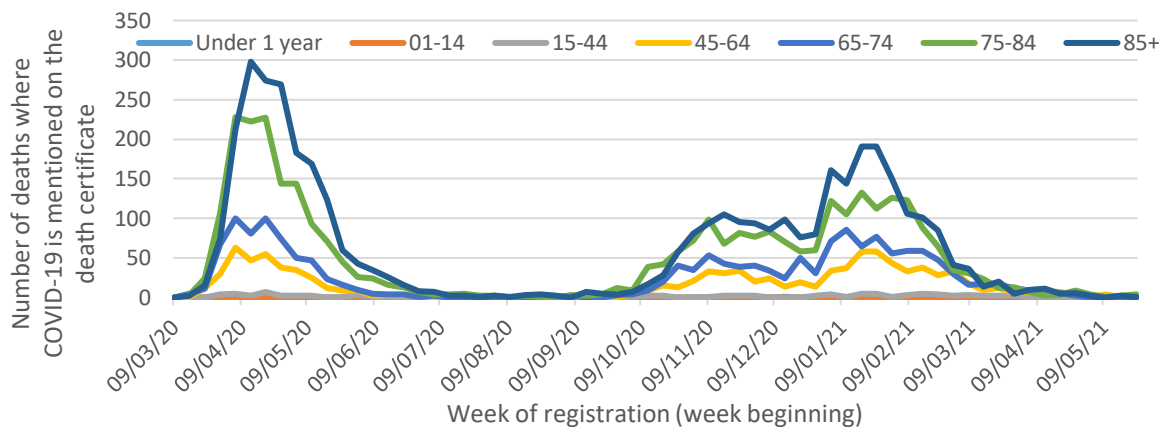
Figure 2 below shows that, compared with the first peak in COVID-19 deaths, the early effects of the vaccination programme were beginning to reduce the proportion of deaths in older age-groups in the second peak. Combined with the success of protective measures in suppressing the second peak, this progress permitted us to consider the increased relaxation of restrictions in certain activities and settings, with important wide-ranging positive benefits for individuals, families and businesses.

¹⁷ [Coronavirus disease \(COVID-19\): How is it transmitted? \(who.int\)](https://www.who.int/news-room/q-a-detail/coronavirus-disease-(covid-19)-how-is-it-transmitted)

¹⁸ [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92422/application-of-physical-distancing-and-fabric-face-coverings-in-mitigating-the-b117-variant-sars-cov-2.pdf)

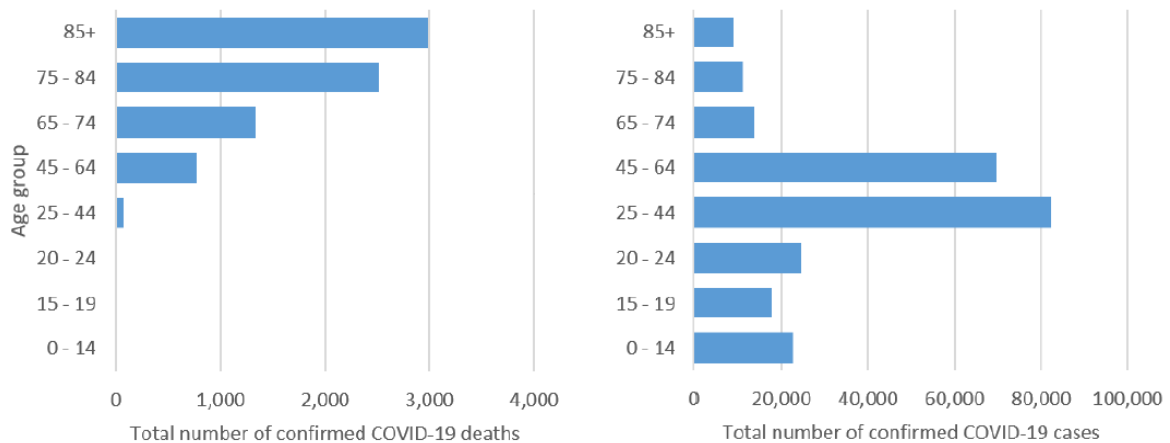
¹⁹ [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92422/application-of-physical-distancing-and-fabric-face-coverings-in-mitigating-the-b117-variant-sars-cov-2.pdf)

Figure 2: Deaths involving COVID-19 by age group over time



By prioritising the most vulnerable groups, vaccination should significantly reduce COVID-19 morbidity and mortality, illustrated in Figure 3 below.

Figure 3: Age distribution of COVID deaths and cases since the start of the pandemic



Source: [COVID-19 Daily Dashboard - PHS COVID-19 | Tableau Public](#)

In part as a consequence of the vaccine’s protection of older people (who have been prioritised), a higher proportion of new coronavirus cases are occurring among younger people who are less susceptible to severe COVID-19 disease. This is shown in the increase in the proportion of cases in younger people. The larger proportion of cases in the youngest age group may indicate a different pattern of infections caused by the Delta variant.

Four harms considerations

In light of the latest developments in the pandemic – particularly the advent of the Delta variant and the significant decline in morbidity and mortality associated with COVID-19 in Scotland as a result of our vaccination roll-out - we have carefully considered the necessity and proportionality of our current approach to physical distancing and the continued respect for, and protection of, fundamental human rights. Consideration of the “four harms” provides a lens through which to assess the overall impacts of our current policy and to consider the timings and scope for making changes in a safe way.

In considering the “four harms”, it is important to note that whilst evidence provides an insight into many of the emerging impacts of physical distancing, it will only show an incomplete picture. Physical distancing policy has led to direct and indirect impacts on all settings and sectors and it is challenging to isolate the unique impact of physical distancing measures and behaviours from the other elements of the response, such as the wearing of face coverings and travel restrictions, for example. It is likely that the various impacts of COVID-19 on society and the economy are the consequence of a combination of factors. A compilation of current evidence on the impacts of physical distancing across the four harms (available through government data sources and external studies and reports)²⁰ is outlined in **Annex A**.

Some of the key findings can be summarised as follows:

Harm 1 – Direct health impacts

- Multiple factors affect the risk of transmission of coronavirus, including the distance, duration and frequency of contact between individuals; the community prevalence of COVID-19 cases; and the ventilation and crowdedness of settings where people meet.
- Physical distancing is a key mitigation for reducing the transmission of the virus and associated direct health harms, as close contact for prolonged periods, particularly indoors with poor ventilation and no face masks, poses a high transmission risk.
- The impact of the vaccination roll-out is helping to weaken the link between COVID-19 case numbers and morbidity and mortality.

²⁰ Data are correct as of June 2021

Harm 2 – Health impacts not directly related to COVID-19

- Secondary care is continuing to operate at reduced capacity and with waiting lists. Delays in treatment may lead to worse outcomes, impacting on quality of life and the scale and cost of intervention required. Physical distancing measures will have impacted on this, but it is difficult to establish the precise scale of the impact.
- GP and other services have remained available throughout the pandemic, but have been impacted by challenges of restrictions on face-face activity. Any loss or limitation of the preventative/early intervention role of primary care during the pandemic is a cause for concern. For many serious conditions, delays in treatment will lead to worse outcomes. Physical distancing measures will have impacted on this, but again it is difficult to establish the precise scale of the impact.
- Mental health and wellbeing has been impacted by the COVID-19 pandemic, which might be a result of the virus itself (e.g. anxiety around contracting it) and/or associated mitigation measures (e.g., physical distancing).

Harm 3 - Social impacts

- Although it is not possible to isolate the effects of physical distancing restrictions from other control measures, there is consistent evidence of negative societal impacts over the course of the pandemic. This includes a large reduction in social connectivity, and higher levels of loneliness and anxiety, particularly for younger people. There is also evidence of reduced social and community cohesion, which may be associated with distancing measures.
- Other data has shown reduced incomes for some households, particularly for self-employed workers, and people living in more deprived areas in Scotland.
- Evidence also highlights negative impacts on children and young people during the pandemic, from lost social interactions, changes to learning experiences, variations in access to home learning equipment, and reduced contact with friends and networks, particularly during the period of stronger restrictions.
- Physical distancing rules have had an impact on the justice system, and there is evidence of backlogs in these systems that have led to delays for victims, witnesses and accused, and an increase in remand numbers.
- The 2m physical distancing requirements have meant that some businesses and services are unable to operate in a viable way. The resulting closures have reduced opportunities for participation in culture, leisure and tourism. This has had an impact on individual and community wellbeing.

Harm 4 – Economic impacts

- Economic harm is strongly linked to social harm and the impacts of the pandemic have been unequal across sectors, groups and regions. Physical distancing, in its widest sense, has impacted negatively on economic activity in a number of different ways and has affected almost all businesses. The requirement for physical distancing has constrained the capacity of consumer facing parts of the economy impacting on their profitability, sometimes to the extent that they are no longer commercially viable and are unable to open. The requirement for staff members to remain distanced has also had a impact on areas such as productivity in the manufacturing sector and research and development in laboratories.
- Physical distancing has not only led to economic harm and social harm, but it has also exacerbated wider health harms through its effect on mental health and wellbeing, including that of business owners. Sectors such as culture, arts and tourism, for example, have been shown to improve wellbeing and social cohesion.
- Even for the sectors and businesses that have remained open (or those that have recently reopened), physical distancing requirements have had an economic impact through restricting throughput and affecting the extent to which a business is viable operating at reduced capacity.
- As we move forward into level 0 we will start to see a staged return of the workforce to offices. The current requirements for physical distancing would constrain office capacities meaning that working from home would still be necessary for some. This is likely to have a negative effect on city centre economies, as well as potential impacts on productivity and morale in the workplace.
- Physical distancing on public transport, even with the reduced distance of 1m applying, has constrained capacity to 30-40%. The increasing capacity challenge has become more acute in recent weeks following the easings on 26 April and 17 May. With the economy and society gradually opening up over the summer capacity pressures will increase.
- Even if restrictions on physical distancing are removed entirely, there is uncertainty around how much voluntary physical distancing will persist and so the economic impacts of physical distancing could remain to an extent or lead to displacement effects.
- A divergence in physical distancing rules and restrictions between Scotland and the rest of the UK could put businesses in Scotland that are in direct competition with businesses in the rest of the UK at a competitive disadvantage.

Stakeholder engagement

A wide range of stakeholder engagement is undertaken regularly by the Scottish Government. Regular meetings take place with industry and sector representative bodies to disseminate information and to ensure that the impact of COVID protective measures is well understood and that where possible, issues are addressed. Physical distancing requirements have been raised by all of those we have engaged with as a significant barrier - including by representatives of the performing arts,

hospitality, events and life events sectors, places of worship, and others. Through this engagement we have put in place less restrictive measures where it was deemed both appropriate and possible to do so (e.g. for hospitality), and prepared guidance to ensure issues raised by sectors were addressed in the most appropriate way possible.

For businesses, we recognise that any degree of distancing between staff and customers significantly affects operations and commercial viability. For example, although some people may enjoy attending events in an uncrowded setting, the majority of theatres, comedy clubs, and live music venues may not be viable until the current physical distancing restrictions are removed entirely. We have been told that economic viability is linked to filling venues near to full or full capacity. Business representatives have also expressed concern that more lenient distancing rules in England may have a displacement effect on their business.

Issues in relation to physical distancing have also been frequently raised in the context of life events, such as weddings and civil partnerships and funerals, given their emotive nature and the desire for close contact between members of different households. This is often also the case in relation to places of worship, where reducing or removing physical distancing requirements will allow full congregations to come together once more.

Within this context, we understand that it is crucial to provide as much clarity as possible to individuals, businesses, organisations and places of worship about how and when capacity limits will be removed. Our ongoing discussions with stakeholders will continue as we take our next steps in easing distancing restrictions and we are grateful to them for continuing to engage with us and sticking with measures until they can be safely eased.

Physical distancing practice

The extent of physical distancing in society and the economy since the start of the pandemic, and levels of public understanding, support and adherence provide context for our review of current measures.

Evidence from Scottish Government commissioned weekly public attitudes polling shows that since the beginning of the pandemic in 2020 and the introduction of physical distancing restrictions, a high majority of people have regarded 'staying at least 2 metres/6 feet away from other people' as very/fairly important.²¹

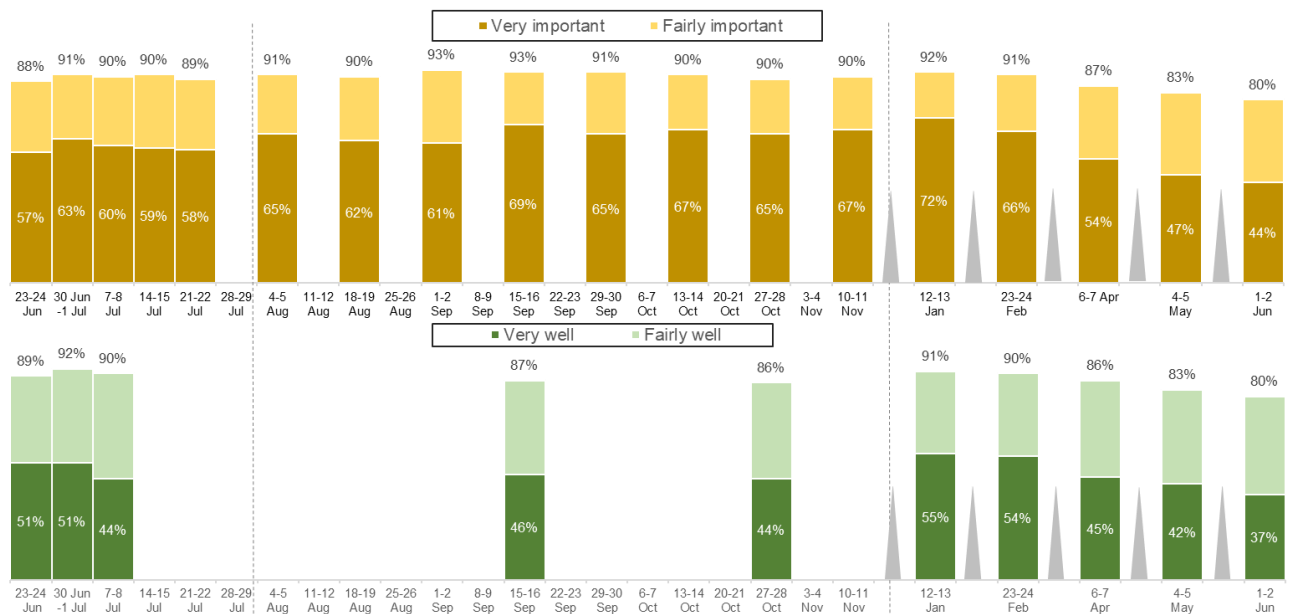
The most recent measure at the start of June 2021 (Source: YouGov) showed that 80% of people regarded this as very/fairly important, including 44% of people who regarded this as 'very important'.

²¹ [Public attitudes to coronavirus: March update - gov.scot \(www.gov.scot\)](https://www.gov.scot/public-attitudes-to-coronavirus-march-update)

This appears to be changing, as the proportion was higher at earlier stages of the pandemic, when it was between 88%-97% (in surveys between May 2020 and February 2021). The most recent measure of 80% (1-2 June 2021) was the lowest level of agreement that has been recorded in the survey to date. The proportion of people who regarded physical distancing as 'very' important had also dropped to 44%, from 72% in mid-January. This suggests that there has been a change in public attitudes to physical distancing, with the public regarding it as less important than it was previously.

This data also shows that physical distancing/staying 2m away from other people (80%) is not regarded to be as important as other protective behaviours, including isolating and booking a test at the first sign of symptoms (92%), avoiding crowded/busy places (88%), and wearing a face covering (84%).

Figure 4 Physical distancing behaviours - staying 2m/6ft away from other people, June 2020 to June 2021



Q32a. How important, if at all, do you think each of the following is in helping to keep the spread of Coronavirus (Covid-19) under control?
 Staying at least 2 metres/6 feet away from other people when you leave the house
 Q32b. How well, if at all, do you feel you are doing at each of the following? Staying at least 2 metres/6 feet away from people not in your household

The Scottish Government weekly public attitudes survey conducted by YouGov also asks about self-reported adherence to physical distancing, and it has reported high levels of adherence to physical distancing behaviours since the beginning of the pandemic.

Adherence to distancing guidance has reduced slightly during spring 2021, as the number of reported infections has decreased. The most recent measure (1-2 June 2021) shows that 80% reported doing very/fairly well at staying at least 2 metres/6 feet away from people. Again, this represents a reduction from earlier in the pandemic, when levels were recorded as 94%-96% in April and May 2020, and 91% on 12-13 January 2021. The proportion who said they were doing 'very well' had also reduced from 55% on 12-13 January 2021, to 37% on 1-2 June 2021.

Adherence to distancing behaviours is also not as strong as it is for some of other behaviours which help to suppress the virus. The survey data also shows that the public are slightly more likely to report themselves as doing very/fairly well, for other protective behaviours, including washing hands (84%), avoiding crowded places (90%) and wearing a face covering when required (94%), compared to 80% for physical distancing.

The barriers to adherence appear to be practical, and do not necessarily reflect a lack of understanding or motivation. When the people who were asked why they rated themselves less positively on adherence to 2m/6ft distancing (YouGov, 23-24 Feb 2021), the most common reasons were connected with the practical ability to distance: 'when I am out, people come into my space' (64%) and 'if it's busy somewhere, it's hard to keep 2m/6ft away from others' (58%).

Perceptions of safety measures within hospitality venues are relatively high. A large majority (89%) of people felt comfortable with measures put in place to protect customers in shops/shopping centres, as well as cafes and restaurants (95%), bars and pubs (89%).²² Also 69% who visited hospitality in the past week said everyone in the group was asked for their contact details (82% including the response - 'only some people were asked').²³

Review conclusions and future approach

In light of the considerations detailed in the previous chapter, we have carefully reviewed existing requirements to maintain physical distancing and the scope to ease these in a gradual and cautious way.

We have considered whether it would be possible to adopt different approaches across sectors and to align physical distancing rules with other nations such as England, to allow consistency in application of measures across borders. We have also considered the most appropriate way to ease measures - whether on a national, regional or more local basis.

From reviewing the evidence on the impact of physical distancing, it is clear that it has been an important tool during the pandemic for keeping the virus suppressed and reducing the direct health harms which COVID-19 causes. We therefore must ensure that any easing of existing measures is done in a safe way and that the approach we adopt is tailored to the circumstances, taking four harms considerations and the impact of continued measures on fundamental rights fully into account.

In light of our understanding of transmission risks - and how the vaccination programme in particular will mitigate these and result in a reduction in health harms as we move forward - we assess that the most proportionate approach is to link the easing of remaining physical distancing measures to our progress in protecting the people of Scotland through COVID-19 immunisation. This will result in clear, easy to

²² YouGov, 11-12 May 2021, n=130-320

²³ YouGov, 15-16 June 2021, n=453.

understand measures which will apply Scotland-wide, which we expect will bring benefits in terms of adherence to those measures which require to remain in place. We also anticipate that the easing of current measures across the country as a whole will mean that we can be as confident as possible that distancing measures will not need to be re-imposed. This is important not just from the perspective of protecting public health – we recognise that changes to physical distancing can be difficult and costly to reverse, as they can require changes to the physical layout of settings.

Our proposed approach to future distancing requirements is set out below:

Date	Levels Restriction	Physical distancing
19 July Conditional on a review of the epidemic ahead of this date	All areas move down to Level 0	Reduce outdoors to 0m Reduce indoors to 1m
9 August Conditional on over 40s being fully vaccinated and a review of the epidemic ahead of this date	All areas move beyond Level 0 (Levels restrictions lifted)	All physical distancing regulations lifted

We will continue to engage with stakeholders across sectors as restrictions are eased to assist with forward-planning, taking into account the particular risks and needs of each setting. And just as progress with our vaccination programme means we can consider physical distancing in a fresh light, vaccination will also change the environment for Test & Protect. We are closely monitoring the developing evidence on vaccination and transmission risk, and will continue to review whether existing self-isolation requirements remain necessary and appropriate. That will include work to consider whether and to what extent the requirement for children and young people to self-isolate as contacts of positive cases can safely be significantly reduced in future. This would have important benefits for educational continuity.

It is important to note that even at the point when restrictions are eased, the virus will still be with us and we will all require to play our part in managing it. This means that as we move away from prescriptive rules and guidance to decisions based on personal judgement, it will be important for us all to consider whether and how interactions with others can be made safer. For as long as the epidemic is with us the need for us to consider physical distancing will remain. And it remains possible that a resurgence in the virus may require us to reintroduce certain protective measures. This will be kept under review to ensure we can provide appropriate guidance to employers and premises.

Our summer marketing campaign will provide information on making safer choices in a range of different settings and it will also encourage employers and employees to

continue to work together to minimise transmission risks. Up-to-date, accessible public health information will also be available on www.gov.scot to allow people to make informed judgements about participating in different activities, attending different settings.

We have all been on a long and difficult journey together over the course of the pandemic and the measures needed to keep the virus under control - including physical distancing - have taken their toll on all of us. Whilst we recognise the harms caused by measures to suppress the virus (and, as outlined in our Strategic Framework update²⁴, will continue to provide care and support to mitigate these) it is important to acknowledge that by sticking to them, we have kept ourselves and each other safe and ultimately, saved lives.

Our shared determination to work together and the heroic efforts of all those involved in our vaccination programme mean that we are continuing to make progress in tackling the pandemic and that a return to much more normality is on the horizon. We have ambitious plans to drive forward Scotland's recovery from the crisis, which are already well underway. Together, we will emerge from this difficult period more resilient and, perhaps, even more grateful for the ability to connect with one another.

Scottish Government
June 2021

²⁴ <https://www.gov.scot/isbn/9781802010084>

ANNEX

The impact of physical distancing on the four harms

1. The following information is collated from information that has been available through government data sources and external studies and reports.²⁵

2. Data and information about the social and economic impact of physical distancing has been collected in different ways across different areas. Detailed information is not available about many of the possible effects, particularly for specific subgroups and places within Scotland. Many of the effects of distancing policies are indirect, diffuse and not easily quantifiable, so this report inevitably represents only a partial account of the full effects of physical distancing.

HARM 1 - Direct health impacts

3. Multiple factors affect the risk of transmission including the distance, duration, the frequency of contact between individuals, the community prevalence of COVID-19 cases, as well as the ventilation and crowdedness of settings. Physical distancing remains a key mitigation for reducing Harm 1 impact as close contact for prolonged periods, particularly indoors with poor ventilation and no face masks is inherently high risk.

4. There is no 'safe' distance to prevent transmission. However, SAGE EMG suggest that in general there is a significant reduction in exposure of viral containing droplets by around 2 metres.²⁶ The WHO advise to stay at least 1 metre away from others, and different countries have adopted different physical distancing guidelines from 1 metre to 2 metres.²⁷ There is some evidence suggesting that there is a substantial difference in risk of exposure between 2 metres and 1 metre. Physical distancing reduces the risk from aerosols and droplets and there is potentially anywhere from 2 to 10 times less risk of infection at 2 metres compared to 1 metre.²⁸ However, it is not possible to remain risk free in indoor environments, the greater the distance between individuals reduces the risk of infection. There is little increased benefit of distancing beyond 2 metres.

5. Risk outdoors is lower than risk indoors. For example, studies found a low proportion of reported global SARS-CoV-2 infections occurred outdoors (<10%) and the likelihood of indoor transmission was very high compared to outdoors.²⁹ However, outdoor mixing is not completely risk free. Prolonged close contact, particularly if face to face and/or involving shouting or singing carries a risk. The

²⁵ Data are correct as of June 2021

²⁶ [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁷ [Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis \(thelancet.com\)](https://www.thelancet.com)

²⁸ [Application of physical distancing and fabric face coverings in mitigating the B117 variant SARS-CoV-2 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

²⁹ [Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review | The Journal of Infectious Diseases | Oxford Academic \(oup.com\)](https://www.oup.com)

duration of contact impacts on all possible transmission routes, the longer the duration of exposure the greater the likelihood of infection. In close proximity and in face to face interaction there is an increased risk from short range droplets and aerosols. Several studies have shown that singing increased the number of aerosols.³⁰

6. Some reviews of physical distancing highlight that due to the many risk factors for transmission a one-rule-fits-all approach is not appropriate. There will be situations where 2 metres is perhaps overly cautious and there will be other situations where 2 metres is not sufficient to mitigate risks.³¹³²

7. We are currently at an uncertain stage of the pandemic. Case numbers are rising, and we are monitoring data to assess the impact of this on hospitalisations and whether the vaccine roll out is advanced enough to successfully prevent a peak in cases of severe disease and deaths.

8. An average of 1,050 cases were reported per day in the 7 days to 17 June, which is a 29% increase in reported cases since the 10 June.³³ There were 123 weekly cases per 100,000 in the week to 14 June, which is an increase since last week. This compares to 302 weekly cases per 100,000 on 8 January and is similar to the weekly case rate observed on 3 February. Case rates saw a rise amongst all age bands, except for the over 80s. The highest case rates were observed amongst 20-39 year olds, followed by those aged 0-19, 40-59, 60-79 and 80+ this week (7 days to 14th June).

9. The reproduction rate R in Scotland is currently estimated as being between 1.2 and 1.4. This is unchanged from last week. At a national level hospital bed and ICU occupancy are projected to rise over the next few weeks, but at a lower rate than previously projected.

10. The roll out of the vaccine is going well with over 3.5 million people in Scotland been given a first vaccine against SARS-CoV-2, and over 2.5 million have now received a second dose. 80.2% of the adult population in Scotland has now been vaccinated with the first dose, and 56.6% of adults have received their second dose.

11. Vaccination will reduce the risk of transmission and there is evidence that vaccines are highly effective in protecting against death and severe disease.³⁴ However, vaccines are not 100% effective and a large part of the population is still unvaccinated.

³⁰ [S0922 EMG and SPI-B - Mitigating risks of SARS-CoV-2 transmission associated with household social interactions.pdf \(publishing.service.gov.uk\)](#)

³¹ [Two metres or one: what is the evidence for physical distancing in covid-19? | The BMJ](#)

³² [What is the evidence to support the 2-metre social distancing rule to reduce COVID-19 transmission? - The Centre for Evidence-Based Medicine \(cebm.net\)](#)

³³ [Coronavirus \(COVID-19\): state of the epidemic - 4 June 2021- gov.scot \(www.gov.scot\)](#)

³⁴ [COVID-19 vaccine surveillance report - week 22 \(publishing.service.gov.uk\)](#)

12. The variant of concern Delta (VOC-21APR-02 first identified in India) is spreading rapidly and is now the dominant strain in Scotland.³⁵ SAGE say “R is now estimated to be 40–80% higher for delta than for Alpha (B.1.1.7), although a figure higher or lower than this cannot be ruled out”.³⁶ The secondary attack rates for contacts of cases with Delta (VOC-21APR-02) and no travel history are higher than those for contacts of non-travel cases with Alpha (VOC-20DEC-01).³⁷

13. Public Health England preliminary analysis of vaccine effectiveness against symptomatic disease with Delta suggests that while vaccine effectiveness against symptomatic disease is lower in Delta cases compared to Alpha cases after one dose, any difference in vaccine effectiveness after 2 doses of vaccine is likely to be small.³⁸ There remains a high level of uncertainty regarding the impact of the Delta variant on severity of illness, treatment or reinfections. PHE preliminary analysis also shows that vaccines are highly effective against hospitalisation from Delta variant³⁹. Preliminary EAVE II data from Scotland also shows that both the Oxford–AstraZeneca and Pfizer–BioNTech COVID-19 vaccines are effective in reducing the risk of SARS-CoV-2 infection *and COVID-19 hospitalisation* in people with the Delta VOC, but these effects on infection appeared to be diminished when compared to those with the Alpha VOC⁴⁰.

14. There remains uncertainty regarding the impact of the Delta variant on severity of illness, treatment or reinfections. Early evidence suggests there may be an increased risk of hospitalisation for Delta compared to Alpha. Current data from the EAVEII project shows that compared to the Alpha variant, the Delta variant is associated with an increase in the risk of Covid-19 hospitalisation in Scotland by 85% (95% CI 39-147). As more data is analysed we shall become more certain on the impact of Delta on hospitalisations and disease severity.

15. We are monitoring the situation carefully, especially on hospitalisation in different groups.

16. As yet we do not know the full extent to which cases turn to hospitalisations with this variant. Neither do we yet know the impact of infection on long-term or non-hospitalised health outcomes. Finally, ‘population immunity’ with Alpha is estimated to be around 80% of the entire population. It may be higher with Delta and we are still some way from that level of vaccine coverage.

³⁵ [Coronavirus \(COVID-19\): state of the epidemic - 4 June 2021- gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/coronavirus-covid-19/state-of-the-epidemic-4-june-2021/pages/10-to-12.aspx)

³⁶ [S1284_SAGE_92_minutes.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92484/S1284_SAGE_92_minutes.pdf)

³⁷ [SARS-CoV-2 variants of concern and variants under investigation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92484/SARS-CoV-2_variants_of_concern_and_variants_under_investigation.pdf)

³⁸ [COVID-19 vaccine surveillance report - week 22 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92484/COVID-19_vaccine_surveillance_report_-_week_22.pdf)

³⁹ [Vaccines highly effective against hospitalisation from Delta variant - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/vaccines-highly-effective-against-hospitalisation-from-delta-variant)

⁴⁰ [SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness - The Lancet](https://www.thelancet.com/journal/S0140-6736(21)00448-4)

HARM 2 - Health impacts not directly related to COVID-19

17. During the early stage of the outbreak many health and social care services were paused or reduced and there were fewer referrals. Some services adapted the way they delivered, for example, making increased use of remote consultations. This has led to changes in the way people have used these services, including how likely people are to seek health care for non-COVID health issues. Evidence also suggests both positive and negative changes in people's mental and physical health over the course of the pandemic.⁴¹

18. It is not easy to understand the specific effects of physical distancing on these wider health impacts. There were other mitigation measures introduced at the same time as physical distancing, such as the wearing of face coverings, "stay at home" guidance and travel advice. However, the impacts which are likely to be specifically related to people's ability to be in close proximity to others are the delivery and use of health services, social care provision, mental health and levels of physical activity (particularly team sports). There is also an impact on health-related work in research labs (including COVID-19) of capacity constraints arising from physical distancing requirements, with one Medical Research Institute operating at only 25% capacity.

Delivery of health services - Secondary care

19. From 19 June 2020, Health Boards started to resume some services as part of the planned remobilisation. Then, as a second wave of COVID-19 cases emerged through the autumn months, a Strategic Framework was introduced on 2 November with the aim of suppressing the virus to the lowest possible level whilst tackling the four 'harms' caused by the pandemic. This included maximising the safe and effective resumption of planned services where possible, whilst balancing this with the need to ensure sufficient capacity to respond to the resurgence of COVID-19.

20. Secondary Care is continuing to operate at reduced capacity as a result of COVID-19. Additional cleaning requirements, testing in hospitals, use of PPE, physical distancing and staff re-deployment have all reduced capacity. Getting back to pre-COVID-19 levels of activity will be challenging and the longer COVID-19 related mitigation measures are required, the more pronounced backlogs in secondary care are likely to be:

- There has been a large increase in the number of people waiting to be seen as outpatients. At 31 March 2021, 354,782 patients were waiting to be seen as outpatients, 37.1% higher than at 31 March 2020. People are also typically waiting longer to be seen. For example, 48.1% of people for the quarter ending 31 March had been waiting 12 weeks or less, markedly down on the 74.4% reported at the same date in 2020.⁴²

⁴¹ For example: <https://www.gov.scot/publications/scottish-covid-19-mental-health-tracker-study-wave-2-report/>; <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-04/Active%20Lives%20Adult%20November%202019-20%20Report.pdf?VersionId=OjWdwCLn13dNgDwp3X4ukcODJIDVG7Kd>

⁴² [NHS waiting times - stage of treatment 25 May 2021 - Data & intelligence from PHS \(isdscotland.org\)](#)

- There has also been an increase in the number of patients waiting to be admitted as inpatients or day cases covered by the Treatment Time Guarantee (TTG). At 31 March 2021, 94,781 patients were waiting to be admitted, 19.6% higher than at 31 March 2020. Of those waiting, 34.7% had been waiting 12 weeks or less, markedly down on the 64.5% reported at the same date in 2020. The reduction in activity is also reflected in the number of patients admitted for treatment under TTG. During the quarter ending 31 March 2021, 36,582 patients were admitted for treatment, 43.4% lower than the same quarter in 2020.⁴³

21. Delays in treatment may lead to worse outcomes, impacting on quality of life and the scale and cost of intervention required. Physical distancing measures will have impacted on this but it is difficult to establish the precise scale of the impact as there are other important factors causing the delay in treatment.

Delivery of health services - Primary care

22. Primary Care is where the bulk of health interactions take place; services including GPs, dentists, and ophthalmologists are how most people most often engage with healthcare. GP and other services remained available throughout the pandemic but were impacted by challenges of restrictions on face-face activity:

- YouGov polling⁴⁴ in mid-May 2021 indicated that 24% of people thought they would avoid contacting a GP practice for immediate non-COVID-19 health concerns. This figure has reduced recently, but overall has been relatively consistent while weekly data have been gathered, but it is not known how many people would have sought to avoid going to their GP before the pandemic. In November 2020 this poll asked people who would avoid contacting their GP for their reasons (respondents could select more than one reason). The most common reasons were 'not wanting to burden the NHS / thinking other people might need the service more' (around half of respondents); that they would use alternative NHS services such as NHS Inform (around half of respondents); and worry about the risk of COVID-19 infection (around one quarter of respondents).
- One impact of COVID-19 has been a reduction in the number of cancer referrals. As well as patients being less likely to seek help, cancer screening programmes (which can also take place in primary care) were paused and the number of patients treated following an urgent referral for suspected cancer in the last quarter of 2020 fell by 5.9% compared with the same period in 2019.⁴⁵ Waiting lists have increased for key diagnostic tests and fewer patients have had a pathological confirmation of cancer diagnoses.
- There is likely to be a backlog in people seeking dental treatment as dentists were limited to largely urgent care for much of the past 15 months. In March 2020, there was an abrupt and sharp fall in the number of patients seen by

⁴³ [NHS waiting times - stage of treatment 25 May 2021 - Data & intelligence from PHS \(isdscotland.org\)](#)

⁴⁴ [COVID-19 in Scotland dashboard](#) Accessed May 18th 2021

⁴⁵ [Cancer waiting times 30 March 2021 - Data & intelligence from PHS \(isdscotland.org\)](#)

NHS dentists, followed by an even larger fall in April.⁴⁶ Reduced services over the last year in both dentistry and optometry may have led to reductions in the number of people being referred on for further investigation and potentially a reduction in early detection of cancer and other serious health conditions.

23. Any loss or limitation of the preventative/early intervention role of primary care during the pandemic is a cause for concern. For many serious conditions, delays in treatment will lead to worse outcomes. GPs can address behaviours related to preventable illnesses and routine health checks and blood tests capture early indications of illnesses that contribute substantially to mortality rates and have potential for severe impacts on quality of life, such as Type 2 diabetes and heart disease. The same applies in dentistry and optometry where regular check-ups play an important preventative role, which also goes beyond oral or eye health.

Remote delivery of services

24. There has been an increase in remote consulting (telephone and video). 'Near Me' is the video consulting (VC) service used across health and social care in Scotland. An evaluation of the rollout of Near Me in the context of the COVID-19 pandemic⁴⁷ established that there was a 50-fold increase in video consultations between March and June 2020, from 330 per week to just under 17,000. Hospital and other community care services constituted a much higher proportion of activity (77%) than GP services (23%). In August, overall activity dropped slightly, but remained 64 times that of the pre-COVID-19 levels. This drop was more significant within GP services than hospital and other community care services. Survey data from a public and clinician engagement exercise⁴⁸ indicated wide support among the public and healthcare professionals for the use of video during, and beyond, the pandemic. Further analysis of the post-consultation survey data conducted as part of the wider evaluation of the rollout of 'Near Me' has shown that most patients and professionals perceived VC as beneficial, both during the COVID-19 pandemic (i.e. to reduce risk of infection) and longer-term (e.g. by improving access, reducing travel). However, findings from the evaluation and the engagement exercise highlighted concerns around digital access and health inequalities, and lack of privacy at home for video appointments. Patients from disadvantaged groups or areas have faced particular barriers to benefiting from video consultations, including lack of internet access, low bandwidth, inability to afford the data connection, and language barriers.

Social care

25. Social care provision has been substantially affected by COVID mitigation measures, including physical distancing. However, it is difficult to establish the impact of physical distancing alone, as it is only one of a range of infection, prevention and control (IPC) measures implemented in response to the pandemic.

⁴⁶ [Dental statistics - registration and participation 23 February 2021 - Data & intelligence from PHS \(isdscotland.org\)](https://www.isdscotland.org)

⁴⁷ <https://www.gov.scot/publications/evaluation-near-video-consulting-service-scotland-during-covid-19-2020-main-report/>

⁴⁸ <https://www.gov.scot/publications/public-clinician-views-video-consultation-executive-summary/>

26. The population receiving social care and support is diverse, with wide ranging needs and circumstances. The majority (77%) of people requiring social care support are aged 65 and over, however, younger adults with physical and learning disabilities or mental health conditions also receive vital support.⁴⁹

27. Social care is provided in many settings, including at home, in care homes and in the wider community; all of these settings have in some ways been affected by COVID protective measures including physical distancing.

Mental health

28. Mental health and wellbeing has been impacted by the COVID-19 pandemic, which might be a result of the virus itself (e.g., anxiety around contracting it) and/or the mitigation measures (e.g., physical distancing). There is a lack of data specifically on the impacts of physical distancing on mental health and wellbeing, as it is difficult to separate the effects of physical distancing from the effects of other mitigation measures. However, research has focused on mental health-related factors that are likely to have been particularly impacted by physical distancing, including loneliness, and social support and isolation.

29. The majority of research, referred to in the section below, that has investigated impacts on mental health and wellbeing is also subject to the following limitations: reliance on self-report assessments; and not having pre-pandemic baseline data against which to compare the findings. Comparisons across findings are also limited due to being conducted at different points during the pandemic, and using different measures of mental health assessment tools. Furthermore, the majority of reported evidence relates to earlier stages of the pandemic, so does not reflect the effects of how more recent developments (e.g., vaccination programmes) might be influencing the potential impact of mitigation measures on mental health and wellbeing.

Adult mental health

30. The Scottish Government commissioned the SCOVID (Scottish COVID-19) Mental Health Tracker study⁵⁰ to understand the impacts of the pandemic on mental health and wellbeing in Scotland, and views on mitigation measures. Two waves of the SCOVID study have been completed and published to date (Wave 1, May-June 2020; Wave 2, July-August 2020). Overall, Wave 2 of the SCOVID study found that 24% and 17% of respondents reported levels of depressive and anxious symptoms, respectively, to an extent that reflects a possible need for treatment.

⁴⁹ [Adult social care - winter preparedness plan: 2020 to 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/winter-preparedness-plan-2020-to-2021/pages/100.aspx)

⁵⁰ [Scottish COVID-19 \(SCOVID\) Mental Health Tracker Study - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scovid-19-mental-health-tracker-study/pages/1.aspx)

31. From the SCOVID study and other surveys (CHARIS-MH,⁵¹ Scottish Government Wellbeing Survey^{52,53}), during the pandemic, those most likely to experience loneliness and social isolation – factors that are potentially particularly influenced by physical distancing – have been indicated to be younger adults (in terms of loneliness), adults between 30 and 59 (in terms of social support), women, people with physical and/or mental health conditions, and people from lower socio-economic groups or more deprived areas. In general, younger adults, women, people with health conditions and people from more deprived areas were also found to have poorer mental health and wellbeing during the pandemic (e.g., higher levels of depressive symptoms).

32. The previously mentioned surveys also found that those reporting greatest concern about being in close proximity or interacting with others were adults 60 and over, women, and people with a mental health condition. Younger adults, women, and people with physical and/or mental health conditions also found the measures more difficult to cope with, and adults 60 and over, women and people with mental health conditions expressed greatest concern about strangers' adherence to guidelines.

Children's and young people's mental health

33. The TeenCovidLife surveys (1: May-July 2020⁵⁴; 2: August-October 2020⁵⁵) found that, overall, 65% of the Scottish 12 to 18 year-olds completing the survey reported adhering to the physical distancing guidelines most or all of the time, and 93% reported they were very or quite likely to self-isolate in line with guidance. A higher proportion of female students (48%) reported being at least moderately worried about returning to school compared to male students (30%).

34. A YouthSight survey of university students (May 2021) found that 73% feel the restrictions on in-person learning last year has had a strong or slightly negative impact on them feeling anxious and 77% of students said that the same restrictions had a slight or strong negative impact on them feeling lonely.⁵⁶

35. Lastly, for younger children, the COVID-19 Early Years Resilience and Impact Survey⁵⁷ (June-July and November-December 2020) found that over half (52%) of the parents of 2 to 7 year-old children who were surveyed indicated that that their children found it difficult or upsetting to stay 2 metres apart from others.

⁵¹ [Sociodemographic and Psychological Risk Factors for Anxiety and Depression: Findings from the Covid-19 Health and Adherence Research in Scotland on Mental Health \(CHARIS-MH\) Cross-sectional Survey - PubMed \(nih.gov\)](#)

⁵² [The Impact of Covid-19 on Wellbeing in Scotland \(www.gov.scot\)](#)

⁵³ [Coronavirus \(COVID-19\) - impact on wellbeing: survey summary - gov.scot \(www.gov.scot\)](#)

⁵⁴ [2020-08-07 teencovidlife_survey_1_general_report_v2.pdf \(ed.ac.uk\)](#)

⁵⁵ [2021-02-01 teencovidlife2_general_report_v1.pdf \(ed.ac.uk\)](#)

⁵⁶ [University leaders call for urgent clarity on plans for next academic year as new data shows high levels of student anxiety and fears about progression — Universities Scotland \(universities-scotland.ac.uk\)](#)

⁵⁷ [Search - Public Health Scotland](#)

HARM 3 – Societal impacts

36. Physical distancing guidance and restrictions were introduced at the same time as a range of other protective measures, including recommendations for wearing face masks, bans on gatherings, the closure of offices, shops, education settings, and public transport.

37. This means that it is not easy to isolate the specific effects of physical distancing from other interventions. The effects of the general restrictions on people's ability to be in close proximity, are however apparent in evidence about behaviours in a range of indoor and outdoor work, education, health, leisure and neighbourhood settings.

Impact on health and wellbeing

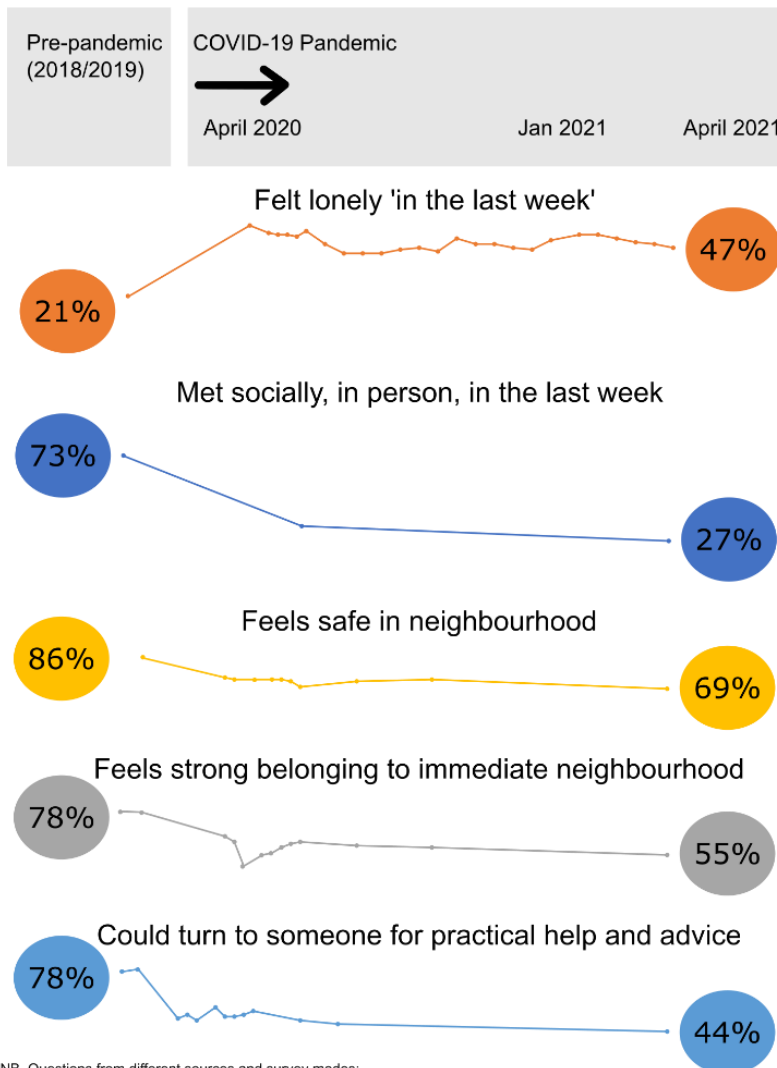
38. There has been a large reduction in social connectivity during the pandemic, and this is most notable for younger people but it is also evident across all age groups. These impacts may be partly driven by the reduced opportunities for social contact and as such it is not possible to attribute them wholly to the practice of physical distancing behaviours. They may also be driven by anxiety regarding economic, health, and personal issues.

Communities and neighbourhoods

39. Other data, detailed in Figure 1 below, shows changes to communities and neighbourhoods during the pandemic, including reductions in levels of neighbourhood safety, belonging, and help/advice. These negative impacts are all also more pronounced in key groups including younger people, women, and disabled people.

40. It is not possible to attribute these effects wholly to the practice of physical distancing behaviours, and they may also be driven by anxiety regarding economic, health, and personal issues.

Figure 1 Changes in measures of loneliness, cohesion and community support before/during the pandemic



NB. Questions from different sources and survey modes:
 Pre-Covid: Scottish Household Survey, April-Aug 2020 Ipsos Mori Scotland
 Aug- present - YouGov

Working from home

41. High proportions of workers experienced changes to their work since the start of the pandemic (as measured in December 2020) including 61% of full time workers, 65% of part time workers and 79% of self-employed workers.

42. One in four people also reported having lower income than before the pandemic, and self-employed people and people living in the most deprived areas of Scotland were more likely to report having a lower income.⁵⁸ These changes to work may have been driven by a number of factors, including the effects of physical distancing restrictions.

⁵⁸ [Coronavirus \(COVID-19\) - impact on wellbeing: survey summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/04/Coronavirus_COVID-19_impact_on_wellbeing_survey_summary.pdf)

43. Apart from the economic effects from greater amounts of people working from home, other studies have shown the social impact of these policies. A study from Australia showed that the loss of work during the COVID-19 pandemic was associated with mental and physical health problems, and this relationship is moderated by social interactions and financial resources.⁵⁹

Children and Young People

44. A summary of available evidence about the impact of the pandemic on children and young people highlights some of the impacts of physical distancing.⁶⁰ This evidence is still being collected and studied, but information from qualitative sources, and non-representative sources, suggests that whilst they are largely in favour of distancing measures, there are negative impacts from the physical distancing procedures on children and young people, particularly during the stages of the pandemic when there were stronger limitations on social contact. This includes challenges with communication, particularly for disabled people, and the impact of distancing on relationships, and friendships.

45. A recent survey of students, commissioned by Universities Scotland, found that 80% of respondents think the restrictions on in-person learning over the last year at university have had a slight or strongly negative impact on their personal progress with learning⁶¹. Universities and Colleges are clear that maintaining 2 metre physical distancing will mean they need to plan on the basis of most learning being online rather than in-person for the next academic year, with further significant impacts on the wellbeing of young people and risks to their progression.

46. Both the Scottish Government Commissioner for Fair Access⁶² and the Sutton Trust⁶³ have published analyses of the impact of the pandemic and resultant restrictions on higher education students including on widening access. Both note that it is not only the impact on in-person tuition that has had a negative impact but also restrictions on the wider university experience, an important part of developing the skills needed by graduates. Moreover, articulating college students have not had the chance to fully integrate with their cohort or to be fully immersed in the HE experience and higher education institutions will have to deal with the legacy of significant lost learning by school pupils.

Justice systems and delays

47. The public health crisis generally, and in particular the lockdowns and physical distancing rules have had a huge impact on the justice system – both in terms of backlogs building up within the system and in terms of how services are delivered.

⁵⁹ [The Impact of Work Loss on Mental and Physical Health During the COVID-19 Pandemic: Baseline Findings from a Prospective Cohort Study | SpringerLink](#)

⁶⁰ [Working Paper: Covid-19 Mitigation Measures Among Children and Young People - gov.scot \(www.gov.scot\)](#)

⁶¹ [University leaders call for urgent clarity on plans for next academic year as new data shows high levels of student anxiety and fears about progression — Universities Scotland \(universities-scotland.ac.uk\)](#)

⁶² [The Impact of COVID-19 on Fair Access to Higher Education \(www.gov.scot\)](#)

⁶³ [Covid-19 and the University Experience - Sutton Trust](#)

48. Courts are a venue where multiple parties need to come together for a case to progress. A lot of events – from plea hearings to evidence led trials – happen in a courthouse on any given day. Many of these events will require the participation of a large number of people – including the defence, the prosecution, court staff, victims and witnesses, jurors etc. As a result of this, courts have been severely affected by physical distancing – with implications that extend across the justice system.

49. From late July 2020 onwards, much of the court activity that was paused re-started - but often only in particular types of court. Initially, courts focussed on activity which was feasible to run – often activity that involved a limited number of participants. Subsequently, they focussed on that which was a priority to run as various measures (including remote jury centres) helped courts to re-establish different types of activity (such as jury trials). The second lockdown of January 2021 saw the shutting down of some court activity again, with custody cases prioritised (for example via evidence led trials in high court, which, by then, had adopted remote jury centres). Non-custodial activity progressed more slowly over this period – for example Justice of the Peace Courts did not reopen until 7 June 2021.

50. Looking at the total period since April 2020, backlogs have built up in all of Scotland’s criminal courts, with Sheriff Solemn courts having seen the largest growth in scheduled trials outstanding, (a growth of 280%).⁶⁴

51. Backlogs have also built up downstream of courts. Whilst prison numbers in terms of those who were found guilty dropped off (both in terms of numbers being sentenced and also as a result of an emergency release programme) at the start of the pandemic, remand numbers grew and remain at a high level. The remand population has grown from levels considered high pre-pandemic (around 1,500) to new record highs (peaking at just over 2,000 in September 2020 and broadly stabilising at around 1,900 thereafter). Remand now accounts for over a quarter of the prison population in Scotland compared to 16% in England and Wales.⁶⁵ This is against the context of the Scottish Prison Service (SPS) operating with reduced capacity as they try to maximise the use of single cell occupancy in order to safely manage the prison population. A range of preventive and protective measures to stop the spread of Covid-19 throughout the prison estate such as physical distancing and use of PPE meant a restrictive regime was in place in our prisons. This meant the suspension of in-person visits and other aspects of the regime including the amount of time spent outside their cells. Consistent with the wider community, the prison service is lifting regime restrictions but may need to continue with precautionary measures in order to keep those who work, live and visit our prisons safe during the remainder of this pandemic.

52. The capacity for justice social work services to work in person with those on community sentences (particularly the delivery of unpaid work as part of a Community Payback Order) was initially impacted by COVID restrictions and

⁶⁴ [SCTS Official Published Statistics \(scotcourts.gov.uk\)](https://www.scotcourts.gov.uk) .

⁶⁵ As at 31st March 2021 ‘Offender Management Statistics Quarterly’ (<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2020/offender-management-statistics-quarterly-october-to-december-2020-and-annual-2020--2#population>)

remains constrained due to physical distancing measures. As justice social work is delivered by Scotland's 32 local authorities, the challenges faced by justice social work services and their capacities will vary according to local circumstances (e.g. how easily local facilities can be adapted to accommodate physical distancing). In response to this, the Scottish Government has reduced outstanding hours on eligible Unpaid Work or Other Activity Requirements of Community Payback Orders by 35%. Nonetheless, the sector remains constrained in terms of what it can deliver in the face of ongoing public health measures.

Culture, leisure participation

53. Physical distancing has an impact on the positive social value of cultural activities. It places substantial constraints on cultural events, activities, and venues' capacity, thereby opportunities to attend and participate in cultural activities. A Creative Scotland survey on attitudes towards participation in culture, following COVID (from January), showed that a majority missed attending venues and events.⁶⁶

54. The arts have a role in improving health and wellbeing. A Department for Culture Media and Sport review from September last year summarised the available evidence (including pre-COVID). It provides an overview of quality of evidence for different effects, and also highlights evidence available on positive impact in improving social cohesion (including reducing loneliness in older people) and some on mental illness (including among young people).⁶⁷

55. The 2019 Scottish Household Survey report, also highlighted the impact of culture on people's lives: 46% agreed that culture and the arts make a positive difference to their lives; 50% agreed they make a positive contribution to their community. Of those indicating a positive impact in their lives, 77% indicated it makes them happy / something they enjoy; 44% indicated positive impact on mental health.⁶⁸

56. As well as the economic, and employment benefits of the tourism industry there are also social benefits that have been affected by the COVID-19 physical distancing restrictions, and other restrictions.⁶⁹

HARM 4 – Economic impacts

Channels of economic impact

57. Economic harm is strongly linked to social harm and the impacts of the pandemic have been unequal across sectors, groups and regions. Physical distancing, in its widest sense, has impacted negatively on economic activity in a number of different ways and has affected all businesses. The requirement for physical distancing has constrained the capacity of consumer facing parts of the economy impacting on their profitability, sometimes to the extent that they are no

⁶⁶ [COVID-19 Population Survey: Wave 2 | Creative Scotland](#)

⁶⁷ [DCMS_report_April_2020_finalx_1_.pdf \(publishing.service.gov.uk\)](#)

⁶⁸ [Scottish household survey 2019: culture and heritage - report - gov.scot \(www.gov.scot\)](#)

⁶⁹ [The Positive Impact of Tourism in Scotland | VisitScotland.org](#)

longer commercially viable and are unable to open. The requirement for staff members to remain distanced has also had an impact on areas such as productivity in the manufacturing sector and research and development in laboratories. More generally, the closure of large parts of the services based economy throughout the pandemic has limited opportunities for consumers to spend and this has dampened overall consumer spending in the economy.

58. Physical distancing has not only led to economic harm and social harm but have also exacerbated wider health harms through its effect on mental health and wellbeing, including that of business owners. Sectors such as culture, arts and tourism, for example, have been shown to improve wellbeing and social cohesion.⁷⁰

59. Even for the sectors and businesses that have remained open (or those that have recently reopened), physical distancing requirements have had an economic impact through restricting throughput and affecting the extent to which a business is viable operating at reduced capacity. Physical distancing may also have temporarily lowered the productivity of firms as many businesses have had to make adjustments and incur additional costs in order to adhere to distancing guidance. The limits on capacity have also had knock on impacts on the workforce, with some businesses not being able to accommodate all employees and requiring some of the workforce to remain on furlough.

60. Differences in physical distancing requirements between Scotland and the rest of the UK could result in some businesses being disadvantaged. Businesses in England have had a 1 metre plus physical distancing rule since summer 2020.

61. On the whole, it is important to emphasise the sustained negative impact of physical distancing on business viability given that businesses are likely to have made sustained losses since the beginning of the pandemic, which are likely to have been only partially offset by support schemes.

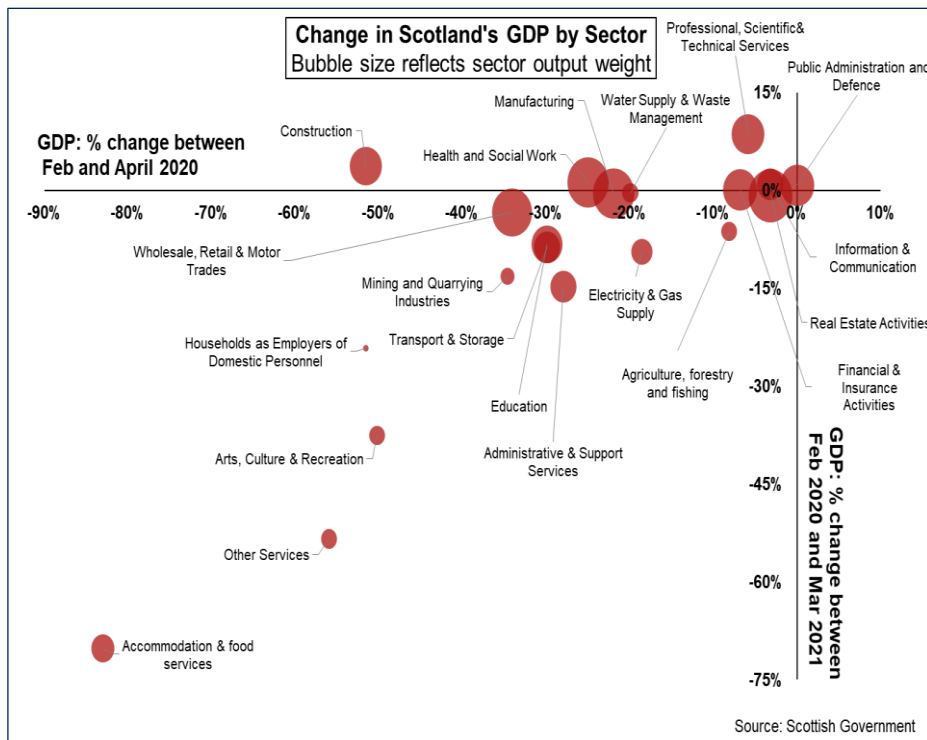
62. Working from home, a consequence of physical distancing, has had a negative effect on city centre economies.

Unequal impact on sectors and groups

63. Overall, as at March 2021, Scotland's economy is 5.4% below its pre-pandemic level in Feb 2020. Figure 2 shows that recovery from the national lockdown in 2020 is unequal across sectors with some recovering close to pre-pandemic levels whilst others continue to lag behind. For example, output in Accommodation and Food fell 83% between February and April 2020 but its output remains 70% below its level in Feb 2020. Other sectors, such as manufacturing (which fell 21% over March-April 2020), have now recovered to pre-pandemic levels.

⁷⁰ See for example [DCMS report April 2020 finalx_1.pdf \(publishing.service.gov.uk\)](#) and [Scottish household survey 2019: culture and heritage - report - gov.scot \(www.gov.scot\)](#)

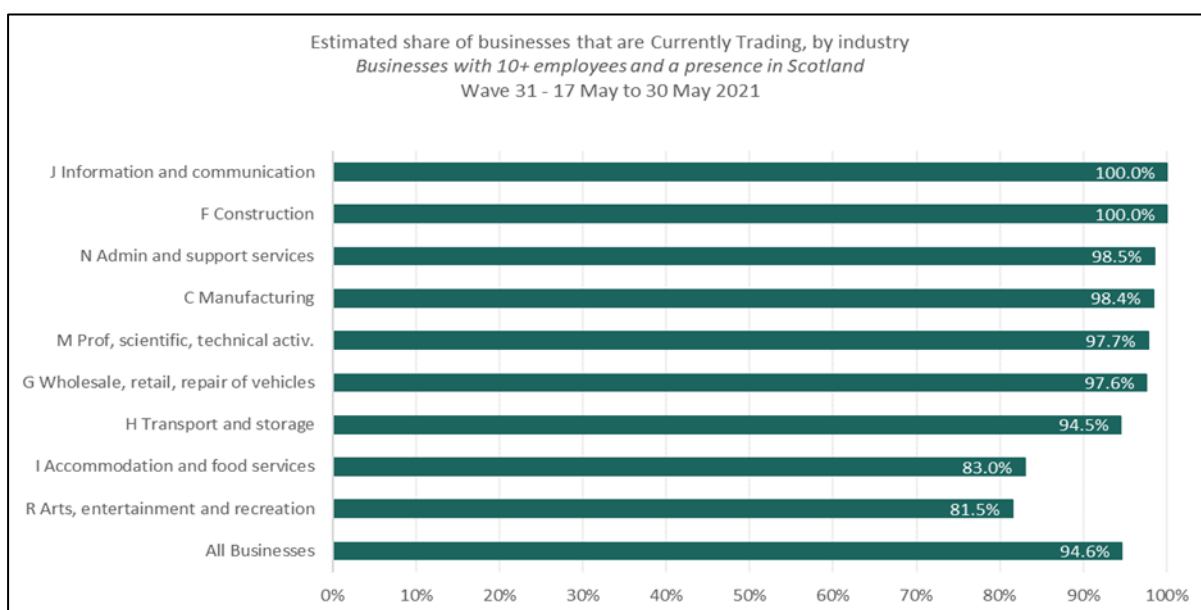
Figure 2 Change in Scotland's GDP by sector



Source: Scottish Government, Monthly GDP statistics

64. Different impacts across sectors are illustrated by data on the level of businesses trading. At various times during the pandemic, substantial portions of businesses in the Accommodation and Food Sector and the Arts, Entertainment and Recreation Sector have paused trading. While the sectors have begun to reopen in recent weeks, the Arts, Entertainment & Recreation and Accommodation & Food Services industry sectors continued to have the lowest shares of businesses 'currently trading' - estimated at 81.5% and 83.0% respectively.

Figure 3 Share of businesses currently trading by sector⁷¹

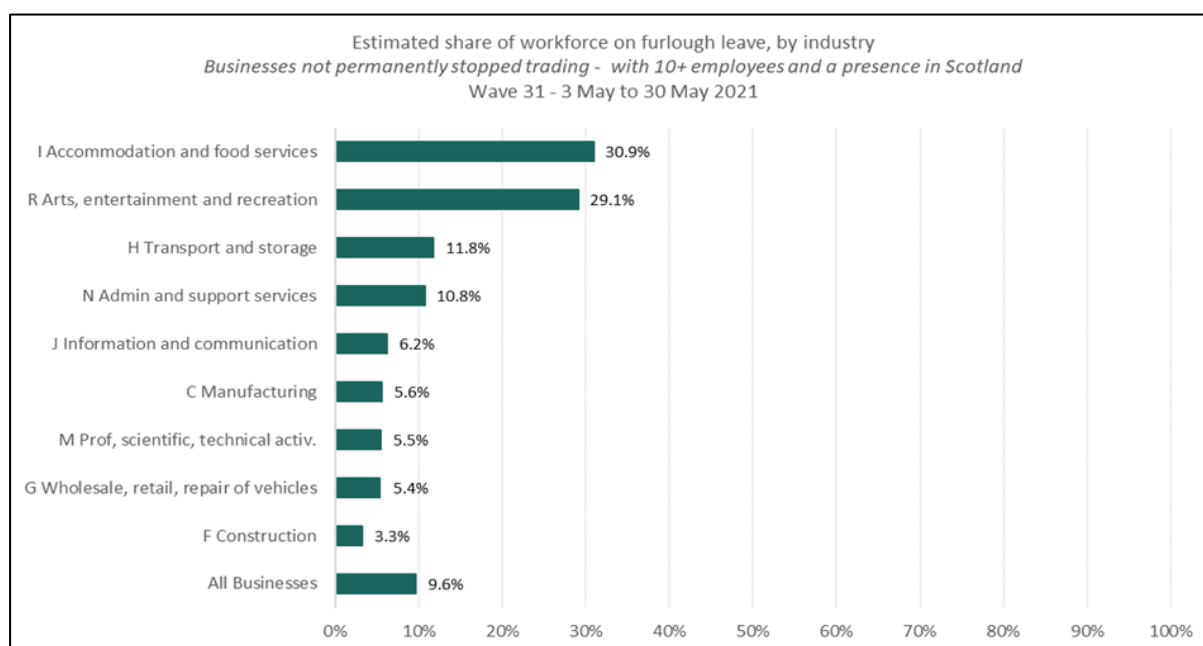


65. The varying sectoral impacts can also be seen in the labour market data. Although furlough rates have fallen recently, the Accommodation and Food Sector and the Arts, Entertainment and Recreation Sector had 31% and 29% of their respective workforces furloughed during May 2021 compared to the overall Scottish level of 9.6%.⁷² During the course of the pandemic, these sectors have tended to be among the largest users of the furlough scheme, relative to the size of their overall workforces, and have made greater relative use of the furlough scheme than for the Scottish economy as a whole.

⁷¹ [Scottish Government, Business Insights and Conditions Survey \(BICS\). Weighted Scotland Estimates – Data to Wave 31 \(up to 30 May 2021\).](#) Businesses with 10+ employees and a presence in Scotland.

⁷² [Scottish Government, Business Insights and Conditions Survey \(BICS\). Weighted Scotland Estimates – Data to Wave 31 \(up to 30 May 2021\).](#)

Figure 4 Share of workforce on furlough leave by sector⁷³



66. The sectoral impacts have fed through to differential regional impacts as, for example, areas most reliant on tourism, such as rural areas, have the highest rates of jobs on furlough. For example, the Highlands is the local authority area in Scotland with the highest furlough take-up rate at 14.3% at the end of April 2021, reflecting its reliance on tourism and visitor trade.⁷⁴

67. Moreover, some sectors have a high share of self-employed, particularly sectors such as arts and culture, where there is a high number (c. 70%) of freelancers in these sectors, many of whom will have seen significantly reduced incomes despite support schemes.

68. Impacts from physical distancing may have also been distributed unevenly across the workforce, with those most directly affected sectors employing relatively larger portions of younger, female, part-time and lower skilled workers. For example:

- The sectors most affected by physical distancing have the highest share of employment of 16-24 year olds and this group has therefore been impacted disproportionately. For instance, in 2019 36% of workers in the tourism sector (which includes substantial portions of Accommodation & Food Services) and 26% of the retail sector workforce were aged 16-24, compared to 12% overall for Scotland.⁷⁵
- 61% of the retail workforce and 52% of the tourism workforce were female.
- Non-UK nationals formed a larger portion of the tourism workforce (16%) compared to the Scotland average (8%).

⁷³ [Scottish Government, Business Insights and Conditions Survey \(BICS\). Weighted Scotland Estimates – Data to Wave 31 \(up to 30 May 2021\)](#). Businesses with 10+ employees and a presence in Scotland.

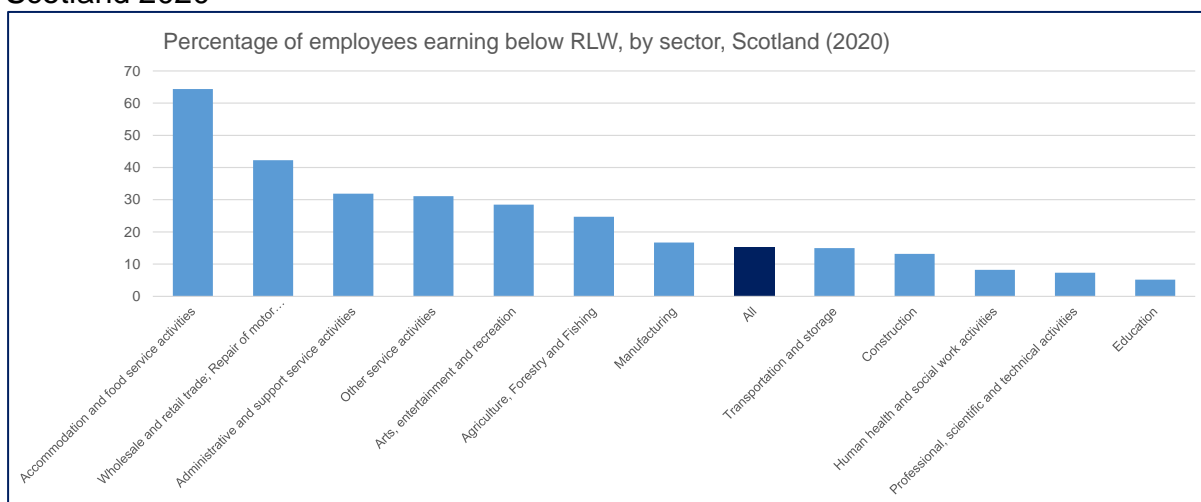
⁷⁴ [Coronavirus Job Retention Scheme statistics: 3 June 2021 - GOV.UK \(www.gov.uk\)](#)

⁷⁵ [Annual Population Survey for 2019](#)

- Around 63% of the workforce in retail, and 44% of the tourism workforce, were in part-time positions;
- Over 45% of the workforce in Accommodation and Food Services (45.4%) were employed in 'low skilled' occupations in 2019, compared with 10.8% of the workforce in the Scottish economy overall.

69. The sectors most affected by physical distancing are those with higher than average share of employees earning less than the real living wage (£9.30). Figure 5 shows that by far the highest share of employees earning below the real living wage is in Accommodation & Food at around two thirds of employees.

Figure 5 Percentage of employees (18+) earning less than Real Living Wage, Scotland 2020



Source: ONS, Annual Survey of Hours and Earnings, 2020

Impacts arising from physical distancing in various settings

70. Physical distancing requirements, specifically 2 metre rules, have varied by setting and this has resulted in differential impacts by sector and on businesses.

71. Some survey evidence from business organisations in the engineering sector suggests that up to 20% loss of productivity due to social distancing.⁷⁶

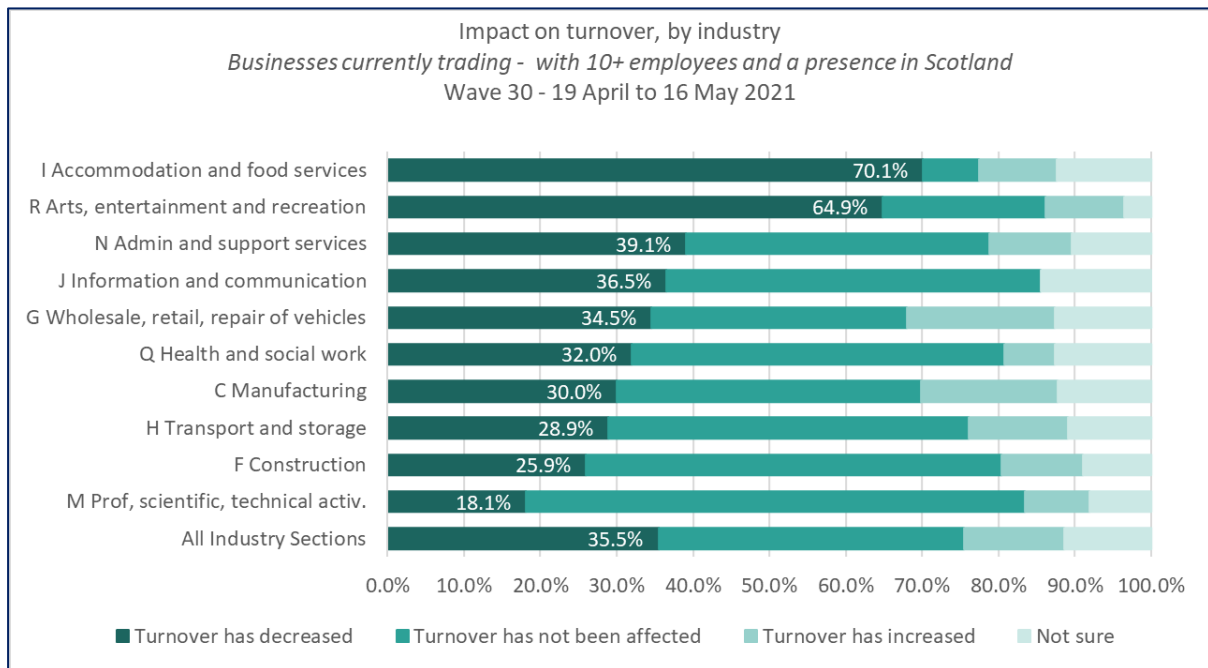
72. Within manufacturing, physical distancing has resulted in continuing high rates of furlough (around 5.6% remain on furlough), despite the sector being allowed to reopen. This has arisen because workplaces cannot accommodate all workers under 2 metre rules. In universities, the 2 metre rule has also significantly limited the numbers of students who can benefit from in-person teaching to a maximum of around 10 per cent at any one time, with significant impacts on student wellbeing and progression.

73. A further consequence of physical distancing rule is a reduction in turnover for those businesses that are operating. Businesses in both the Arts, Entertainment and Recreation Sector and the Accommodation and Food Sector have experienced substantial reductions in turnover throughout the pandemic compared with what

⁷⁶ <https://scottishengineering.org.uk/author/sarahcarvill/>

would normally be expected. The retail sector has also experienced reductions in turnover, while production activities such as manufacturing have also been impacted. Figure 6 shows that during mid-May 30% of manufacturing businesses reported that turnover had decreased, which will in part be due to capacity constraints arising from physical distancing restrictions.

Figure 6 Share of businesses currently trading with decreased turnover by sector⁷⁷



74. Within the wider scientific community, 18% of businesses in that sector report that their turnover has decreased. Within specific settings, such as research labs, a 2 metre rule results in businesses/universities operating well below capacity. This then has broader economic consequences such as future revenue forgone, if, for example, it results in international students choosing not to study in Scotland or Scottish research institutes losing out on research funding to competitor labs operating under fewer restrictions.

75. For businesses in the health and social work services sector, 32% currently report decreases in turnover. This will include provision of day care services for elderly persons as these services are not viable with a 2 metre rule.

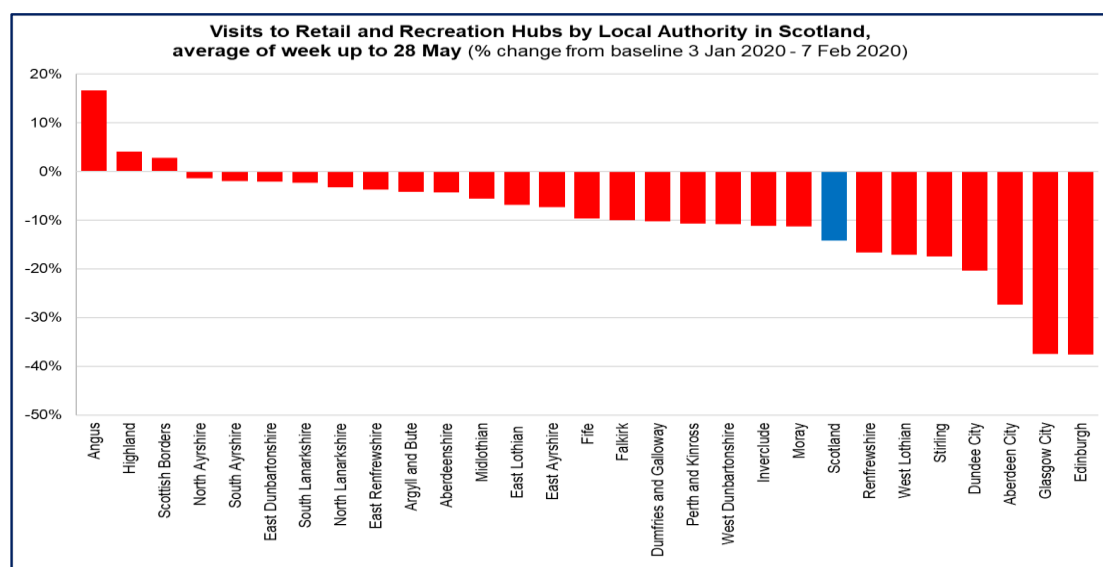
76. Sectors that enable economic activity, such as Public Transport, have also been impacted as they continue to follow physical distancing guidelines which limits capacity. As the economy reopens and the demand for public transport grows, physical distancing rules could be a constraint and this has implications for the ability of the workforce to get to workplaces and for people to access services.

⁷⁷ [Scottish Government, Business Insights and Conditions Survey \(BICS\). Weighted Scotland Estimates – Data to Wave 31 \(up to 30 May 2021\)](#)

Impact of home working

77. The impacts from working from home have largely been felt through the loss of footfall to city centres and the associated loss in office trade. Figure 7 shows visits to retail and recreation by local authority area in mid-April compared to pre-pandemic. The major cities (Edinburgh, Aberdeen and Glasgow) have been impacted the most with footfall over 40% down compared to pre-pandemic levels at the end of May but typically have been around 50% down during 2021.

Figure 7 Visits to Retail and Recreation Hubs by Local Authority in Scotland



78. Working from home is also likely to have lowered productivity in the early stages of the pandemic as businesses and employees adjusted to new working practices. All of these effects may have dissipated as COVID-related restrictions have eased and businesses and employees have adapted.⁷⁸

79. As we move forward into level 0 we will start to see a staged return of the workforce to offices. The current requirements for physical distancing would constrain office capacities meaning that working from home would still be necessary for some. This is likely to have a negative effect on city centre economies, as well as potential impacts on productivity and morale in the workplace.

Economic impact of options to loosen physical distancing restrictions

80. In terms of specific options, loosening restrictions on physical distancing for socialising outdoors and in private settings indoors (already implemented) does not impact directly on businesses or jobs but impacts indirectly via consumer spending.

81. However, loosening physical distancing restrictions in business settings, such as reducing from 2 metre to 1 metre, as opposed to private settings, would have greater economic impact as physical distancing restrictions impact on the productivity of the business and the ability to service more customers directly.

⁷⁸ [Monetary Policy Report - May 2021 | Bank of England](#)

Loosening of physical distancing restrictions for businesses will help improve business viability through improving the capacity at which businesses can operate, improving profitability.

82. Feedback from business stakeholder representatives during the pandemic has consistently highlighted the challenges of physical distancing measures, including 2 metre and 1 metre rules, for business viability.⁷⁹ Stakeholder feedback has also highlighted that these challenges would not be fully ameliorated by reducing distances from 2 metres to 1 metre, particularly in hospitality, and also that moving from 2 metre to 1 metre, or removing 1 metre, are beneficial even in viable businesses by increasing capacity. This will be particularly important in hospitality, tourism, events and culture, where businesses are likely to have made sustained losses since the beginning of the pandemic, which are likely to have been only partially offset support schemes.

83. The same can be said of the university and college Sectors, where reductions in physical distancing measures will facilitate a return to increased in-person teaching and learning. This will improve both the experience and wellbeing of students and, for the university sector in particular, increase the attractiveness of Scotland's institutions vis-à-vis those in rUK. Maintaining 2 metre physical distancing into the next academic year intensifies the risk of competitive disadvantage and significant loss of income (in particular from international students), and at its most extreme could risk the failure of one or more institutions.

84. The extent of economic impact from of loosening restrictions on physical distancing has to be seen in conjunction with other restrictions: the more of the economy that is opened up when more socialising is possible, the more opportunities consumers have to spend in different places and on different products and the greater the economic impact.

Ongoing voluntary physical distancing

85. Even if restrictions on physical distancing are removed entirely, there is uncertainty around how much voluntary physical distancing will persist. Some voluntary physical distancing could continue after COVID restrictions are lifted, reflecting ongoing fears linked to COVID variants, for example. The vaccination programme is expected to lead to a fall in voluntary physical distancing, although the extent of that is uncertain.⁸⁰ Some economic impacts of physical distancing could therefore be lasting.

⁷⁹ For example, see:

[Review of two metre social distancing guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/two-metre-social-distancing-guidance)

⁸⁰ [Monetary Policy Report - May 2021 | Bank of England](https://www.bankofengland.co.uk/monetary-policy-report/mpr-2021-05)

Impact of differences with rest of the UK

86. A divergence in physical distancing rules and restrictions between Scotland and the rest of the UK could put businesses in Scotland that are in direct competition with businesses in the rest of the UK at a competitive disadvantage and result in contracts going elsewhere. This also applies to universities and colleges competing with counterparts in the rest of the UK for fee-paying students.



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