

# SCOTTISH COVID-19 INQUIRY OUTLINE OF ISSUES

## INTRODUCTION

### **Aim of the Inquiry**

The aim of the Inquiry, as set out in paragraph 1 of its [Terms of Reference \(ToR\)](#), is to establish the facts of, and learn lessons from, the strategic response to the COVID-19 pandemic in Scotland.

### **Scope of the Inquiry**

The scope of the Inquiry is defined by its ToR and its functions are exercisable only within those ToR (Section 5(5) of the Inquiries Act 2005).

The issues to be considered by the Inquiry are therefore directed to the ToR. In terms of ToR 2, the scope of the Inquiry is to investigate the strategic elements of the handling of the pandemic relating to 12 areas which, for internal administrative and investigative purposes, have been allocated to four "Investigative Portfolios" as follows:

- **Portfolio 1** – titled '**Public sector response**' – covers the strategic elements relating to the six areas set out in ToRs 2(a) to (f), but with relevant aspects of ToRs 2(a), (b) and (f) covered by the other three Portfolios;
- **Portfolio 2** – titled '**Financial and welfare support to businesses and individuals**' – principally covers the strategic elements relating to the two areas set out in ToR 2(j) and (l);
- **Portfolio 3** – titled '**The provision of health and social care services**' – principally covers the strategic elements relating to the three areas set out

in ToRs 2(g) to (i); and

- **Portfolio 4** – titled ‘**Education, certification, impact on children and young people**’ – principally covers the strategic elements relating to the area set out in ToR 2(k).

In relation to the strategic elements relating to the areas set out in ToRs 2(b) to (l), the Inquiry’s investigations will cover the period between 1 January 2020 and 31 December 2022 (ToR 7(a)).

### **Human rights and disparities**

As the Chair deems appropriate and necessary, the investigations will consider the impacts of the strategic handling of the pandemic on the exercise of Convention rights (as defined in Section 1 of the Human Rights Act 1998) (ToR 7(b)) and any disparities thereof, including unequal impacts on people (ToR 7(c)).

### **ToR reporting requirements**

The Inquiry is required in its reporting to:

- create a factual record of the key strategic elements of the handling of the pandemic (ToR 3);
- identify lessons and implications for the future, and provide recommendations (ToR 4);
- demonstrate how a human rights-based approach by the Inquiry has contributed to the Inquiry's findings in facts and recommendations (ToR 5);  
and
- provide reports to the Scottish Ministers as soon as practicable (ToR 6).

### **Issues and overlaps**

The issues the Inquiry will be investigating are outlined with reference to the 12 areas set out in ToRs 2(a) to (l).

By their nature, the issues do not fall exclusively within one area. It is anticipated that, where possible, issues that are general in nature will be investigated as part of the most specific areas under consideration.

### **Future development of issues**

As the work of the Inquiry progresses it is likely that some issues will take on greater importance while others may not require to be pursued. It is anticipated that issues highlighted during the Inquiry's investigations in relation to impacts will inform the focus of its investigations in relation to the implementation of decisions and decision-making. The Inquiry will continue to develop lines of investigation as information is ingathered and analysed.

## **ToR 2(a): PANDEMIC PLANNING**

**ToR 2(a)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: "***pandemic planning and exercises carried out by the Scottish Government***".

In relation to **ToR 2(a)** the Inquiry will examine:

1. Pre-pandemic plans and exercises, including: nature of plans in place; lessons learned as a result of various pre-pandemic planning exercises; whether best practice outside Scotland and the UK was taken into consideration in planning; the extent to which planning for a pandemic considered the possibility of there being a coronavirus pandemic and tailored plans to that type of virus; whether there were plans for particular methods of outbreak management, including monitoring and suppression; whether there were plans in relation to vaccination; whether there were plans in relation to personal protective equipment (PPE); the extent to which consideration was given to the consequences of morbidity as well as mortality; whether planning took account of regional variations and resourcing; and planning in relation to communication and transparency with the public.
2. Review and implementation of plans, including: the extent to which any recommendations arising from planning exercises were implemented by, or on behalf of, the Scottish Government; the programme for reviewing and updating plans; and whether the existing legislative framework for dealing with civil and health emergencies was reviewed in light of the development of medical knowledge regarding infectious diseases.
3. Communication, collaboration and consultation in planning, including: information sharing between various groups; the extent to which recommendations from these groups, or other sources, were acted upon by the Scottish Government; the extent of Scottish Government engagement with regional resilience partnerships and other agencies with relevant expertise; and the extent of involvement of representatives from relevant sectors in planning in relation to impacts of a pandemic on those sectors.

4. Planning for impacts, including: the extent to which planning considered the impacts on society, economy, education, health and social care; the extent to which the impacts on those with long-term illness were taken into account in planning; and the extent to which the impacts of a pandemic on vulnerable groups and pre-existing inequalities were considered.

## **ToR 2(b): LOCKDOWN AND OTHER RESTRICTIONS**

**ToR 2(b)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: "***the decisions to lockdown and to apply other restrictions and the impact of those restrictions***".

In relation to **ToR 2(b)** the Inquiry will examine:

1. Decision-making by the Scottish Government in relation to lockdown, including: information, advice and evidence available to decision-makers prior to and during lockdowns; who was involved in decision-making; to what extent lessons learned from pre-pandemic planning exercises informed the early response; the decision to move from containment to delay phase; cancellation of mass events; closure of schools; closure of pubs, restaurants and other hospitality and leisure venues; closure of business premises and the work from home instruction; full national lockdowns; decisions to impose, relax or remove particular restrictions during lockdown; consideration of approaches other than lockdown, including approaches taken by other countries; balancing the 'four harms' of the pandemic; balancing any need for lockdown with human rights obligations, including the Human Rights Act 1998 and UN Convention on the Rights of the Child; review of lockdown measures; and exceptions to lockdown requirements including decisions in relation to key workers.
2. Decision-making by the Scottish Government in relation to restrictions, including: decisions to impose, relax or remove restrictions; the establishment and management of the Route Map Phases; the establishment and management of the Strategic Framework Levels; travel restrictions including the establishment, management and abolition of travel corridors; restricting the use of aerosol-generating procedures; social distancing and restrictions on public gatherings; requirements in hospitality, tourism, leisure and retail and other business premises; and mandating the use of infection control measures and PPE in certain settings.
3. Implementation of lockdown and restrictions, including: the enforcement of

regulations; the use of fixed penalty notices; the establishment, management and abolition of travel corridors; and the prosecution of offences arising from breaches of the regulations.

4. Consideration given to existing inequalities and the needs of particular groups, including: elderly people; minority ethnic groups; those living with disability; homeless people, those with mental health issues; those living in crowded housing and/or multigenerational households; those living with no outdoor space; prisoners; those living in areas of deprivation; people reliant on religious organisations/community networks for support; people reliant on public services such as social work, child protection and addiction services; LGBTQ+ people; those experiencing, or at risk from, domestic violence; those with additional support needs refugees and asylum seekers; those living in care and people with loved ones living in care; and children and young people.
5. Communication to the public about what was required of them in relation to lockdown and restrictions, including: methods of communication and how accessible these were; regulations, guidance; and any blurring between law and guidance.
6. The impacts of lockdown and restrictions on individuals, businesses, the public and third sectors, in settings including health and social care, education, civil and criminal justice (including policing and prisons) and places of worship, including: human rights impacts; social and wellbeing impacts and impacts; disproportionate impacts experienced by those with certain protected characteristics, including intersecting characteristics; and the impacts of the societal shift to online consumption, particularly on those experiencing digital exclusion.

## **ToR 2(c): TESTING, OUTBREAK MANAGEMENT AND SELF ISOLATION**

**ToR 2(c)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: "***the delivery of a system of testing, outbreak management and self isolation***".

In relation to **ToR 2(c)** the Inquiry will examine:

### **1. System of testing**

- (a) Decision-making by the Scottish Government in relation to testing, including: to what extent consideration was given to a programme of mass testing at the start of the pandemic; the decision to start testing in hospital settings only; the decision to expand testing to a limited number of other settings; the decision to introduce testing across society; and decisions to introduce compulsory testing in some scenarios.
- (b) Implementation of the testing regime, including: the establishment and operation of testing centres; provision, supply and distribution of testing kits and laboratory services, including what sectors qualified for testing kits; the basis on which particular tests were used; availability of test kits (home and lab kits) and laboratory facilities/staff to process; system of testing on arrival at, and departure from, Scottish airports and seaports; and testing on transfer from one setting to another.
- (c) Impacts of the testing regime, including on individuals, businesses and in sectors such as the third sector, the public sector, health, education, justice and worship.
- (d) Inequalities in accessing testing kits and testing centres, including for those who were: digitally excluded; financially impacted; non-English speakers; people with disabilities, and any other disproportionately impacted groups.



- (e) Communication to the public about guidance and support that was available regarding testing, including: methods of communication and how accessible these were, particularly for more vulnerable groups, e.g. for people with disabilities, those who did not speak English, those who did not have access to the internet, etc.

## **2. Outbreak management**

- (a) Decision-making by the Scottish Government, including: use of the level system and restrictions on travel between areas; policies such as the requirement to isolate, form bubbles, work remotely, etc; closing certain sectors and requiring reduced capacity in some settings; the decision to allow greater flexibility to those who had been vaccinated; the decision to allow those with asymptomatic COVID to move freely in society; decisions to close and open certain sectors/facilities at various points; the extent to which decision-making in relation to outbreak management took account of the nature of transmission, being airborne, for COVID-19; the decision to reclassify COVID-19 so that it was no longer a “High Consequence Disease” and the resulting impact on outbreak management; and the decision for Scotland to participate in ‘Eat Out to Help Out’, and the effect of that on outbreaks.
- (b) Implementation of outbreak management policies, including: the use of personal protective equipment (PPE), social distancing requirements, and contact tracing; how these policies varied according to setting and the reasons for this; and how these policies were enforced.
- (c) Impacts of outbreak management policies, including any disproportionate or unequal impacts.
- (d) Communication to the public about outbreak management measures, including: methods of communication and how accessible these were, particularly for more vulnerable groups, e.g. for people with disabilities, those who did not speak English, those who did not have

access to the internet, etc.

### **3. Self-isolation**

- (a) Decision-making by the Scottish Government, including: self-isolation requirements and periods; requirements for close contacts to self-isolate; to what extent consideration was given to ensuring access to fundamental necessities such as medical assistance, food delivery and mental health services during self-isolation; balancing the desire to reduce the spread of COVID-19 with human rights obligations, including the Human Rights Act 1998 and the UN Convention on the Rights of the Child.
- (b) Implementation of self-isolation measures, including: how self-isolation was encouraged, enforced and monitored; financial supports that were made available to those who were required to isolate; and arrangements and requirements of suitable accommodation options for those who could not safely isolate at home.
- (c) Impacts of the requirement to self-isolate, including on individuals; businesses; the public and third sectors; and, in particular, any disproportionate or unequal impacts.
- (d) Communication about guidance and support that was available regarding self-isolation, including how accessible these were, particularly for more vulnerable groups, e.g. for people with disabilities, those who did not speak English, those who did not have access to the internet, etc.

## **ToR 2(d): VACCINATION STRATEGY**

**ToR 2(d)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: “***the design and delivery of a vaccination strategy***”.

In relation to **ToR 2(d)** the Inquiry will examine:

1. Decision-making by the Scottish Government, including: the decisions in agreement with the UK approach of delivering the vaccine based on nine categories; the reasons for differences between the categories of persons shielding and those prioritised for vaccination; whether particular occupations should have been prioritised; the decisions and evidence in relation to children and vaccination; the reasons for the decision to extend the periods between the first and second doses of the vaccines; what information was available to the Scottish Government in respect of the success of vaccination when making decisions about restrictions, testing, and shielding following the rollout of vaccines; what information was available to the Scottish Government in respect of the possibility of adverse medical reactions to the vaccines; what considerations were given to long COVID when making decisions in respect of vaccination; and the use of vaccine passports.
2. Implementation of the vaccination strategy, including: the suitability of premises used for delivery of the vaccines; training and personal protective equipment (PPE) for those administering the vaccines; the arrangements for administering the vaccines, including rates of pay and impact on primary care, such as GPs, pharmacists, nurses etc; whether the target dates were met for vaccinating the various categories; the transport and storage of vaccines; the arrangements for booking and attending for vaccination; whether any consideration was given to Equality Impact Assessments; and the funding of Scottish laboratories.
3. Impacts of the vaccination strategy on individuals, including: the disadvantages and stigma suffered by persons who did not wish to be vaccinated; access issues in obtaining vaccination; impacts of vaccine

requirements; and the reasons particular persons entitled to the vaccine did not attend for vaccination and/or boosters.

4. Communication, including: public messaging to encourage people to come forward for their vaccination; communication around issues such as vaccination in pregnancy and “no jab, no job”; the possibility of adverse medical reactions to the vaccines; and support around the issue of vaccine injury.
5. Information conveyed to the Scottish Government concerning the testing and safety of vaccines, and the strategic decisions taken by the Scottish Government in light of such information, and, in particular, the decision not to offer the AstraZeneca vaccine to persons under the age of 40.

## **ToR 2(e): PERSONAL PROTECTIVE EQUIPMENT**

**ToR 2(e)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: “***the supply, distribution and use of Personal Protective Equipment***”.

In relation to **ToR 2(e)** the Inquiry will examine:

1. Decision-making by the Scottish Government, including: pre-pandemic planning for adequate supplies of suitable personal protective equipment (PPE); procurement of PPE; the boards and groups established by the Scottish Government and whether the members represented a proper cross-section of relevant bodies/persons; reclassifying COVID-19 so that it was no longer a “High Consequence Disease” and the extent to which this affected decisions in respect of PPE; to what extent the method of transmission of COVID-19 was considered in relation to decision in respect of PPE requirements; and decisions to mandate the use of PPE in certain situations.
2. Implementation issues in respect of PPE, including: arrangements for distribution of PPE; the testing of expiry dates of PPE and the subsequent extension of expiry dates; the enforcement of the use of PPE; and the efficacy of exemption schemes.
3. Impacts in relation to PPE for individuals, business, the public and third sectors, including: the differences in availability of PPE depending on the sector; the cost and availability of PPE; the suitability and effectiveness of PPE supplied; wealth inequality resulting in certain people in society not having access to PPE; the proper fitting of PPE; and the impact of the use of PPE for those with disabilities.
4. Communication around guidance and support on the use of PPE, including whether it was timely and clear.

## **ToR 2(f): SHIELDING AND ASSISTANCE PROGRAMMES**

**ToR 2(f)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: "***the requirement for shielding and associated assistance programmes, provided or supported by public agencies***".

In relation to **ToR 2(f)**, the Inquiry will examine:

1. Impacts of the requirement for shielding, including: impacts relating to physical and/or mental health and wellbeing; access to healthcare and/or social care services; access to food; access to education as well as supportive services for those with additional support needs; and financial impacts on individuals and organisations.
2. Design and implementation of associated assistance programmes (AAPs) made available during the pandemic, including: prepandemic planning; resourcing, training and coordination; the identification and use of partners for the provision of AAPs; monitoring the scope, adequacy and/or effectiveness of AAPs; and digital inclusion.
3. Decision-making by the Scottish Government and the implementation of those decisions, including: the initial decision to ask individuals to shield; the utilisation of a UK-wide approach and role of the four Chief Medical Officers; the selection process used to identify those asked to shield; the review mechanism and/or governance arrangements in place for the Shielding List (renamed the Highest Risk List in July 2021); the "pausing" of shielding in August 2020; and the end of the Highest Risk List in May 2022.
4. Communication of decisions regarding shielding and AAPs, including: communication with those individuals identified and asked to shield; the timing, frequency and clarity of relevant guidance; the consistency of application of that guidance; and digital inclusion.

## **ToR 2(g): CARE AND NURSING HOMES**

**ToR 2(g)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: “***in care and nursing homes: the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, infection prevention and control, and inspections***”.

In relation to **ToR 2(g)** the Inquiry will examine:

1. The nature, adequacy and effect of any pre-pandemic planning undertaken by the Scottish Government in respect of care and nursing homes.
2. Decisions, and the implementation of those decisions, made during the relevant period to direct the transfer of persons to care homes, including: the allocation of, and consistency of, decision- making in relation to such transfers; the effectiveness of any mitigations put in place to manage the risk of COVID-19 spread by transferred persons; and the development and implementation of guidance and safeguards put in place in relation to the capacity of persons being transferred.
3. The provision of treatment and care to care and nursing home residents, including: the availability of access to primary, secondary and tertiary health care; the effectiveness of such access to the treatment and care of residents with dementia; and staffing levels in care and nursing homes.
4. The introduction, delivery and implementation of guidance for alternative arrangements to visiting in care and nursing homes, including: the extent to which such guidance was adequately consulted upon; the effectiveness of any guidance review processes; the nature and consistency of the implementation of alternative arrangements for visiting; disparities arising from differing restrictions imposed on those not resident in care or nursing homes; and the influence of potential third party claims on the way in which alternative arrangements for visiting were implemented.
5. The reasonableness and proportionality of decisions taken to implement

clinical standards of infection prevention and control to care and nursing home settings, including: the impact such decisions had on providing safe and effective care to residents; and the availability of access to testing and personal protective equipment (PPE).

6. Changes to the regime of inspection for care and nursing homes, including: the decision to suspend the inspection of care and nursing homes; the implementation of a dual inspection regime for care and nursing homes; the role of those with responsibility for inspections during the pandemic; and the effectiveness of care home inspection during the relevant period.
7. Disparities arising from decisions made in respect of care and nursing homes during the relevant period, and the implementation of such decisions, including by geography, digital inclusion and protected characteristics, and impacts on human rights.



## **ToR 2(h): HEALTHCARE SERVICES AND SOCIAL CARE SUPPORT**

**ToR 2(h)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: "***the provision of healthcare services and social care support, including the management and support of staff and the recognition, involvement and support of unpaid carers***".

### **Index**

There are multiple service providers that are included in ToR(h) which include, but are not limited to:

- (1) Healthcare
  - (a) Hospitals (NHS and private)
  - (b) Primary care (NHS and private)
  - (c) Specialist healthcare services
  - (d) Emergency services
- (2) Social care
  - (a) Specialist social care services
  - (b) Day care services
  - (c) Paid carers
  - (d) Looked-after children
- (3) Staff
- (4) Unpaid carers

In relation to **ToR 2(h)** the Inquiry will examine:

1. Impacts on individuals in the context of health and social care services, including the accessibility of services, standards of care, changes to screening and referrals.
2. Adequacy of health and social care infrastructure to allow for pandemic intervention, such as social distancing and passenger routes, ventilation, IT services, infection control and restricted access to health and social care premises.
3. Guidance given to health and social care services by the Scottish Government including the adequacy and appropriateness of the relevant rules, regulations and guidance provided during the pandemic as part of the strategic response; the form and timing of the communication of such guidance and rules; the adequacy and timing of consultation by the Scottish Government with interested parties regarding the guidance and rules; the clarity and consistency of such guidance and rules; the real or perceived enforceability of the rules and guidance; and the frequency and timing of change.
4. Adequacy of the pandemic and/or emergency planning for health and social care, including the adequacy, suitability, distribution, prioritisation and supply of personal protective equipment (PPE).
5. Adequacy of the criteria and guidelines for shielding, vaccinations and testing, including prioritisation of recipients, and the form and timing of the communication of such criteria and guidelines.
6. Impacts on staff in health and social care services, including staff shortages due to sickness and shielding; changes to work duties and scope; heightened exposure to COVID-19; recognition by the Scottish Government and public; and mental and physical health implications.
7. Impacts on unpaid carers, including the disparity of any relevant rules, regulations and guidance; and the adequacy and timing of consultation by

the Scottish Government with interested parties regarding the guidance and rules.

8. Access to additional Scottish Government funding to health and social care services and staff.

## **ToR 2(i): END OF LIFE CARE AND DNACPR DECISIONS**

**ToR 2(i)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: “***the delivery of end-of-life care and the use of DNACPR (do not attempt cardiopulmonary resuscitation decisions)***”.

In relation to **ToR 2(i)** the Inquiry will examine:

1. The adequacy of the training, support and advice given to health and social care staff in delivering palliative and end-of-life care, including their access to information such as Extension for Community Healthcare Outcomes and Key Information summaries in care homes.
2. Impacts on individuals receiving palliative or end-of-life care, including accessibility of services and changes to standards of care.
3. The introduction, delivery and implementation of guidance for alternative arrangements to visiting recipients of palliative or end-of-life care in hospitals, hospices, care homes and residential homes, including: the extent to which such guidance was adequately consulted upon; the effectiveness of any guidance review processes; the nature and consistency of the implementation of alternative arrangements for visiting; and disparities arising from differing restrictions between healthcare facilities.
4. Access to additional Scottish Government funding to hospices.
5. The adequacy and appropriateness of the care and treatment provided by staff and/or health care facilities to address the healthcare needs of recipients of palliative and end-of-life care, including anticipatory care planning.
6. The appropriateness of the creation of and changes made to DNACPR decisions, including the relevant information considered by healthcare providers when creating or changing DNACPR decisions; their consistency with clinical guidelines and conventional practice; disparities of application

and/or access; any engagement with DNACPR holders and their families; and the mechanisms for challenges to DNACPR decisions.

7. The appropriateness of the introduction, delivery and implementation of guidance for any blanket DNACPR decisions.
8. The adequacy and appropriateness of any guidance, rules or regulations given to health and social care services by the Scottish Government regarding DNACPR decisions, palliative and end-of-life care, including the form and timing of the communication of such guidance and rules; the adequacy and timing of consultation by the Scottish Government with interested parties regarding the guidance and rules, the real or perceived enforceability of the rules and guidance; the regularity of change; and any consideration given to reconvening Scottish Government DNACPR Groups.
9. Impacts on the availability and standard of medical treatment provided to recipients of palliative care, end-of-life care, or DNACPR holders, including routine screening, ambulance services, GP consultations or hospital treatment, and the use of sedation.

## **TOR 2(j): WELFARE ASSISTANCE PROGRAMMES**

**ToR 2(j)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: "**welfare assistance programmes, for example those relating to benefits or the provision of food, provided or supported by public agencies**".

In relation to **ToR 2(j)** the Inquiry will examine:

1. Impacts on individuals in the context of welfare assistance programmes, such as those relating to personal finances, fuel poverty, housing, food, mental health and wellbeing.
2. Design of welfare assistance programmes made available during the pandemic, including: pre-pandemic planning and the statutory framework for welfare assistance programmes; the extent, timing and sufficiency of consultation by the Scottish Government with interested parties and relevant advisory and resilience groups in relation to welfare assistance programmes; the identification and use of partners for the provision of welfare assistance programmes; the nature, extent and adequacy of welfare assistance programmes; and monitoring the scope and sufficiency of welfare assistance programmes.
3. Implementation of welfare assistance programmes, including: accessibility of welfare assistance programmes for potential providers (communication of their availability, enrolment processes and qualification thresholds for potential providers of welfare assistance programmes); timing of support; guidance for, and regulation of, welfare assistance programmes; administrative burdens on providers; service delivery; and requirements for feedback and monitoring.
4. Access to welfare assistance programmes, including: accessibility of welfare assistance programmes for potential recipients (communication of availability, application processes and qualifications for welfare assistance programmes) and guidance issued in respect thereof; and monitoring of the impacts of welfare assistance programmes.

5. Disparities arising in the implementation or impacts of welfare assistance programmes, including by geography, digital inclusion and protected characteristics.

## **TOR 2(k): EDUCATION AND CERTIFICATION**

**ToR 2(k)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: “***the delivery of education and certification***”.

In relation to **ToR 2(k)** the Inquiry will examine:

1. Early learning and childcare (ELC): impacts on the development of preschool children under the age of five; impacts on parents and carers; impacts on ELC workers; impacts on ELC settings; impacts on the ELC sector; disproportionate impacts and exacerbation of existing inequalities; ELC settings that operated during the national lockdowns, including criteria for access; digital inclusion; referrals and access to services; safeguarding; and transitions.
2. Primary and secondary education: impacts on pupils, including in relation to learning and attainment, physical and mental health and wellbeing, and personal and social development and behaviour; impacts on parents and carers; impacts on workers; impacts on schools; disproportionate impacts and exacerbation of existing inequalities; “hub” schools, including criteria for access and the extent to which education was delivered within hubs; remote teaching and learning; digital inclusion; assessment and certification; referrals and access to services; safeguarding; and transitions.
3. Additional support for learning: impacts on children and young people with additional support needs, including in relation to learning and attainment, physical and mental health and wellbeing, personal and social development and behaviour; impacts on parents and carers; impacts on workers; impacts on educational settings providing additional support for learning; disproportionate impacts and exacerbation of existing inequalities; access to support for learning and specialist equipment; ELC settings that operated during the national lockdowns and “hub” schools, including criteria for access and the extent to which education was delivered within hub schools; remote teaching and learning; digital inclusion; assessment and certification; referrals and access to services; safeguarding; and transitions.



4. Further and higher education: impacts on students, including in relation to learning and attainment, mental health and wellbeing, and personal and social development and behaviour; impacts on workers; impacts on colleges and universities; disproportionate impacts and exacerbation of existing inequalities; remote teaching and learning; digital inclusion; assessment and certification; access to services; and transitions and destinations.
5. Apprenticeships: impacts on apprentices, including in relation to learning and attainment, mental health and wellbeing, personal and social development, career planning and employment opportunities, and income; disproportionate impacts and exacerbation of existing inequalities; remote learning; digital inclusion; assessment and certification; and availability and delivery of apprenticeships.
6. Youth work: impacts on young people engaging with youth work services, including in relation to mental health and wellbeing, personal and social development and post-school transition; impacts on youth workers and youth work organisations; disproportionate impacts and exacerbation of existing inequalities; remote youth work; digital inclusion; changes to the nature of youth work.
7. Decision-making by the Scottish Government, including: relevant legislation, regulations, rules and guidance; the extent, timing and sufficiency of consultation by the Scottish Government on decisions affecting the delivery of education and certification, including with relevant advisory and governance groups, learners, parents and carers, workers and educational
8. institutions; information taken into account in reaching decisions affecting the delivery of education and certification; and the approach to impacts on learners, workers and educational institutions within the 'four harms' approach.
9. Communication of decisions affecting the delivery of education and certification, including the timing, frequency, clarity and consistency of application of relevant guidance.

10. Support provided to manage and mitigate impacts, including: support for vulnerable children and young people during periods of closure; support for digital inclusion; financial support for students; support for educational settings; support for mental health and wellbeing; and support to prevent the exacerbation of existing educational inequalities.

## **TOR 2(I): FINANCIAL SUPPORT AND GUIDANCE TO BUSINESSES AND THE SELF-EMPLOYED**

**ToR 2(I)** requires the Inquiry to investigate the strategic elements of the handling of the COVID-19 pandemic in Scotland relating to: “***financial support and guidance given to businesses and the self-employed, including in relation to identification of key workers, by public agencies***”.

In relation to **ToR 2(I)** the Inquiry will examine:

1. Economic impacts on businesses and the self-employed, including: detriments and benefits; and insolvency and business failures.
2. Impacts on business service users, partners and customers.
3. Impacts on business operations, including: staffing, supply issues, transportation, property issues, administrative burdens, and pandemic-related innovation.
4. The nature, timing and adequacy of financial support funds, and tax and commercial reliefs, for businesses and the self-employed during the pandemic.
5. Design of financial support for business, including: pre-pandemic planning and the statutory framework for financial support; the extent, timing and sufficiency of consultation by the Scottish Government with interested parties on financial support, including with relevant advisory and resilience groups; and the Scottish Government’s approach to impacts on business within the ‘four harms’ approach.
6. Implementation and delivery of financial support, including: engagement of financial support implementation partners; and guidance, information and support given to financial support implementation partners; advertising and requests for applications for support; awarding of support; and administrative burdens on partners.

7. Accessibility of financial support for businesses, including: communication of availability; application processes; and qualification for support.
8. Feedback and monitoring of financial support, including: record keeping and reporting; and fraud and error.
9. Identification of keyworkers, including: categorisation and qualification as keyworkers; pre-pandemic planning for keyworkers; extent, timing and sufficiency of consultation by the Scottish Government and other public bodies on the identification of keyworkers, including with relevant advisory and resilience groups.
10. Guidance given to businesses and the self-employed by public agencies, including: relevant rules, regulations and guidance; form, means and timing of the communication of such rules, regulations and guidance; pre-pandemic planning for guidance and nonfinancial support measures for businesses; and the extent, timing and sufficiency of consultation by the Scottish Government with interested parties regarding rules, regulations and guidance.
11. Disparities arising in the implementation or impacts of the financial support and guidance given to businesses and the self-employed, and in relation to identification of key workers, including by geography, digital inclusion and protected characteristics, and impacts on human rights.