

Equalities and Human Rights Committee

Abstract of Responses 27 April to 4 May 2020

Inquiry into impact of the COVID-19 pandemic on equalities and human rights

Introduction

1. This document is published for information purposes only and should not be regarded as a final summary of responses. It provides an abstract of the responses received in the first week after the Committee's inquiry launch on 27 April 2020. This abstract of responses is based on 20 responses, so it provides a very early indication of the issues raised. It is anticipated a wider range of issues will arise as more responses are received.

2. There are two main sections. Section one provides a brief outline of the responses received and section two set out an initial analysis, which provides more detailed information contained in the responses.

Section 1: Responses to the inquiry

3. As at Monday 4 May, 19 responses had been submitted via the Citizen Space platform. Two of the responses were on behalf of organisations; the other 17 were from individuals.

4. A briefing has also been received from the Adequate Standard of Living Reference Group (ASLRG), supported by the Scottish Human Rights Commission, which sets out the impact of Coronavirus on group members over the period of 23 March to 28 April. Key points from that briefing have been incorporated within this summary.

5. Respondents were asked to say which groups have been disproportionately affected (Q2), and why. Responses highlight the following groups:

- Children (who live in poverty; learning disabilities; ASN; lack of education and socialisation, impacting their development)
- Women and children experiencing domestic violence
- BAME communities
- Older people
- Healthcare workers
- Low paid
- Learning disabilities
- People with mental health conditions

- Self-employed; seasonal workers self-employed and seasonal workers who slip through the grants and loans schemes
- Prisoners (e.g. restrictions on external contact and within the prison)
- 1950's pensionless women (women who are over 60 having to work in high risk health, care or retail setting due to lack of pension)
- Vulnerable people (Vulnerable people may be those with learning/physical disabilities of all ages, e.g. those living with Autism Spectrum Disorder (ASD), life limiting or terminal illness.)
- People of faith who cannot meet to worship
- Smokers (e.g. at higher risk to Coronavirus, so require resources to stop smoking)
- LGBTQ+ (faiths; age; disability)
- Families who have been unable to support each other due to social distancing measures (e.g. working people who rely on parents for childcare or 'separated' families where parents don't have contact with their children)

6. Respondents were also asked to identify what the Scottish Government and public authorities need to change or improve as a matter of urgency (Q4). These include:

- Improve access to free school meals for children in poverty
- Better financial support for families
- Need to have better understanding of the needs of BAME communities
- Full review of mental health emergency legislation and long and short-term impacts on service users
- Registration of social workers in relation to the wellbeing of vulnerable families
- Releasing eligible prisoners, providing technology to maintain contact for family and friends
- A person centred approach needed from local authorities
- Mechanism for community care providers to indicate where support has been withdrawn or significantly reduced
- Legal assistance to protect Scots pensionless women
- Nationwide prescription delivery service
- Re-issue "Dear Scotland" hate crime posters.

7. Additionally, respondents were asked to identify what the Scottish Government and public authorities need to change or improve in the medium to long-term (Q5). 18 responses were received, including:

- Will be an increase in pupils who need additional support and care

- Review of the proportionality of the restrictions and consideration to imaginative ways to ensure mental health service users are safeguarded in any future similar situations (rather than removing a lot of the safeguards that have taken years to be put in place and are vital to patients' recovery and self-empowerment).
- Slowly fix schools to accommodate new way of working
- Local authorities need to implement a single universal system, integrated with the third sector and health and care agencies for dealing with community emergencies and for this to be ready to come online should the need arise in future.

Section 2: Initial analysis

8. A wide range of issues have been raised by respondents. Some issues might fall within the remits of other committees or be relevant to their inquiries into the COVID-19 pandemic.

Access to food

9. The ASLRG noted that before the crisis, much of the work around access to food¹ emphasised ensuring the way people could access food was dignified.² With the crisis, many new systems have been set up quickly. The group felt it is important that people's dignity is still respected, (for example by broadening the eligibility criteria for people who need support and therefore access to online food shopping services). Also, those who need emergency food may have special diets due to health conditions, allergies, religious beliefs such as requirements for halal or kosher food, or other cultural requirements and that, as much as possible, provision should be made appropriately in line with this.

10. Northern Corridor Community Volunteers (NCCV) advised previous community support through family and friends had failed due to social isolation alongside the reduction in care staff to the essential care model only. This has forced people to live off snack foods rather than the healthy diet vital

¹ Right to food under ICESCR Art 11 – food is available, but not accessible to everyone, and not always acceptable, some groups such as carers and disabled people are finding it more difficult to access.

² See Nourish Scotland, <http://www.nourishscotland.org/projects/dignity/>

The principles around emergency food provision should include: Involve in decision-making people with direct experience.

Recognise the social value of food.

Provide opportunities to contribute.

Leave people with the power to choose.

to their ongoing health. Like ASLRG, NCCV noted there has also been reports of no consideration of dietary needs in emergency provision.

11. Radiant and Brighter (R&B), an organisation which helps minority ethnic people with employment skills and promotes diversity in the work force, reported that food being distributed was not culture sensitive. Many people attending food banks took what was supplied but didn't eat it. A family told them they had woken up in the morning and wondered what they were going to eat, despite them having tinned food in the cupboard, they were appreciative, however it wasn't culturally sensitive.

12. There were additional challenges in rural areas. One member of the ASLRG noted "in Skye, while people could register for supermarket home delivery, many supermarkets were not able to deliver around all parts of the island and that a compromise had been made to collect shopping from local pick up points. While useful for some, it relied on volunteers being willing to take deliveries to people who were self-isolating".

13. Carers on the ASLRG noted that in the initial days of the lockdown, and in some cases well into April, it had been extremely difficult to buy enough food for themselves and the person they care for because of the restrictions on item numbers. Some had been challenged by shopkeepers and customers. It was suggested proof of carer status, such as eligibility for Carers' Allowance would be helpful.

14. The ASLRG had questions around protections under the Equality Act 2010 and its interaction with the current provisions under the Scottish and UK Coronavirus Acts:

"One member of the group is blind and requires a sighted person to support them for example when accessing food at the local supermarket. It has become increasingly difficult for this support/reasonable adjustment to be put into place in light of public scrutiny of social distancing measures; an additional challenge is that online supermarket software is often not accessible to screen readers, and that visual impairment itself is not a criterion for shielding."

15. They asked if the UK Government could consider whether additional guidance is required for these kinds of circumstances.

16. A member of the ASLRG noted that growing their own food over the summer was an important and regular part of managing food insecurity, ensuring a healthy diet and managing mental health needs, as well as

removing some of the strain from the food system in the current context. They expressed frustration that garden centres selling fruit and vegetable plants and compost had had to close and asked if this could be reviewed, as it would deliver a range of benefits to communities and people on low incomes.

Access to emergency support

17. Both the ASLRG and the NCCV are concerned that some people with long term health issues, disabilities and carers do not meet the criteria for shielding, i.e. registering as being in a 'high risk' group³.

18. The ASLRG considered the eligibility criteria for access to support such as access to food had been drawn too narrowly, meaning some people were neither eligible for support through shielding nor eligible through other schemes, and therefore could not access online delivery of food or indicate they needed help. The criteria should be widened to people that "require support with day to day living because of a disability, or long-term health condition, including mental health, visual or hearing impairment".⁴ The group also felt that this would more closely align with a social model approach to disability.⁵

19. NCCV highlighted there is an overall lack of clarity about who should be on the list. There is no financial support being provided for people who are housebound or on higher level of DLA as they don't meet the criteria for 'shielding'.

20. The ASLRG felt that the process of identifying individuals who required to be shielded through GP and local authority services had been slow and patchy. This had resulted in people being missed. It was reported that some letters had taken 4-5 weeks to arrive and creating 32 local authority level lists made it more challenging to share data with private sector bodies such as supermarkets. The group referred to the registration scheme in England which

³ Right to Health under [ICESCR Art 12](#) – health services are available but not accessible to everyone, and some people may be experiencing discrimination on the basis of age, race and disability, as well as rural status. Also Right to Independent Living, CRPD, Article 19

⁴ See for example Professor Chris Hatton of the Centre for Disability Research, University of Lancaster, 30th March 2020, 'Health condition does not equal vulnerability does not equal need for support' <https://chrishatton.blogspot.com/2020/03/health-condition-does-not-equal.html?m=1>

⁵ As set out in Article 1 of the Convention on the Rights of Persons with Disabilities.

had been set up more quickly and in a less piecemeal way, albeit that it still presented challenges to families.

21. Older people were highlighted by NCCV as being disproportionately affected. Being housebound meant a lack of access to cash for basic needs. Technology could also be a barrier to accessing assistance, creating disadvantages. They questioned local authorities financial inclusion teams' response of texting people about need for assistance:

“Our experience of this has been that elderly people who could access the packs directly if they had a mobile phone are being put under a significant amount of pressure to reveal their financial circumstances, often causing great distress to the individual.”

22. NCCV suggested local authorities should take a person-centred approach, based on current needs of individuals rather than on overcoming internal systems. Also, it was suggested “a mechanism for community care providers to indicate where support has been withdrawn or reduced significantly” be established.

23. Looking forward over the longer term, NCCV suggest “Local authorities need to implement a single universal system, integrated with the third sector and health care agencies for dealing with community emergencies and for this to be ready to come online should the need arise in future.”

Domestic violence

24. The ASLRG were extremely worried that the current restrictions and the strain on incomes would further endanger people experiencing domestic violence, the majority of whom are women and children and young people. This engages the Government's obligations to protect rights to life and to physical and mental integrity. The ASLRG were pleased to see that there has been additional financial investment in organisations who support people as they leave abusive relationships but wanted to add their voice of support and to advocate for there to be continued clear, accessible and visible information for women and their families about their options and the support available.

Separated families

25. Lockdown measures have impacted on separated families, one submission suggested male parents are more likely to lose contact with their children, as the “resident parent” is more likely to be the mother. They acknowledge the Government's guidance recognises that movement between houses for parental contact is essential, however they suggest there is

anecdotal evidence that many contact arrangements are disrupted due to Coronavirus, some intentionally. As such, the submission calls for services supporting affected individuals to be made available, including necessary mental health support. The reopening of courts for urgent family cases was noted as a positive step.

26. When courts fully reopen, the respondent believes family cases should be given sufficient resources to ensure hearings take place within a reasonable period of time, so families are not subjected to months of delays while the courts deal with backlogs.

Prejudice and marginalised communities

27. It is suggested that there has been an increase in racism and in Trans Women, Gay and Bi men phobia. According to the submission, there are also particular intersectional pressures on LGBTQ+ Muslims and other faiths and LGBTQ+ Differently-abled people, as well as the older LGBTQ+ community as a result of Lockdown. For example, people are finding “themselves even more isolated during the period of Ramadan presently where they often feel that they are having to hide their true selves, whilst living in a family home and hearing news about a possible proposed marriage”.

28. It was suggested one way to address increased prejudice at this time would be to reissue the “Dear Scotland” hate crime posters to address general society, and then focus on marginalised communities and intersectional groups, particularly BAME and LGBTQ+.

29. The ASLRG also noted discrimination and lack of access to services for Gypsy/Traveller people were being exacerbated.

Pensionless women born in 1950’s

30. One submission highlighted that woman born in the 1950’s, who had been detrimentally affected by the raising of the state pension age, were now doubly impacted. They stated many women who are now in their 60’s need to continue to work as they cannot access their state pensions. The respondent said they are working in high risk virus employment areas, such as carers, nurses and shop assistants, despite WHO advice stating over 60’s are at high

risk.

Access to work and working conditions

31. Radiant and Bright (R&B) explained people from minority ethnic communities in Scotland have been affected by the pandemic. Many face losing jobs because they are on zero-hour contracts and are often in low paid jobs. They expressed frustration that issues are often talked about, but little is done for communities. R&B stated support provided for both individuals and organisations is generic, it is always the same organisations that access funding, while grassroots organisations from communities are advised to apply for the small Grants or gain partnership.

32. R&B asked for urgent action so their voices are heard and their views to be taken into consideration, “Often we are represented by people who have no lived experiences, yet we hear that we are in it together”. They need representatives from the BAME communities that understand their communities, from the Scottish Government to local authorities and health boards.

33. The ASLRG also noted the enormous impact the restrictions were having on the right to work and the right to just and favourable conditions of work and the knock-on effect that this would have on the right to an adequate standard of living. The group called for a rights based approach to social security from the UK Government, based on the principles set out in [General Comment 19 of the Committee on Economic, Social and Cultural Rights](#).

34. Also, of great concern to ASLRG was that people still delivering essential services, as well as those delivering unpaid care, should have the appropriate Personal Protective Equipment, as an essential way to keep safe in the workplace and to reduce the likelihood of the transmission of the virus. This should include retail and transport workers, as well as front-line health and social care staff and unpaid carers.

35. It was also considered important that everyone who was now working from home should receive appropriate support, guidance and equipment to enable them to do their job safely and effectively.

Prisoners

36. A couple of submissions raised concerns about the treatment of prisoners. One submission advised showering time had been reduced, family visits stopped, and prisoners are spending more time in isolation due to social

distancing measures. The other submission was similarly concerned about restrictions placed on prisoners and highlighted that “any restrictions placed upon prisoners should be proportionate and used only to the minimum extent necessary. The restrictions should not endanger the life or welfare of prisoners”.

37. Some priority actions were suggested to mitigate these concerns. Consideration should be given to releasing some prisoners and ensuring technology is available to help maintain contact with family and friends, specifically the provision of mobile phones or virtual chat facilities. A further suggested action was for the Scottish Prison Service to ensure that families and friends of prisoners are kept fully and timeously informed of all developments in prisons which impact on the lives of prisoners and that any changes made to prison life are done in such a way as to minimise adverse effects upon prisoners

38. Looking forward, the Scottish Prison Service was asked to confirm how it will implement a strategy to maintain contact and to publish its plan with appropriate timescales and resources made available for implementation.

Fuel poverty

39. Fuel poverty engages the right to adequate housing under both the ‘habitability’ and ‘availability of services’ elements of the right to housing. Some members of the ASLRG had significant challenges in topping up energy pre-payment meters⁶, as they were self-isolating and unable to contact the electricity company due to very high call volume. It was also noted that people on low-incomes often have pay-as-you-go phones and being on hold for long periods of time to chargeable numbers used up people’s credit. This was exacerbated through digital exclusion, meaning there were no practical ways to resolve it. One local authority had stepped in to provide assistance through pre-paid energy top up cards, which was a good immediate solution, but unlikely to be sustainable in the long-term.

Smoking Prevention

40. Another respondent considered priority action should be taken to ensure that people who smoke tobacco understand the benefits of quitting

⁶ See Right to Housing, ICESCR, Article 11, also General Comment 4, Committee on Economic, Social and Cultural Rights
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fGEC%2f4759&Lang=en

immediately, particularly in terms of how this will help them cope with symptoms of the virus. They asked that preventative measures, such as [Quit Your Way Scotland](#), is not compromised during this time to ensure that support is there for those who want to stop smoking and referred to a recent survey:

“Today (4/5/20) YouGov’s international Covid-19 tracker reported that as many as 300,000 Britons (so probably about 30,000 Scots) have quit because of the virus. In addition, 8% of smokers said they were trying to quit, 36% said they had cut down, and 27% said they were now more likely to quit. This is a real opportunity to make inroads on the smoking prevalence rate in Scotland, which actually went UP last year.”

Non-acute health services and medicines

41. A respondent suggested a nationwide prescription delivery system is required to avoid human contact as a matter of urgency. People were fearful of going to pharmacies as they risk catching COVID 19. Whilst people can apply for home delivery through a local charity, some people are worried they’re taking valuable support away from those most in need.

42. In relation to management of long-term health conditions and access to medicines, the ASLRG accepted the NHS was under severe strain due to people becoming unwell with Coronavirus. They were concerned however that restrictions on movement and social distancing requirements made it much more challenging for people to access non-acute health services and medicines. Group members have not been able to access regular health services, such as podiatry, phlebotomy etc. While members fully understood the reason for this, they are concerned over the longer term that this could lead to some less serious conditions developing and in turn affecting carers’ ability to care.

Mental health

43. It was noted by the ASLRG that the right to health includes the highest attainable standard of physical and mental health⁷. They considered it

⁷ Committee on Economic, Social and Cultural Rights, 2000, General Comment No 14, ‘The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)’ available at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2f2000%2f4&Lang=en

important the Government took steps to support people to maintain good mental health when family, friends and community are hard to access.

44. The ASLRG were concerned that some people would turn to alcohol and drugs to manage their difficulties of living under restrictions. Also, they felt there could be an increased risk of suicide, and this engages the Government's responsibilities to protect life and stated, "care for someone with mental health problems should be considered in just the same way as care for someone with physical health needs". They believed it needed to be clear that receiving in-person support for mental health, where the support worker or professional concerned had access to PPE and respected social distancing is entirely legitimate and that care for someone with mental health problems should be considered in just the same way as care for someone with physical health needs.

**Committee Clerks
6 May 2020**