



Submission to Scottish Parliament Equalities and Human Rights Committee Inquiry: Impact of COVID-19 Pandemic on Equalities and Human Rights

The Human Rights Consortium Scotland very much welcomes the Committee's inquiry into protecting equality and human rights during the coronavirus. The Committee has a crucial role to play in the Parliament being a human rights guarantor. Scrutiny of decision-making is more crucial than ever when the freedoms that we usually rely upon are so dramatically curtailed in order to control the pandemic, and when the impacts on the rights to health, to life, to communication, to participation, to education and to an adequate standard of living are so severe. Curtailment of rights does not however lead to a reduction in the role of duty bearers to comply with domestic, European and international human rights law.

In recent weeks, many of our members have raised significant concerns around human rights protection at this time. This submission does not aim or claim to be comprehensive but **focuses on urgent questions that some of our members have raised for the Committee to ask at this time.**

The Human Rights Consortium Scotland is Scotland's civil society network to protect and promote human rights. Organisations who contributed their experience, insight and analysis to this submission are:

- **JustRight Scotland**
- **LGBT Youth Scotland**
- **Scottish Community Safety Network**
- **Govan Community Project**
- **Amnesty International**
- **Alcohol Focus Scotland**
- **Coalition for Racial Equality and Rights**
- **Inclusion Scotland**
- **People First Scotland**
- **Health and Social Care Alliance Scotland (the ALLIANCE)**
- **Together: Scottish Alliance for Children's Rights**
- **Campaign for Freedom of Information in Scotland**
- **British Institute for Human Rights**
- **HIV Scotland**
- **West of Scotland Regional Equality Council**
- **Bridges Programmes**
- **Scottish Recovery Consortium**
- **Equality Network**
- **Scottish Trans Alliance**
- **Engender**

- Deaf Scotland
- C-Change
- BEMIS
- Migrant Voice
- Central Scotland Regional Equality Council
- Glasgow Council for Voluntary Sector (GCVS)
- Zero Tolerance
- Fife Centre for Equalities
- Howard League Scotland
- Include Me

We note that this submission raises a wide range of urgent concerns, and so not all points raised necessarily reflect the views of all the organisations listed above.

Equality and Human Rights Impact Assessment

The Scottish Government and all other listed Scottish public bodies are obligated to undertake Equality Impact Assessments of decisions regarding policy, law or resourcing of COVID-19-related interventions as they are in normal circumstances. An Equality Impact Assessment is a core element of the Public Sector Equality Duty Equality Act 2010 and a vital tool to assess negatives and positive impacts of suggested measures for protected groups.

Additionally, a core tool for Government to respect, protect and fulfil its human rights obligations is to carry out Human Rights Impact Assessments of any new policy, law or resource decision. Using this human rights-based approach can help difficult decision-making by providing an objective process to balance different rights, and strengthens transparency, equality and non-discrimination, participation and accountability. It can help to ensure that no group or community are forgotten, and can help provide certainty and clarity around government action.

As the Scottish Human Rights Commission states:

‘In an environment where there are financial constraints, a human rights framework can provide objective guidance which will assist balanced decision making on the use of resources. These criteria include:

- *maintaining those minimum services and standards necessary to enable a dignified existence*
- *prioritising the most vulnerable and ensuring no direct or indirect discrimination*
- *limiting the extent and duration of any retrogression. This is done by identifying and using the maximum available resources for the progressive realisation of rights¹.*

¹ Scottish Human Rights Commission, Equality and Human Rights Impact Assessment, at <http://eqhria.scottishhumanrights.com/>

COVID-19 has led to significant new law, policy and resource decisions, necessarily developed quickly and in direct response to an unprecedented public health crisis. However, it is unclear whether and to what extent human rights processes and standards have been taken into account in many of these. For example:

- Various healthcare, social care and ethical guidance notes published do not contain anything explicit or detailed about the equalities and human rights issues raised by the pandemic. People First Scotland² highlight that the Adults with Incapacity Guidance³ adopts an unhelpful and outdated idea of someone being capable or incapable, rather than decision-specific, and thus denies many people's human right to have a say in their own lives.
- Vital services, such as alcohol and addictions services, which were already stretched and underfunded even before the pandemic, are being changed and reprioritised without any evident human rights impact analysis. COVID-19 provision such as replacement support for free school meals shows little evidence of human rights analysis in local authorities where they have opted for vouchers for certain shops or food packages, rather than dignity-respecting cash payments.
- Analysis of the impact of COVID-19 measures on those with particular communication needs is sorely lacking, for example, consideration and mitigation of the negative impact on participation in decision-making for people affected by deafness due to the impact of the use of masks on lipreading and hearing aids.
- Potential criminalisation of 16 and 17 year olds in UK coronavirus legislation (see discussion below) together with a weakening of child protection requirements raise significant questions about policy makers' consideration of the impact on children's human rights.
- Inclusion Scotland highlights that there has been widespread failure by the UK and Scottish Governments to take their UNCRPD obligations into account. For example, extending the existing timescales for compulsory measures such as detention or treatment orders, or reducing the safeguards that currently have to be met before these compulsory measures can be introduced such as reports from a Mental Health Officer, may be incompatible with Article 14 to the right to liberty and security. Changed terms around medical treatment orders may breach Article 17 around personal integrity.
- Many vulnerable people are experiencing heightened anxiety due to uncertainty and worry that critical decisions about their care, such as being admitted to hospital, may be taken without having regard to their right to have a say and without them being able to access advocacy support for decision-making.

² People First Scotland, Law and Human Rights Group Statement, April 2020 at:

<http://peoplefirstscotland.org/wp-content/uploads/2020/04/LaHRG-statement-on-Covid19-FINAL.pdf>

³ Coronavirus (COVID-19): adults with incapacity guidance:

<https://www.gov.scot/publications/coronavirus-covid-19-adults-with-incapacity-guidance/>

We question whether, where there have been decisions made by Government to reduce or weaken government or public body's duties, this has had sufficient consideration of the impact of doing so on individuals' human rights. In order to be effective, EQHRIA should be undertaken at the earliest stage of policy development and influence the options considered and the design of the intervention to ensure equality and human rights are mainstreamed comprehensively.

We emphasise that reductions in public body duties often means in practice, a reduction in people having a say over their own lives, a reduction in government being held accountable, and reductions in crucial services that people rely upon in order to have dignity, to participate and to live. We also highlight that there has been no weakening of public body's duties to act compatibly with the Human Rights Act 1998, though we remain concerned that a lack of understanding may hamper how these are applied.

It is vital therefore, that in the coming weeks and months of recovery, **the Scottish Government and other public bodies carry out and publish EQHRIAs of all coronavirus-related policy, resource decisions and law.** These assessments should be participative and be in line with best practice. They should take as a minimum, the Government's obligations under international treaties and covenants including the UN Convention on the Rights of Persons with Disabilities, the Convention for the Elimination of Discrimination Against Women, the Convention for the Elimination of Racial Discrimination and the UN Convention on Rights of the Child, as well as the duties of public bodies under the Human Rights Act 1998.

They should be carried out through an intersectional lens including gender analysis, providing a competent and accurate understanding of the current crisis and using available data to base conclusions affecting particular groups⁴.

Furthermore, EQHRIAs should include participation of those with lived experience in decision-making, drawing on their expertise of reality on the ground. Civil society organisations are well placed to enable and provide this expertise, many being led by people with lived experience of particular circumstances, identities or inequalities.

Question 1: Will the Scottish Government commit to carrying out EQHRIAs at the earliest stage of development, publishing these online and drawing on evidence from those with lived expertise for all coronavirus-related law, policy and resource decisions?

Question 2: What steps are the Scottish Government taking to work with other public bodies to ensure that they carry out EQHRIAs for all coronavirus-related policy and practice change?

Question 3: What steps will the Scottish Government take to ensure that policy development, analysis and practice is delivered through an intersectional lens,

⁴ Engender, Gathering and using data: <https://www.engender.org.uk/content/publications/Covid-19-Gathering-and-using-data-to-ensure-that-the-response-integrates-womens-equality-and-rights.pdf> , April 2020

providing a competent and accurate understanding of the current crisis? (e.g. providing an assessment on how COVID-19 is impacting migrant women)

Safeguards for young people

Children may be detained and tested as ‘potentially infectious’ under the UK Coronavirus Act 2020. Limited safeguards for children apply only to under-16s in Scotland but under-18s in England, Wales and Northern Ireland. This conflicts with the UNCRC’s definition of a child (under 18) and raises questions regarding non-discrimination, the right to liberty, privacy, and to be free from cruel or degrading treatment. The UN Committee says governments must “prevent the arrest or detention of children for violating State guidance⁵” and yet the 2020 Act allows criminalisation of 16-17-year-olds in Scotland for noncompliance with testing powers.

Question 4: Will the Scottish Government work with the UK Government to ensure that 16-17-year-olds in Scotland are not criminalised?

Access to information

It is essential that information and guidance related to the coronavirus support, law and guidance are accessible to everyone at the same time. In particular, not all information and guidance on COVID-19 is being provided in accessible formats, such as EasyRead, subtitles, Braille, BSL or child-friendly versions, and in ways that all groups can have ready access to it, including migrant populations. Those who are most likely to be digitally excluded such as disabled people, those in poverty and older people are not always getting the information that they need or able to communicate to access support equally.

Question 5: What steps has the Scottish Government taken to ensure that life-saving messages and key policy documents around COVID-19 and the support available have been provided in accessible formats to those who need them, and available at the same time as plain text versions are released, and in ways that recognise barriers of digital exclusion and means of effective communication to all groups?

Adequate scrutiny

We recognise the need for the Scottish Government to act quickly and decisively to pass the required legislation to enable lockdown measures and public services to adapt to this crisis situation. However, this has led to a significant decrease in scrutiny and participation in decision-making. It is critical that as the COVID-19 crisis

⁵ INT/CRC/STA/9095:

https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/1_Global/INT_CRC_STA_9095_E.pdf
Recommendation 9.

moves beyond the emergency crisis situation, the Scottish Government adopts the highest standards of scrutiny of law and policy-making.

In particular, we are very concerned about the weakening in transparency of government decision-making as a result of Freedom of Information lengthened deadlines. We note that this weakening has not taken place in other democratic countries and we are concerned that this may be disproportionate to its aim. As the Global Network of Information Commissioners states:

‘Public authorities must make significant decisions that affect public health, civil liberties and people’s prosperity. The public’s right to access information about such decisions is vital. Public bodies must also recognise the value of clear and transparent communication, and of good record-keeping, in what will be a much-analysed period of history.’ⁱ

Instead, the emergency FoI provisions focus on the needs of designated bodies at the expense of the rights of requestors. Responses to requests for information should still be answered ‘promptly’ but the real time for answering has been extended from 20 to a maximum of 60 working days. Requests for internal reviews when a request has been refused or partially answered has also been tripled. There is no variation in the new response timelines if the public interest is engaged by the purpose or nature of the information requested. Even if the public interest is in favour of the information being disclosed within the original maximum time of 20 working days, the law now permits disclosure being delayed for up to 60 working days.

The Scottish Government must make reports to Parliament every two months on delivery of the emergency legislation. That is a crucial opportunity for MSPs to assess if the reports are robust enough or if more information and data gathering is important.

Question 6: Will the Committee agree what types of information should be included in these reports so that there is real time reporting of the impact on human rights and equalities?

Question 7: Will the Committee seek detailed reports on whether information management and disclosure under the Freedom of Information (Scotland) Act 2002 remain on track?

Question 8: Does the Committee support the ‘FoI COVID-19 Agenda’, set out by the Campaign for Freedom of Information in Scotland⁶, with four key called-for actions:

1. MSPs require regular reports from Ministers on backlogs to FoI requests accumulating in the public bodies for which they are responsible across Scotland⁷, e.g. health boards and local authorities.

⁶ <https://www.cfois.scot/>

⁷ Scottish Government website sets out ‘responsibilities’ at <https://www.gov.scot/about/who-runs-government/cabinet-and-ministers/cabinet-secretary-health-and-sport/>

2. MSPs seek assurances from Ministers that the current 'Publication Scheme', required under FoISA, is still being complied with in the sectors which they fund and have responsibility for.
3. MSPs seek new pro-active information disclosure from the Scottish Government and establish a quality assurance methodology which informs the type and timing of the information disclosed in 'the public interest'.
4. MSPs request regular reports from the Scottish Information Commissioner on regulatory practice of over 10,000 designated public bodies under FoISA.⁸

Question 9: What will the Scottish Government do to embed sufficient timescales and consultative processes to enable proper scrutiny, comment and debate on COVID-19 new policy and law?

Question 10: In what way and to what extent did the Scottish Government involve rights holders as well as duty bearers in preparations for the emergency legislation, and what impact did this have?

The right to food (Article 11 International Covenant on Economic, Social and Cultural Rights)

Household food insecurity has increased sharply since social distancing and lockdown measures. This is a result of loss of income, not a shortage of food, including for those working in the food sector. Despite the government's clear guidance that people should stay at home, thousands of food bank volunteers have been expected to continue to source, sort, pack and distribute food to people who have been left without the financial means to meet their needs. Statutory services, whose staff are themselves working from home, continue to refer people in financial crisis to food banks rather than providing cash payments. We recognise the huge value of the voluntary sector being able to respond quickly and effectively in this crisis, getting food and other vital necessities to those who need them most. However, by continuing to rely on charitable food aid providers to support the most financially vulnerable, Scottish Government and local authorities are failing to fulfil their obligation to protect the right to food for everyone in Scotland.

Many disabled people who are at high risk from COVID-19 report difficulties in obtaining food or medicines – some have reported not being prioritised for home deliveries by supermarkets, being forced to go to shops when they should be shielding, when they do go shopping their impairments are not taken into account by supermarket staff and some bus services in rural areas have been withdrawn causing additional issues.

Question 11: What measures does the Scottish Government have in place to work with local authorities to continuously review whether those who are food insecure during this crisis are accessing appropriate financial support from its additional £45m investment in the Scottish Welfare Fund?

⁸ The Commissioner's Guidance on the Act acknowledges quarterly statistical returns may be delayed <http://www.itspublicknowledge.info/ScottishPublicAuthorities/Covid-19-AuthorityFAQs.aspx#foistats>

Question 12: What measures have the Scottish Government and local authorities put in place to ensure that the Food Fund, Wellbeing Fund and Supporting Communities Fund prioritise strategies that do not force people to have to choose between their health and food, by enabling everyone to stay at home or access their choice of food from their nearest shops, rather than having to travel to access food provision?

Question 13: What EQHRIA are planned or in place to ensure that vulnerable groups at a higher risk of food insecurity e.g. disabled people, those with No Recourse to Public Funds, larger families subjected to the benefit cap, have their right to food protected during lockdown measures?

Question 14: The Child Poverty Action Group in Scotland write, “We believe support in the face of the COVID-19 crisis must be provided in a way that gives families the choice and agency to meet their family's needs in this exceptional time. A cash payment in lieu of free school meals would be a dignified response, respectful of human rights and avoiding any potential stigma⁹.” What is the Scottish Government doing to ensure that cash payments – not vouchers or food packages - is the response to families’ needs during the coronavirus?

The right to health (Article 12 of International Covenant on Economic, Social and Cultural Rights), and to live independently and be included in the community (Article 19 of Convention on Rights of Persons with Disabilities)

It is widely recognised that COVID-19 will not affect everyone in society in the same way, and that the impact will be felt differently, for example by those with protected characteristics and differing socio-economic status. Disabled people, people with long term conditions and unpaid carers are disproportionately impacted, not only by the shielding measures, but also by the reduction in the social care support on which they rely to fulfil their human rights (as well as the longer term economic and social impacts of the crisis). Many disabled people are seeing the care and support that they rely upon withdrawn overnight - this should not happen and is an infringement of their human rights.

In addition, many people including disabled people are worried about not being able to access medical appointments or routine health services which have been cancelled as a result of the crisis. This includes mental health clinics and group therapy sessions, access to Child and Adult Mental Health Services, therapeutic services such as physiotherapy, occupational therapy, hydrotherapy and therapeutic swimming, and addiction services. This has a long-term impact on their right to health.

Question 15: Despite the offer of additional financial support for social care support from the Scottish Government, thousands of people have lost support since the beginning of the crisis. Have Health and Social Care Partnerships undertaken any EQHRIAs of these decisions?

⁹ <https://cpag.org.uk/news-blogs/news-listings/childrens-charities-parents-groups-teaching-unions-and-churches-unite-call>

Question 16: Unpaid carers are among those most disproportionately impacted by the pandemic. Will the Scottish Government consider increasing the financial support they receive? What other measures are they taking to ensure that unpaid carers get the support and the protections that they need to protect their right to life, to health and to an adequate standard of living?

Question 17: What is the Scottish Government doing to ensure that the right to health is taken into account across decisions about prioritisation, particularly cancellation, of vital health services?

The right to life

As the Committee will be aware, some people with long term conditions, disabled people and unpaid carers have been approached to sign Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms by their GPs and social care support workers since the beginning of the pandemic. It is very concerning that undue pressure is being applied, undermining people's right to life and dignity.

Question 18: What guidance will the Scottish Government provide to ensure that advance care planning respects human rights and does not have a disproportionate impact on any groups, including those that have protected characteristics under the Equality Act 2010?

The right to protection

Women are at increased risk of domestic abuse and violence during this time of lockdown and social distancing. All women are at increased risk, but some women may have additional barriers to accessing support including those from groups identified elsewhere in this briefing; and acutely or chronically ill women (particularly those shielding or those reliant on carers). Women and children living with someone who is shielding, are shielding themselves or living with someone more vulnerable to COVID-19 are at increased risk to domestic abuse and violence as perpetrators are aware that they have less recourse to leave the house. For victim/survivors who do not live with their abusers, they may feel an increased level of fear at the prospect of their abuser knowing that they are at home, and the possibility for further surveillance that this creates¹⁰. In addition, women who sell sex are at increased risk of violence and exploitation as evidence from other countries indicates that demand for sex is as high as before COVID-19 and that men are using the crisis to further manipulate vulnerable women to engage in more risky behaviour than before (such as abandoning the use of condoms).

Without the support of school or nursery, children and young people's safety can also be at increased risk during this time. School closures may put girls at increased risk of 'honour based violence and abuse' including forced marriage and FGM. Children may find themselves in unsupervised care of an abusive parent, and be at increased risk of child sexual assault. Of course, violence against women and girls is not created by the pandemic, but experience from around the world and from

¹⁰¹⁰ Scottish Women's Aid statement, at: <https://womensaid.scot/wp-content/uploads/2020/03/COVID-19-Statement-19-March-2020.pdf>

previous pandemics means that we know that women's right to protection and right to life is at particular risk during the coronavirus.

Question: What is the Scottish Government doing to fulfil women's right to protection during the coronavirus including monitoring and responding to the need for extra support and refuge places, and clear communications about the support available and women being lawfully allowed to leave home to escape violence?

Question: What is the Scottish Government doing to address the barriers to accessing support that the more vulnerable women outlined above may experience? In particular, noting that each group will experience different and complex barriers, including, for example, that migrant women are able to access the support that they need?

Question: What is the Scottish Government doing to ensure the safety of women who are at increased risk of domestic violence and abuse, including women with disabilities and women who are shielding or living with someone who is shielding?

Question: What is the Scottish Government doing to support women who sell sex and who are at increased risk of exploitation and violence?

Question: What is the Scottish Government doing to ensure children's safety due to school closures? In particular, what is the Government doing to prevent 'honour-based violence and abuse' amid school closures?

Human rights-based policing

It is crucial for the safeguarding of human rights in Scotland that use of new and extraordinary policing powers is monitored to ensure that it is in line with human rights law and standards. We highlight that use of these new powers must not discriminate against any group. For example, for those with alcohol addictions, being able to access shops to buy alcohol is essential for their right to health – reports of police deciding that this is not essential and thus subject to fines and other actions is discriminatory and potentially beyond the reach of their powers.

Question 20: How does the Scottish Government intend to monitor and evaluate Police Scotland's use of existing and extraordinary powers in response to this crisis, and what steps have been taken to ensure that the police do not overstep the law? What guidelines and training have been issued to police officers related to the coronavirus? In particular, how will they assess whether use of restraint, including spithoods and tasers, has been in line with scientific and medical best practice?

Migrants' human rights

Migrants, asylum seekers and refugees already face disproportionate discrimination and inequality across all areas of society. COVID-19 has exacerbated these inequalities and in many cases left migrants including undocumented migrants in

precarious housing and living on inadequate funds. The lived reality of migrants' lives acts as a harrowing example of the way in which COVID-19 follows the same path of already established inequalities in Scotland.

Question 21: What analysis has the Scottish Government undertaken (or is planning to undertake) to better understand the impact of COVID-19 on the migrant population (including disaggregated data by migrant group; "New Scots"/Asylum Seekers/Refugees), and what measures will be taken to address inequalities faced by the migrant population?

Question 22: What steps has/will the Scottish Government take to protect the most vulnerable migrants who do not currently have recourse to public funds and what support has been provided to charities, local government and third sector partners to enable them to respond adequately to the emergency needs of the migrant population?

Question 23: Multiple cases have come to light of private sector housing agencies and employer mistreatment of migrants and asylum seekers during the COVID-19 crisis - how has/will the Scottish Government intervene to protect migrant lives?

Those with No Recourse to Public Funds cannot access the Scottish Welfare Fund. Instead, despite a rise in Universal Credit during the coronavirus, those in the asylum system are left with only £5 to live on per day¹¹. We emphasise again: human rights apply regardless of immigration status.

Question 24: What assessment has the Scottish Government undertaken of extending the Scottish Welfare Fund to all, and to using the full range of their social security powers to urgently address the economic impacts arising and increasing due to the coronavirus?

Question 25: What discussions has the Scottish Government had with the UK Government Home Office to allow the implementation of emergency measures to protect the migrant community, for example; to allow emergency extension of visas and to allow a suspension of no recourse to public funds rules? Will the Scottish Government publish the agendas and minutes of any such meetings or communications?

Monitoring impact on BME community

Preliminary analysis has found that the black and ethnic minority community faces a significantly higher risk from COVID-19, compounded by this community being disproportionately represented in frontline/key areas of employment and often on low pay. The idea that the global pandemic is an "equaliser" and acts as a danger to every individual in the same way is a dangerous and inaccurate myth. For example, an increasing volume of evidence is emerging in England and Wales that Black and

¹¹ For more detail, see: <https://www.freedomfromtorture.org/>

minority ethnic (BME) people are disproportionately impacted by COVID-19 - the Institute for Fiscal Studies found that the rate of deaths per-capita in hospital due to COVID-19 is highest among the black Caribbean population.¹² This is similar to the findings of the Intensive Care National Audit and Research Centre which indicated that hospital patients in England, Wales and Northern Ireland who were of Black, African and Caribbean ethnicity were more likely to be critically ill with COVID-19 than other ethnic groups¹³.

Question 26: Are NHS Scotland and associated bodies undertaking ethnic monitoring of people infected by COVID-19, those in hospital, those in intensive care, and those dying as a result of COVID-19, and will this data be published? If this monitoring is not currently being carried out, what steps will they take to urgently carry out such monitoring?

Question 27: What analysis has the Scottish Government undertaken (or is planning to undertake) to better understand the impact of COVID-19 on BME people, including access to support, and what measures will be taken to address discrimination?

Question 28: The Ethnic Minorities National Resilience Network has 69 community organisation members across Scotland and is coordinated by BEMIS. This network is receiving multiple accounts of individuals and communities being unable to progress through the Universal Credit application process. How are the DWP ensuring that their systems can be accessed in the midst of social distancing and lockdown and where applicants do not have access to the internet?

Question 29: There is concern that there has been a rise in hate crime and discrimination against certain ethnic minorities including Roma communities and people from the Far East - what are the Scottish Government doing to monitor incidence of hate crime and take action to address and prevent this?

LGBT people's human rights

A significant number of LGBT people including young people already have indicators of poor mental health such as anxiety, depression, self-harm, and suicidal thoughts etc at a higher level than the general population. We anticipate that this may be heightened during this current time. LGBT Youth Scotland is also aware that NHS mental health staff are being re-deployed, and this will have a significant impact on those LGBT young people who can no longer access clinical support (or were on a waiting list to do so).

Question 30: What assessment has the Scottish Government undertaken on the impact on LGBT people including young people who are currently not able to access urgent clinical support? And what mitigating strategies have been put in place?

¹² Institute for Fiscal Studies, Are some ethnic groups more vulnerable to COVID-19 than others?, 2020

¹³ ICNARC report on COVID-19 in critical care, 2020

LGBT people experience domestic abuse at the same rates as women (1 in 4). In other countries where lockdown measures have been put in place, domestic abuse has increased. LGBT young people may be affected by domestic abuse taking place in their family home or they may be living with a partner and experience domestic abuse in their relationship.

Question 31: What resource has the Scottish Government made available to ensure that promotion of domestic abuse services are accessible for LGBT people including young LGB and trans young people, and how much of this is for non-digital platforms?

Question 32: How is the Scottish Government ensuring there are age appropriate homeless options for young people, and what resource has been put in place regarding safeguarding?

Freedom from inhumane and degrading treatment

Scottish Prison Service guidance on 'COVID-19: Regime For Those In Isolation' states that anyone in custody who is displaying signs/symptoms of COVID-19 must be held in isolation on Rule 41 for a minimum of 7 days or until they are asymptomatic; and anyone who is sharing a cell with someone who is displaying signs/symptoms of COVID-19 must be held in isolation on Rule 41 for a minimum of 14 days.

Question 33: How can this be adequately monitored to ensure that periods of isolation are not extended for prolonged periods of time, if HMIPS Remote Monitoring Framework is only reported on a quarterly basis, and the Liaison Visits Framework is not yet up and running?

Question 34: What assurance can the Scottish Government and the Scottish Prison Service give that they are taking steps to ensure that such medical isolation does not amount to solitary confinement in contravention of international human rights?

Human Rights Consortium Scotland

May 2020
