



Abortion Services (Safe Access Zones) (Scotland) Bill

About the Scottish Women's Rights Centre

The Scottish Women's Rights Centre ("SWRC") is a collaboration between Rape Crisis Scotland, JustRight Scotland and the University of Strathclyde Law Clinic. The SWRC works with self-identifying women who have been affected by abuse and violence in Scotland with the aim of improving their access to justice and experience of the justice system.

The SWRC strives to fill the gaps that exist between women's experiences of gender-based violence and their ability to access justice by working with specialist solicitors and experienced advocacy workers.

Informed by our direct work with victims/survivors of violence and abuse, we seek to influence national policy, research, and training to improve processes and systems, and ultimately to improve justice outcomes for women who have experienced gender-based violence.

Our Response

Our response to the Health, Social Care and Sport Committee's consultation on Abortion Services (Safe Access Zones) (Scotland) Bill.

Scottish Women's Rights Centre

The SWRC is a collaboration between Rape Crisis Scotland (Scottish Charity No SC025642), the University of Strathclyde Law Clinic and JustRight Scotland (SC047818). All legal advice and representation provided through the SWRC is by the solicitors of JustRight Scotland.

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Introduction

We welcome the opportunity to respond to this call for evidence and we have done so by drawing on our practical experience and expertise in providing legal advice and representation to self-identifying women affected by gender-based violence, particularly domestic abuse. We provide free legal advice surgeries and information helplines to survivors of gender-based violence. Through our outreach we speak directly to victim/survivors and gain insight into the issues they face.

Within our response when we are referring to victim/survivors, we are referring to survivors of gender-based violence, particularly domestic abuse.

We have carefully considered the questions of this consultation and have answered those where we consider we can input from our expertise.

1. Do you agree with the purpose of the Bill?

The Scottish Women's Rights Centre supports self-identifying women affected by gender-based violence, including sexual violence, physical abuse, coercive control and economic abuse. Survivors of gender-based violence can be vulnerable as a result of their experiences of abuse. Through the outreach services we provide we see that access to abortion services is a key health requirement for some victim/survivors. We have provided legal advice, representation, and advocacy support to those who experience rape, which can and does sometimes result in pregnancy and have also seen examples of pregnancy occurring within the context of abusive relationships. Victim/survivors have a right to access abortion services. We submit that victim/survivors should be able to access these services free from intimidation and harassment.

In the recent decision by the Supreme Court (hereinafter referred to as the Northern Ireland case), it was held that:

“Enabling women to access premises at which abortion services are lawfully provided in an atmosphere of privacy and dignity, without intimidation, shaming, disorder, or intrusions upon their privacy is of such obvious importance as to constitute a compelling justification for legislative intervention. The same can be said of the importance of enabling the staff of such facilities to access their place of work under acceptable conditions.”¹

¹ Reference by the Attorney General for Northern Ireland - Abortion Services (Safe Access Zones) (Northern Ireland) Bill, para 117.



The activities of anti-abortion protesters that target hospitals and clinics where women and pregnant people access abortion services increase the existing stigma associated with accessing abortion services. Accessing these services is something that can on its own be challenging. Any further abuse or harassment experienced from protesters can exacerbate mental health issues and symptoms of PTSD. Where victim/survivors are dissuaded from accessing this healthcare it can have a detrimental effect on other areas of their lives: forcing them to remain in or return to an abusive relationship, having a significant impact on their mental health, financial hardship, and can lead to parental ties with their abuser and exertion of coercive control through child contact. In particular, we have become aware through outreach work, that abusers use the child contact system to continue their control and abuse of victim/survivors.

We strongly believe that access to abortion services is a basic healthcare need and a right for the women we represent. Any barriers to accessing healthcare facilities will have a detrimental and disproportionate impact on survivors of gender-based violence and will put them at an even greater disadvantage. We support the introduction of legislation which would further protect women and pregnant people accessing essential abortion services without the fear of intimidation or harassment. We support the introduction of safe access zones around abortion clinics and healthcare settings, which provide abortion services.

We acknowledge that legislation should only go as far as necessary to allow women and pregnant people access to abortion services safely without intimidation or harassment, whilst keeping interference with protesters' rights to a minimum. We consider that the Bill balances these rights appropriately.

In the case *Dulgheriu v London Borough of Ealing*² the Court of Appeal in England and Wales found in favour of similar restrictions after completing a balancing exercise. In this case, the court found that a Public Spaces Protection Order ("PSPO") and the exclusion of the protests to "designated zones" 100 meters away from an abortion clinic, although restricting the protestor's rights, was proportionate to the aim of protecting the Article 8 rights of those accessing abortion services. The Court paid specific attention to the impact the protestors' actions were having on those trying to access the services of the clinic, finding that the tactics employed by the protestors caused lasting psychological and emotional harm to the service users. Therefore "a PSPO was necessary to strike a fair balance between, on the one hand, protecting those important interests of the service users and, on the other hand, the rights of the protestors."³ Based on this analysis, and that provided below,

² *Dulgheriu (and another) (Appellants) v London Borough of Ealing (Respondent)* [2019] EWCA Civ 1490, On appeal from: [2018] EWHC 1667 (Admin)

³ *Ibid*, para 89.



we would strongly support the introduction of safe access zones which would support safe access to abortion services, such as in the proposed Bill.

2. Do you agree that the Safe Access Zone radius around protected premises should be set at 200 metres?

The safe access zone should be wide enough to allow for unimpeded, harassment-free access to abortion services by service users. This includes being mindful of transport links, public transport and parking facilities for abortion healthcare users and staff who may face other barriers to physically accessing services, such as disability, lack of childcare and low or limited income.

In terms of the extent of the proposed safe access zones, the Scottish Parliament will consider the evidence relied upon in concluding that an area of 200m is appropriate, as the Northern Ireland Assembly did in concluding that its legislation would contain a restriction of 100m extendable to 250m. In reviewing that legislation, Lord Reed noted that:

“An area of 100 metres from the entrance or exit to the premises cannot in my opinion be regarded as unjustifiable. The possibility of an extension of the zone by up to 150 metres, where the zone would not otherwise be adequate to afford safe access to the premises, was specifically considered and approved by the Assembly, and reflects the fact that the most appropriate size of the safe access zone may be affected by the location and circumstances of a particular clinic. A zone of up to 250 metres does not represent an unjustifiable restriction of the rights of protesters, when they remain free to protest anywhere else, they please, and when the rights of the patients and staff are also taken into consideration.”⁴

In the case of *Van Den Dungen v The Netherlands*⁵, the European Commission of Human Rights was asked to consider the admissibility of a challenge against an injunction prohibiting an individual from handing out leaflets within 250m of a clinic where abortion services were provided. The challenge was found inadmissible as the injunction was clearly a proportionate measure to protect the rights of others.

The Commission looked at Article 9 of the European Convention on Human Rights (“ECHR” or the “Convention”) and noted that it “*does not always guarantee the right to behave in the public sphere in a way which is dictated by such a belief.*” The Commission also re-iterated that “*the term ‘practice’ [...] does not cover each act which is motivated or influenced by a religion or belief*”. Therefore, the Commission found

⁴ *Supra* note 1, para 133.

⁵ ECHR, *Van den Dungen v Netherlands* App No. 22838/93 (22 February 1995).



that as “*the applicant’s activities were primarily aimed at persuading women not to have an abortion*”, “*the activities at issue do not constitute the expression of a belief within the meaning of Article 9*”⁶.

In the case *Dulgheriu v London Borough of Ealing* mentioned above, the Court of Appeal found Article 8 rights to be engaged “*both from the perspective of the right to autonomy ... and the reasonable desire and legitimate expectation*” of privacy when attending a clinic⁷. The Court further noted that “*there is no alternative way of arriving at and leaving the Centre except across a public space*”⁸.

The fact that there is no alternative is a very important point: women and pregnant people must get into that clinic to secure access to these health services.

In the Northern Ireland case, Lord Reed also holds that “[a] *measure that seeks to ensure that women seeking a safe termination of pregnancy have unimpeded access to clinics where such treatment is provided, and are not driven to less safe procedures by shaming behaviour, intrusions upon their privacy, or other means of undermining their autonomy, is a rational response to a serious public health issue.*”⁹

3. What is your view on the proposed processes within the Bill to extend or reduce Safe Access Zone distances around protected premises in the event that 200m is not appropriate?

We agree with the proposal that operators of protected premises should be able to apply to the Scottish Ministers to seek to increase this distance, if it is necessary to facilitate harassment-free access to services in certain settings (e.g. to facilitate access to public transport stations outwith the 200m radius). As set out above in our answer to question 2, this should be done in a proportionate manner to minimise the impact upon the rights of protesters.

4. Do you agree with the definition of “protected premises” outlined in the Bill and its accompanying documents?

We support that safe access zones should be introduced at all healthcare settings providing abortion services. If safe access zones were limited only to environments where protests and harassment of service users are prevalent, there is a significant risk that protestors would move to other healthcare settings without safe access zones

⁶ *Ibid*, para 1.

⁷ *Supra* note 2, para 60

⁸ *Supra* note 2, para 58.

⁹ *Supra* note 1, para 118.



and continue to harass and intimidate service users in these settings. Women and pregnant people accessing these services need to be reassured that they will have equal access to abortion services, regardless of where they live in Scotland.

We would submit that blanket provision of safe access zones at all healthcare settings providing abortion services protects the safety and privacy of healthcare staff and protects patients' health by reducing the risk of complications (due to emotional distress from the presence of protesters and refusal to access medical treatment when required). Furthermore, it protects the Article 8 ECHR rights of women and pregnant people accessing abortion services, as well as staff.

5. Do you feel that the penalty for offences related to the Bill is appropriate?

In our view, there should be an adequate penalty to act as a deterrent to committing an offence of breaching a safe access zone .

The Supreme Court in the Northern Ireland case held that:

*"It is also relevant that the maximum penalty for an offence under clause 5 is a fine of up to £500. A higher fine, of up to £2,500, can be imposed under clause 6 if the offender resists removal by the police or refuses to obey a direction to leave the safe access zone."*¹⁰ Therefore, finding it proportionate that such a fine be imposed as penalty.

6. Do you feel the criminal offences created by the Bill are proportionate in terms of the activities they cover?

As above, in our view, there should be a sufficient punishment to act as a deterrent to committing an offence of breaching a safe access zone .

7. What are your views on the impact of the Bill upon the rights enshrined under Articles 8, 9, 10, and 11 of the European Convention on Human Rights?

The right to protest is a fundamental right and lawful interference can only happen in very limited circumstances. It is accepted that the proposed Bill will restrict activity that is protected by Arts 9, 10 and 11 of the ECHR, as well as activity which is not caught

¹⁰ *Supra* note 1, para 130.



under these rights. Therefore, a necessity and proportionality analysis is required to determine if the proposed restrictions will be lawful.

In the recent Northern Ireland case, when considering if similar safe access zone legislation was lawful, the Supreme Court confirmed the applicable legal test for determining whether or not a legislative restriction of the kind proposed here is compliant with Articles 9, 10 and 11 of the ECHR.

We submit that the same test applied by the Supreme Court in reaching their decision is applicable here. The following test was considered:

- i. Does the restriction of the rights covered by Art 9, 10 and 11 pursue a **legitimate aim**?

We submit that the Bill clearly has a legitimate aim, which is to meet the state's obligation to create a procedural framework that enables women to access abortion services without being hindered or harmed, and to protect staff involved in providing those services. That aim is sufficiently important to justify interference with Articles 9, 10 and 11 rights in the limited way proposed.

The Supreme Court in the Northern Ireland case found that:

*"The restrictions imposed by the Bill pursue a legitimate aim. Their primary purpose is to ensure that women have access to premises at which treatment or advice concerning the lawful termination of pregnancy is provided, under conditions which respect their privacy and their dignity, thereby enabling them to access the health care they require and promoting public health. A second purpose is to ensure that the staff who work at those premises are also able to access their place of employment without intimidation, harassment or abuse, thereby ensuring that the health care services in question continue to be provided."*¹¹

As with the Northern Ireland case, the purpose of this proposed Bill is covered by the legitimate aims set out in Articles 9, 10 and 11: "the prevention of disorder," "the protection of public order", "the protection of health", and "the protection of the rights and freedoms of others," but also goes beyond those aims, as *"the right to access health care in conditions of privacy and dignity, and the right to pursue employment, are protected by Article 8 of the Convention. Indeed, it has been established that states are under a positive obligation, under Article 8, to create a procedural framework enabling a pregnant woman to exercise effectively her right of access to a lawful abortion."*¹²

¹¹ *Supra* note 1, para 114.

¹² *Ibid.*



- ii. Is the aim **sufficiently important** to **justify interference** with the fundamental rights covered by Articles 9, 10 and 11?

The legitimate aim of enabling women and pregnant people to access abortion services under conditions which respect their privacy and their dignity, thereby enabling them to access the healthcare they require, and promoting public health, is clearly sufficiently important to justify limited interference with these rights, as is protecting staff working at these premises. The Supreme Court noted in the Northern Ireland case that:

*“Enabling women to access premises at which abortion services are lawfully provided in an atmosphere of privacy and dignity, without intimidation, shaming, disorder, or intrusions upon their privacy is of such obvious importance as to constitute a compelling justification for legislative intervention. The same can be said of the importance of enabling the staff of such facilities to access their place of work under acceptable conditions.”*¹³

- iii. Is there a **rational connection** between the means chosen and the aim?

There is a rational connection between the means chosen and the aim of the proposed Bill. As was noted by the Supreme Court in the Northern Ireland case, academic research reports that:

*“Many clinic users “perceived the essential elements of a religious vigil ... to be both intrusive and highly stressful” ... and that “praying is explicitly seen as being offensive and intrusive, and to constitute a form of confrontation and harassment” ... It was found to be “clear that the presence of activists outside clinics does cause significant alarm and distress to many clinic service users”*¹⁴.

The Supreme Court further noted a recent report based on research in England and Wales which focused on anti-abortion activism in the form of prayer outside healthcare clinics, graphic images of babies or fetuses, and approaching women offering counselling of leaflets. Authors conclude that this type of behaviour is inherently intrusive and stigmatising¹⁵.

The authors state:

“The harassment that women feel stems from the presence of activists at clinic sites, rather than from their precise conduct. Our study identifies two reasons why this might be the case. First, by drawing attention to a healthcare appointment, anti-abortion

¹³ *Supra* note 1, para 117.

¹⁴ *Supra* note 1, para 88.

¹⁵ Dr Lowe & Dr Hayes, “A Hard Enough Decision to Make’: Anti-Abortion Activism outside Clinics in the Eyes of Clinic Users – A Report on the comments made by BPAS services users” (2015), p.19.



*activists violate socially constructed expectations of entitlement to confidentiality; clinic actions are in the wrong place, are situationally inappropriate. ... Second ... when accessing abortion, women's ability to exercise any control over who is watching, or to avoid encounters, is removed; they can do little but walk through or past activists, who (through positioning and address) are able to control the space of the encounter. The lack of available avoidance actions may explain the anger some clients feel about these encounters. The relationship between surveillance, privacy and fear explains why women experience encounters with anti-abortion activists as harassment, even when they are not being approached aggressively. In policy terms, this suggests that the call for buffer zones around clinics is justified, as only the complete removal of anti-abortion activists from outside clinics will suffice in removing the source of distress."*¹⁶

The Supreme Court found that the proposed restriction on activity within a 100m radius (extendable to 250m) of the perimeter of protected premises:

*"Seeks to ensure that women seeking a safe termination of pregnancy have unimpeded access to clinics where such treatment is provided and are not driven to less safe procedures by shaming behaviour, intrusions upon their privacy, or other means of undermining their autonomy, [and] is a rational response to a serious public health issue. The fact that the restrictions are a rational means of achieving the objectives pursued is also demonstrated by experience in other jurisdictions where similar restrictions have been imposed."*¹⁷

Similar safe access zones created in Victoria, Australia have been demonstrated to have been effective in preventing protests in the immediate vicinity of facilities providing abortion services.¹⁸

iv. Are there **less restrictive alternative means** available to achieve that aim?

The Supreme Court in the Northern Ireland case found that section 5(2) of the Northern Ireland Bill was necessary and proportionate for the legislation to achieve its intended aim. It can be seen that section 4(1) of the currently proposed Scottish Bill is similar in its restrictions. The Supreme Court found that section 5(2):

"Prohibits behaviour in the immediate vicinity of abortion clinics which, intentionally or recklessly, is liable to cause women not to access the health care services available there. The behaviour is prohibited whether it takes the form of influencing the behaviour of protected persons, physically obstructing their access to the premises where the services are provided, or causing them harassment, alarm or distress."

¹⁶ Dr Lowe & Dr Hayes, "Anti-Abortion Clinic Activism, Civil Inattention and the Problem of Gendered Harassment" (2019) 53 *Sociology* 330, pp. 343-344.

¹⁷ *Supra* note 1, para 118.

¹⁸ R. Sifris & T. Penovic, "Anti-Abortion Protest and the Effectiveness of Victoria's Safe Access Zones: an Analysis", (2018), p.328



Influencing the behaviour of patients, visitors and staff, or attempting to do so, is one way of stopping women from accessing the health care services in question. It is therefore rational for it to be prohibited.”¹⁹

It is submitted that the restrictions proposed are necessary and proportionate to allow the legislation to achieve its aims.

- v. Is there a **fair balance** between the rights of the individual and the general interest of the community, including the rights of others?

It is important to note, as the Supreme Court did in its decision on the Northern Ireland case, that:

“Women and girls of reproductive age who visit hospitals and clinics where treatment or advice relating to abortion are available are likely to be in the early stages of an unwanted pregnancy. They may be feeling ill. The fact that their pregnancy is unwanted and that they have decided to have an abortion, or are contemplating doing so, may very well be placing them under acute emotional and psychological strain. Their personal circumstances may exacerbate that strain. Some will be minors. Some will be victims of sexual offences. Some will be carrying foetuses with abnormalities. Some will be women or girls whose own health is at risk. The women and girls who leave the hospitals and clinics in question may well have just undergone an abortion. They too are likely to be in a highly emotional condition, as well as being in discomfort. Whether pregnant or having just had an abortion, these women will reasonably wish that their condition should be kept private, and that they should not be the focus of intrusive public attention. The present context is therefore one in which the protection of the private lives and autonomy of women, recognised under Article 8 of the Convention ...is of particular importance.”²⁰

It is also important to note, as the Supreme Court did in the Northern Ireland case, that there is no alternative to “*running the gauntlet*” as:

“these women have no way of arriving at and leaving the hospitals and clinics where they can access the treatment and advice that they have decided to obtain, except by means of spaces to which the public have access. They have a reasonable expectation of being able to access that treatment and advice with no greater incursion upon their privacy than is inevitable in accessing a clinic or hospital from a public highway. They have a reasonable expectation of being able to do so without having their autonomy challenged and diminished, whether by attempts by protesters to persuade them to change their minds, or by protesters praying for the souls of foetuses

¹⁹ *Supra* note 1, para 121.

²⁰ *Supra* note 1, para 125.



with the intention or effect of provoking feelings of guilt, or by other means calculated to undermine their resolve.”²¹

A related matter is the fact that people accessing these services and the staff are “a captive audience for protesters who wait outside the premises, so that the women and staff are compelled to listen to speech or witness silent prayer, which is unwanted, unwelcome and intrusive.”²²

In addition, again as in the Northern Ireland Bill, the currently proposed Scottish Bill does not prevent the exercise of any right under these Articles, it only limits the places in which rights under Articles 9, 10 and 11 can take place.

Limited restrictions on the location of lawful protest, which are necessary to protect the fundamental rights of others, can be compatible with the fundamental rights contained in Article 9, 10 and 11 where such restrictions do not destroy the essence of the right. The restrictions set out in this Bill would not destroy the essence of the rights contained in Articles 9, 10 or 11, as they introduce a very limited restriction around the immediate vicinity of facilities where abortion services are provided, leaving people free to exercise their lawful Articles 9, 10 and 11 rights anywhere else, to the extent protected by those Articles.

Specifically considering **Article 8**:

Article 8 of the ECHR, protects the right to private and family life, which includes personal autonomy and bodily integrity. It protects the right to make decisions about our lives and bodies. Safe access zones would allow women and pregnant people accessing abortion facilities to do so without fear of intimidation or harassment and therefore further protect those rights. Legislative change would ensure that everyone entering these facilities, regardless of where they are in Scotland would have the same expectation of safety and privacy.

The right to family and private life covers: the right to privacy; personal autonomy; physical and psychological integrity, and decisions both to have and not to have a child.

In *Re Northern Ireland’s Human Rights Commission’s application for judicial review*, Lady Hale noted that “for those women who become pregnant, or who are obliged to carry a pregnancy to term, against their will there can be few greater invasions of their autonomy and bodily integrity.”²³

²¹ *Supra* note 1, para 126.

²² *Supra* note 1, para 128.

²³ In the matter of an application by the Northern Ireland Human Rights Commission for Judicial Review (Northern Ireland) [2018] UKSC 27, para 6.



The European Court of Human Rights has recognised that “*in certain situations the domestic authorities might be required to proceed with the dispersal of a violent and blatantly intolerant demonstration for the protection of an individual’s private life under Article 8.*”²⁴

Anti-abortion protests outside clinics have a clinical, emotional, and psychological impact. The activities of anti-abortion protesters cause distress and have the potential to cause trauma to those accessing abortion services. We are aware these actions may cause women to defer their treatment or purchase illegal abortion pills online from unregulated providers. This impact has the possibility to be particularly acute for victims/survivors of gender-based violence. The healthcare settings which house abortion clinics often serve the public for other medical interventions also. Therefore, there is also a notable effect on others accessing services in the same healthcare settings, such as sexual health services, and on staff who are harassed as they are trying to attend their place of work.

Access to safe, legal abortion is a fundamental element of women’s rights to body autonomy, and reproductive choice and health. It is also a key component in achieving economic and social equality for women in Scotland, including access to education, paid work, financial autonomy, and the prevention of abuse. This is a healthcare issue, an education issue and a broader equality issue, in terms of disability, race and ethnicity, immigration status, sexual orientation and gender identity²⁵.

Furthermore, the Committee on the Elimination of All Forms of Discrimination against Women (“CEDAW”) has outlined that, “*it is discriminatory for a state party to refuse to legally provide for the performance of certain reproductive health services for women*”²⁶ and that barriers to that care – legal or practical – should be removed. Although not yet incorporated into Scots Law, it is the intention under the Scottish Human Rights Bill that CEDAW will be incorporated. While not yet incorporated, the UK is a party to the Convention and obliged to comply, and in turn, the Scottish Government and Scottish Parliament are obliged to comply with the Convention.

As discussed above, it is accepted that this new law will have a limited impact on the Articles 9, 10 and 11 rights of those who wish to protest near hospitals and clinics where abortion services are delivered, whether that be due to religious or other beliefs. However, we submit this is a necessary and proportionate interference in order to achieve the legitimate aim of protecting women in this way. The introduction of safe access zones is necessary in order to facilitate safe access to health services for those

²⁴ *RB v Hungary*, no. 64602/12 [2016], para 99; *Király and Dömötör v Hungary*, no. 10851/13 [2017], para 64.

²⁵ <https://www.engender.org.uk/content/publications/Our-bodies-our-choice--the-case-for-aScottish-approach-to-abortion.pdf>

²⁶ CEDAW General Recommendation 24 (1999) on women and health, para. 11



seeking these services (protecting their Article 8 rights). Legislating on the issues would ensure that any restrictions on the human rights of those wishing to protest are “prescribed by law”, an essential part of accountability.

8. Do you think that the Bill’s intended policy outcomes could be achieved through another means, such as existing legislation?

No, we do not consider that the Bill’s intended policy outcomes could be achieved through other means. We submit that the Bill is intended to protect those accessing abortion services and to ensure that the health rights of women are protected. We do not consider that the existing legislation such as Non-Harassment Orders (under the Protection from Harassment Act 1997) nor orders under the Criminal Justice and Licensing (Scotland) Act 2010 or The Antisocial Behaviour etc (Scotland) Act 2004 sufficiently provide protection in this area.

Non-Harassment Orders can be sought under the Protection from Harassment Act 1997 section 8. Such orders would not be appropriate in these circumstances. Those accessing abortion services may be doing so only on one-off occasions. Furthermore, the identity of protesters will often be unknown and certainly would be unknown prior to attending abortion clinics and services.

Other criminal legislation is limited in the scope of activity, which is caught under such offences, and does not enable preventive measures to be taken. Existing offences have therefore been inadequate to prevent protests in the immediate vicinity of abortion services in Scotland. Additional legislation is clearly required. It is submitted that current legislation would not be sufficient nor allow the realisation of the Bill’s policy aims.

9. Do you have any further comments about the Bill?

Nothing further to add.



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