**RESPONSE OF THE UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND TO THE JOINT QUESTIONNAIRE BY SPECIAL PROCEDURES MANDATE HOLDERS ON PROTECTING HUMAN RIGHTS DURING AND AFTER THE COVID-19**

**June 2020**

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# **COMMON QUESTIONS**

## **Impact on Human Rights**

***Please explain the impact of the pandemic on the enjoyment of human rights and what actions have been taken by the State to respect, protect and fulfil human rights?* &  *Are there any measures put in place in your country following the pandemic which have had a limiting effect on human rights? If so, please list them, provide an explanation for their adoption and indicate the time-frame by which they will be lifted?***

***a) Were these measures determined by law? If yes, please indicate the relevant legislation.***

***b) Why were these measures necessary to respond to the COVID-19 situation?***

***c) Were these measures proportional in view of their expected results to counter the pandemic?***

***d) Did these measures have any discriminatory effects on various groups of the population? If so, please indicate which ones and why.***

The UK Government is committed to protecting and respecting human rights. We have a longstanding tradition of ensuring that rights and liberties are protected domestically and of fulfilling our international human rights obligations. We have strong human rights protections within a comprehensive and well-established constitutional and legal system.

The Coronavirus Act 2020[[1]](#footnote-1) received royal assent on 25 March 2020. The measures in the Act are temporary, proportionate to the threat we face, will only be used when strictly necessary, and will be in place only for as long as required to respond to the situation.

The purpose of the Coronavirus Act is to enable the Government to respond to an emergency, and manage the effects of the COVID-19 pandemic. A severe pandemic will lead to a reduced workforce, increased pressure on health services and death management processes. The Act contains temporary measures designed either to amend existing legislative provisions or introduce new statutory powers that are designed to mitigate these impacts.

The Act is part of a concerted effort across the whole of the UK to tackle the COVID-19 outbreak. The intention is that it will enable the right people from public bodies across the UK to take appropriate actions at the right times to manage the effects of the outbreak. These extraordinary measures do not apply in normal circumstances. The government will report to Parliament every two months on use of the powers in the Act, and there will be the opportunity every six months for Parliament to express a view on continued use of those provisions of the Act that are not temporary or devolved provisions.

Under section 19 of the Human Rights Act 1998, a Minister in charge of a Government Bill must make a statement on the compatibility of that legislation with the European Convention on Human Rights. Section 19 statements are placed in the public domain to provide reassurance and transparency that such an assessment has taken place. A section 19 statement confirming the compatibility of the then Coronavirus Bill with Convention rights was made by the Secretary of State for Health and Social Care on the introduction of that legislation.

The Human Rights Act 1998 gives further effect in our domestic law to certain rights and freedoms drawn from the European Convention on Human Rights. The UK is committed to the European Convention on Human Rights[[2]](#footnote-2). Qualified rights in the European Convention on Human Rights, including Articles 8, 9, 10, 11 and A1P1, may be subject to interference without that interference breaching that right. In order for interference with a qualified right to be justified then the interference must pursue a legitimate aim; be in accordance with the law; and be necessary and proportionate to the legitimate aim pursued.

The measures that have been taken are considered to be clearly justified as being necessary to protect life, and clear safeguards exist, including those built into the public health regulations, such that as soon as the restrictions are no longer necessary to protect against the spread of the virus and to achieve public health aims then there is a duty to remove them. Given the serious nature of the policy aim, being the public health circumstances and the severe threat to life, the government is satisfied that any interference with the qualified rights is fully justified.

***Please describe whether responses to the pandemic by States, businesses, faith-based organisations or other actors have resulted in a rollback of human rights, including in relation to affirmative action, gender equality, inclusion of persons with disabilities and LGBT persons, land rights of indigenous peoples’ or access to sexual and reproductive health services?***

The UK is aware of the significant disparities in impacts of the COVID-19 crisis on different groups around the world, including an increase in violence against women and girls. We are working to ensure that the UK’s and the global response to COVID-19 explicitly consider, and support, women and girls. Addressing gender equality, and putting women and girls at the centre of the economic recovery, are of paramount importance. The UK Government is working with international partners to protect the most marginalised and vulnerable individuals affected by the economic and socio-economic impact of COVID-19 around the world. This includes women and girls; children, adolescent and young people; people with disabilities; LGBT communities and other excluded groups by scaling up social protection and safety net programmes and ensuring political empowerment of these groups.

The UK recognises that there is a worrying effort to rollback women’s rights in many countries, and at the international level, to undermine agreed language in multilateral negotiations. The UK is committed to resisting this and to protecting the hard-won rights of women and girls around the world. The UK will also ensure that the rights of women and girls at home and globally are taken into account during and after the COVID-19 pandemic.

Regarding access to abortion services, in England, Scotland, and Wales, two temporary measures have been put in place. Women and girls can take both pills (Mifepristone and Misoprostol) for early medical abortion up to 10 weeks gestation in their own homes, following a telephone or e-consultation with a clinician, without the need to attend a hospital or clinic beforehand. In England and Wales, doctors can prescribe both pills for the treatment of early medical abortion from their own homes. In Northern Ireland, following decriminalisation in October 2019 and regulations for a medical framework introduced in March 2020, abortion services are now starting to be provided - where early medical abortion is now available, women can attend a clinic to take the first pill and can take the second pill at home. Women from Northern Ireland can still access abortions in England via the Government’s travel scheme. All costs associated with the procedure continue to be covered. The central booking scheme is making arrangements for women to travel by ferry from Northern Ireland to England. With this in place, we are confident that all women who need the service are able to access it.

We are also taking action to ensure access to other women’s health services. To reduce the risk of COVID-19 and to free up staff to work elsewhere in the NHS, sexual health services are temporarily reducing their face-to-face appointments and are prioritising emergency or urgent cases. As set out in published Community Health Services prioritisation guidance[[3]](#footnote-3), there is a need to continue delivering at least a minimum level of sexual and reproductive health services, including testing for Sexually Transmitted Infections and treatment and provision of contraception. On 1 May, the Secretary of State for Health announced that the Human Fertilisation and Embryology Authority had lifted the suspension of fertility treatments that had been in place since 23 March 2020. In line with the latest clinical advice from the professional bodies, clinics were able to apply to re-open from 11 May. Clinics will need to meet robust criteria to assure the regulator that they can provide safe and effective treatment. Social distancing will need to be maintained.

We recognise that some LGBT people could face additional risks in relation to dealing with COVID-19 – in particular, those who are receiving medical treatment or need to access mental health support. The UK’s National LGBT Health Adviser is ensuring that clear physical and mental health guidance and support is being provided to LGBT people and the UK Government is engaging with the LGBT charity sector to understand how we can best support the LGBT population at this time. Some young transgender people are isolated in homes with families who are not supportive of their transgender status or gender identity, with implications for physical and mental health. The Government is in close contact with the LGBT third sector and key frontline organisations which have been adapting their services during the lockdown to provide support to people in these challenging circumstances.

There is also some limited evidence indicating that incidence of mental health problems is high for transgender people.[[4]](#footnote-4) The current disruption to usual routines may therefore present a particular challenge to these groups. Transgender people may also have gender affirming surgery and treatment cancelled or delayed as Trusts that host a Gender Identity Clinic are complying with national advice to prevent face-to-face contact unless urgent. This could have negative consequences for mental health. National Health Service (NHS) Englandhas advised GPs on measures to ensure continued access to treatment and prescriptions wherever possible, such as via electronic repeat dispensing. Comprehensive advice has also been issued[[5]](#footnote-5). Currently, some public sector organisations collect diversity monitoring data by gender identity or transgender status, but this is not yet universally collected. There are also a limited number of private sector organisations that do the same. This may affect our understanding of the impact of pandemic on transgender people. We are addressing this in a variety of ways, including by adding questions to the next National Census in 2021, and by working with the Office for National Statistics on developing a harmonised standard for monitoring both sexual orientation and gender identity.

Young people also face a potential impact on their physical and mental wellbeing through being isolated in homes with families who are not supportive of their sexual orientation. Government is in close contact with the LGBT third sector and key frontline organisations which have been adapting their services during the lockdown. Research has suggested that adults who identify as LGB were twice as likely as heterosexual adults to experience symptoms of common mental disorder, for example, symptoms of anxiety or depression. Social distancing may exacerbate these problems. The LGBT Foundation has reported that calls to their LGBT+ helpline have doubled during the lockdown.[[6]](#footnote-6) The Government is providing additional funding for Mental Health charities to help them to respond to the COVID-19 impacts on mental health.

A review of evidence, commissioned by the Government Equalities Office, suggests that LGBT people’s dissatisfaction with health services is largely driven by experiences of discrimination, heteronormativity, and a lack of information and/or staff knowledge on LGBT people’s health needs. This may mean LGBT people are less likely to try to access healthcare for coronavirus[[7]](#footnote-7). We continue to fund the LGBT National Health Adviser to ensure that LGBT people's needs are considered across the NHS**.** Most of the public sector, and an increasing proportion of the private sector, collect diversity monitoring information that includes sexual orientation. Some gaps do remain however, including within healthcare. We are addressing this in a variety of ways including adding questions to the next National Census in 2021, and, by working with the Office for National Statistics on developing a harmonised standard for monitoring both sexual orientation and gender identity.

***Please explain if economic recovery and financial assistance mechanisms to reduce the social economic impact of the measures adopted have been subjected to prior human rights impact assessments?***

The UK Government is committed to protecting and respecting human rights. We have a longstanding tradition of ensuring that rights and liberties are protected domestically and of fulfilling our international human rights obligations. We have strong human rights protections within a comprehensive and well-established constitutional and legal system.

In relation to equalities assessments, Her Majesty’s Treasury takes care to pay due regard to the equality impacts of its policy decisions relating to the COVID-19 outbreak, in line with all legal requirements and the government’s commitment to promoting equality.

## **Statistical Information**

***Please provide epidemiological data on COVID-19 infections, recovery and mortality rates in your country, region or locality, disaggregated by nationality, race, ethnicity, religion, membership of indigenous peoples, age, gender, sexual orientation and gender identity, income/poverty levels, disability, immigration status or housing situation. Which groups in your country have been disproportionately affected by COVID-19 and how can this be explained?***

The Department of Health and Social Care (DHSC) regularly updates epidemiological data on COVID-19 which is published on gov.uk[[8]](#footnote-8). As of Sunday 21 June at 4pm, there have been 304,331 lab-confirmed UK cases of COVID-19 and 42,632 COVID-19 associated UK deaths. This data also covers daily increases in both cases and deaths, and provides data disaggregated by nation, region and local authority.

The Government has published a review on the disparities in risks and outcomes of COVID-19 in relation to age, ethnicity, gender, and other factors[[9]](#footnote-9). This is a descriptive review of surveillance data on disparities in the risk and outcomes from COVID-19. The review looked at different factors including age and sex, where people live, deprivation, ethnicity, people’s occupation and care home residence. The review’s findings are based on the latest surveillance data available to Public Health England (PHE) and from links to wider health data sets. The findings help improve our understanding of the COVID-19 pandemic and will help guide the future public health response to it. Some analyses outlined in this review are provisional and will continue to be improved. Further work is planned to obtain, link, and analyse data that will complement these analyses.

***Please share any information and data on the availability of health services to ensure access to testing, personal protective equipment and treatment. Please specify to what extent supply issues, economic, social or other barriers have limited access to testing, personal protective equipment and health care services, in particular for persons belonging to particular racial or ethnic groups, indigenous peoples, older persons, persons with disabilities, LGBT persons, persons living in poverty or in situation of homelessness, migrant workers, or persons without legal residency status.***

In response to the crisis, we have massively expanded our supply of personal protective equipment (PPE) from overseas and our own domestic manufacturing capability. We are rapidly progressing over 23,000 offers from suppliers and ensuring they meet the safety and quality standards that our NHS staff need, as well as prioritising offers of larger volumes. We have contracted with over 150 new suppliers able to deliver at the scale and pace the UK requires. We have now signed contracts for over 2 billion items of PPE through UK-based manufacturers, including facemasks, visors, gowns and aprons, ensuring that we build and maintain a domestic base for the future. Since the start of the outbreak, we have delivered nearly 2 billion pieces of PPE to the frontline, and we are confident in the stocks and sources of supply of PPE to meet the needs of health and social care throughout the remainder of this pandemic.

In addition to the above, we have gained clear sight of hospital stocks in order to respond quickly to need. To ensure that this PPE reaches where it needs to, we have massively scaled up our distribution network. The NHS, industry and the Armed Forces have worked together to create a PPE distribution network. The normal supply chain for PPE was designed to accommodate delivery to 226 NHS Trusts. We are now providing essential PPE supplies to 58,000 different settings, including care homes, hospices, and community care organisations. This is an unprecedented shift in scale.

Coronavirus has created a significant PPE supply issue for the health and social care sectors. Global markets have faced a significant surge in demand and this has resulted in vast increases in the cost of PPE, demonstrating the market's response to increased competition. To tackle the rise in competition, we have centralised procurement of PPE, to limit the potential of different parts of the health and social care sector competing against each other and pushing prices up further. We have also expanded our supply of PPE, both from overseas and through our domestic manufacturing capability. We are working to secure products for other groups of patients and staff, for example securing approval for a product to support patients who need to lip read.

Ahead of findings of the Public Health England investigation into the impact of COVID-19 on people from Black, Asian and minority ethnic (BAME) backgrounds, hospitals were asked to take the precautionary measures including risk-assessing staff at potentially greater risk. Staff with particular concerns are able to raise them with their trust. DHSC are exploring specific PPE requirements for protected groups to determine future policy and priorities and the impact on future PPE strategy. To support the development of new or updated guidance from Government that includes advice on PPE, we have created a PPE impact assessment which provides a prompt to consider an assessment of inequalities as part of the process.

***Please provide us with data indicating the social-economic impact of the economic downturn triggered by COVID 19 such as changes to household income, increase of unemployment, access to food and traditional livelihoods, poverty or homelessness in your country, region or locality, disaggregated by nationality, race, ethnicity, age, gender, sexual orientation and gender identity, disability, religion or immigration status.***

The Office for National Statistics publishes data that can indicate the social-economic impact of COVID-19. The most relevant data set includes ‘Coronavirus and the social impacts on Great Britain’[[10]](#footnote-10). This data covers a wide range of aspects of the impact of COVID-19 on British life – including trends in the extent and nature of social activities, working environments, and childcare.

Survey data conducted between 11-14 June showed that, as lockdown restrictions are eased, 90% of the population had left their homes that week, an additional 9% of the population reported having worked that week than the week before, and 6% fewer people reporting as being somewhat/very worried about the impact of COVID-19 on their life. As part of the Government efforts to see children return to school, 21% of adults with children of school age reported that they had been asked to send their children back to school, with 67% of these saying that their children were now attending school some or all of the time.

## **Protection of various groups at risk and indigenous peoples**

***What measures have public authorities taken to protect high-risk populations from COVID-19, including: a) health care and social workers, b) older persons, c) other persons with a possibly reduced immune system such as indigenous peoples, or persons living with HIV, d) detained and incarcerated persons, including persons under state custody; e) persons living in care homes, f) children and adults living in institutions, camps, shelters or collective accommodation, g) persons with disabilities, h) homeless persons; i) persons living in informal settlements or overcrowded homes; j) refugees, IDPs and k) migrant workers?***

The Coronavirus Act 2020 received Royal Assent on 25 March. Provisions relating to the Care Act 2014[[11]](#footnote-11) came into force in England on 31 March.

Local Authorities should do everything they can to continue meeting their existing duties prior to the Coronavirus Act provisions coming into force. In the event that they are unable to do so, the powers in the Act, known as Care Act easements, enable them to streamline assessment arrangements and prioritise care and support more effectively where necessary than would be possible under the Care Act 2014. Local authorities must meet needs where not doing so would breach an individual’s human rights under the European Convention on Human Rights.

The Coronavirus Act does not give authority to block, restrict, or withdraw whole services, but enables local authorities to make and apply person-centred decisions about who is most in need of care, and who might need to have care and support temporarily reduced or withdrawn in order to make sure that those with the highest need are prioritised. Such decisions will in some cases be challenging, and therefore should always be made within the remit of the DHSC Ethical Framework[[12]](#footnote-12). It is essential that services are not withdrawn without clear risk planning.

These measures are temporary. The Secretary of State for Health and Social Care will keep them under review and terminate them, on expert clinical and social care advice, as soon as possible. Any assessments or reviews which are delayed or not completed while a local authority is operating under easements should be completed once the local authority is again able to comply with their Care Act 2014 duties in full. On 19 June, one local authority was operating under easements. DHSC has worked with partners to publish a list of local authorities that have notified the Department of their use of easements[[13]](#footnote-13). Partners, including the Association of Directors of Adult Social Services and Think Local Act Personal[[14]](#footnote-14) are leading a piece of work to consider the lessons that can be learned from the use of easements and the impact on people.

***Can you inform us about particular measures taken to mitigate the impact of the COVID-19 pandemic for communities and groups subject to structural discrimination and disadvantage?***

The UK recognises the extreme disruption that the necessary actions are having on people’s lives, their jobs and the nation’s economy. The UK has announced unprecedented support for public services, workers, families, and businesses to protect against the current economic crisis. In particular, we moved quickly to put in place the Job Retention Scheme. Employers can put workers on temporary leave and the Government will pay them cash grants of 80% of their wages up to a cap of £2,500 per month, providing they keep the worker employed. Millions of others across the UK will benefit from the new Self-Employed Income Support Scheme, with cash grants worth 80% of their average monthly trading profit over the last three years. This is expected to cover 95% of people who receive the majority of their income from self-employment.

In addition, the Government has provided £3.2 billion of funding to local authorities to enable them to respond to COVID-19 pressures across all the services they deliver, including for services helping homeless people. We have also committed £3.2 million in targeted funding to support vulnerable rough sleepers.

The Government has made clear that the household isolation measures for COVID-19 do not apply if someone needs to leave home to escape domestic abuse. Domestic abuse survivors are automatically considered as a priority by their local authority for housing. A further £76m to support survivors of domestic abuse, sexual violence and modern slavery, as well as ensuring that vulnerable children and young people continue to get the help they need. In particular, the funding will support safe accommodation services, access to support services for survivors, community-based domestic abuse services and modern slavery services, support for charities including those assisting children at risk of sexual abuse and exploitation, and £3m p.a. investment in Independent Sexual Violence Advisers until 2022. We are also taking forward the landmark Domestic Abuse Bill to better protect victims and bring perpetrators to justice.

We have also published guidance[[15]](#footnote-15) signposting a range of services, including specific help for those who are male, LGBT or suffering from economic abuse, and provided an additional £2m in funding to support technological capability such as specialist helplines and websites. This comes alongside a new campaign, under the hashtag #YouAreNotAlone, to reassure those affected that support is available at this difficult time – inviting people to show solidarity and support for victims, using advertisement and social media to raise awareness of support, and providing materials via a wide range of partners including charities and supermarkets.

Guidance has also been published for unpaid carers (the majority of whom are women) and we have also introduced two temporary measures that have been well-received by stakeholders. Unpaid carers can continue to receive Carer’s Allowance even if they have a temporary break in caring because of COVID-19 or self-isolation; and emotional support (rather than only more traditional forms of care) can now count towards the Carer’s Allowance threshold of 35 hours of care a week. We have also made benefits more generous - increased the standard rate of Universal Credit and working tax credit for this year by around £1000 per year.

Discretionary Housing Payments[[16]](#footnote-16) can be paid to those entitled to Housing Benefit or the housing element of Universal Credit who face challenges with their housing costs. These flexible payments can be made where, in the local authority’s opinion, further support for housing costs is required. Homeowners struggling to make mortgage repayments because of COVID-19 may be entitled to a mortgage holiday for 3 months. We have also announced £6 million of emergency funding to provide relief for frontline homelessness charitable organisations which are directly affected by the COVID-19 outbreak. The Government is providing £750 million to ensure charities can continue their vital work supporting the country during the COVID-19 outbreak. This is a substantial package of targeted support for charities on the frontline of responding to COVID-19 and includes organisations that support women and girls particularly in hard to reach communities.

The Government has also introduced a plan to take loneliness and isolation, including a new communication campaign, guidance, links to volunteering schemes and funding for national and grass roots organisations. We have also introduced a national scheme for children eligible for free school meals which provides meals or vouchers for supermarkets or local shops, which can be sent directly to families.

Based on clinical advice, the Government developed a shielded patient list that means the NHS can identify and contact patients who need specific advice about their circumstances. GPs and hospital doctors can add other patients not originally identified. Each patient receives a letter (and text where possible) explaining how they can best protect themselves. Patients can also register themselves on GOV.UK if they need extra help and support.

We have a dedicated Disability Unit that is working across Government, including on mitigating the impact of COVID-19 and the public health response on disabled people. This includes improving accessibility and messaging on COVID-19 for disabled people – making the Government’s key guidance and social media feeds accessible, working with the Department for the Environment, Food and Rural Affairs to ensure that non-shielded vulnerable people are able to get the food and essentials they need; and changing clinical guidance so individuals in live-in institutions, such as those with autism and learning disabilities, can still have time with family. Additionally, we have paused standard reassessments of some key benefits while face-to-face health assessments are not taking place and included more flexible working through the Access to Work scheme, as well as publishing guidance for local authorities and educational settings to conduct risk assessments for children and young people with Education, Health and Care (EHC) plans. These should be done by the school or college, local authority, and young person or family working together, and should determine whether the child or young person is better off in their setting or at home given the balance of needs and risks. We have also developed guidance about potential reasonable adjustments for disabled people arising from use of video and audio for Court hearings.

The Government has also commissioned and published a review on the disparities in risks and outcomes of COVID-19 in relation to age, ethnicity, gender, and other factors[[17]](#footnote-17). We are taking seriously the findings from this report, and will be working to understand the key drivers of the disparities identified and the relationships between the different risk factors. The Minister for Equalities, supported by the Race Disparities Unit, is taking forward next steps including addressing gaps in data, reviewing existing guidance and actions, and improving communications on public health.

## **Social Protection**

***Please provide information on implemented and planned adjustments to the social safety net in response to the crisis, to ensure that individuals who lost all or part of their income as a consequence of the pandemic have access to sufficient nutrition, housing, water and sanitation, health care, energy and other essential goods and services? How has the State ensured fair and equitable access to social safety net measures across lines of race, gender, sexual orientation and gender identity?******&***

***How has the State approached social protection of small entrepreneurs and for people whose livelihoods are based on informal economies, in particular persons working often informally, in agricultural and other traditional livelihoods, child and health care, domestic work, construction, restaurants, street vending, tourism or sex –workers?   What specific effect have been made to assess and mitigate the relevant health and social economic risks to these populations?***

To support those on low incomes through the outbreak the government announced a package of temporary welfare measures. These welfare measures apply across Great Britain.  Welfare is devolved in Northern Ireland but Northern Ireland will be fully funded to deliver these measures and they will replicate policy in Great Britain.

We have announced unprecedented measures to support workers to stay in work during this period. These significant financial measures will help to support tenants to continue to pay their living costs, including rental payments. At the end of this period, landlords and tenants will be expected to work together to establish an affordable repayment plan, taking into account tenants’ individual circumstances.

The Government has agreed to pay 80 per cent of the wages of furloughed workers, up to £2,500 per month. Millions of people across the UK could also benefit from the new Self-Employed Income Support Scheme, with those eligible receiving a cash grant worth 80% of their average monthly trading profit over the last three years, capped at £7,500. Additionally, the Minimum Income Floor (MIF) has been relaxed for all self-employed Universal Credit[[18]](#footnote-18) claimants affected by the economic impact of COVID-19 from 6 April, for the duration of the outbreak. This means that a drop in earnings due to sickness or self-isolation or as a result of the economic impact of the outbreak will be reflected in claimants’ Universal Credit award.

We have increased the Universal Credit Standard Allowance for everyone by over £80 a month on top of the existing 1.7% (CPI) increase already announced. This additional increase means all claimants will be up to £1,040 better off. Universal Credit payments are delivered within five weeks. Claims Advances of up to 100% of potential entitlement are available within a few days if a claimant needs support during their first assessment period. To allow staff to be re-deployed to the front line, we have suspended recovery of some Government debts such as Tax Credits, benefit overpayments and Social Fund Loans. Those applying for Contributory Employment Support Allowance who may have coronavirus, or who are isolating in accordance with the government guidelines, or caring for a child (or qualifying young person) who falls into either of those categories, or those extremely vulnerable individuals who have been advised to ’shield’ (stay at home for at least 12 weeks) because they are at high risk of severe illness, will be entitled from day one of their claim – as opposed to day 8 - and we have removed the need for face-to-face assessment.

The Local Housing Allowance (LHA) determines the maximum financial support available for renters in the private rented sector. In response to COVID-19, LHA rates will increase to the 30th percentile of local rents from April for Universal Credit and Housing Benefit claimants, giving additional financial support for private renters to support them through this period. This means that rates will be set at the 30th percentile of rents in a local area for each bedroom size up to a maximum of four bedrooms, subject to the maximum caps which will continue to apply. This increase will mean an additional £1bn of support for private renters claiming Universal Credit or Housing Benefit in 2020/21, and benefits over 1m households including those in work.

The Government also agreed measures with the energy industry to protect the domestic energy supply of those most in need during the disruption caused by COVID-19. There has been a freeze on energy disconnections for those on regular credit meters. For those with prepaid meters who are unable to top up because of self-isolation, suppliers may offer postal delivery of top-up credit or automated addition to accounts.  Energy firms are also offering forbearance to vulnerable customers on a voluntary basis. Additional measures were agreed with the UK’s major telecommunications to support and protect vulnerable consumers and those who may become vulnerable due to circumstances arising from COVID-19. Within the water sector the regulator Ofwat is working with the industry to step up support to vulnerable households struggling to pay their water bills because of COVID-19.

A rebate scheme reimbursing employers with less than 250 employees for up to two weeks of Statutory Sick Pay (SSP) per employee has been introduced. SSP has also been extended to those ill, self-isolating or social shielding because of COVID-19. Eligible employees will receive SSP from the first day of sickness absence. This applies for sickness absences starting on or after 13 March 2020.

Employees who are self-isolating in line with government advice because they are displaying symptoms, or because someone in their household is displaying symptoms, of Coronavirus, and are unable to work as a result, will be entitled to SSP. Other eligibility criteria will apply. Employers can claim for furloughed employees who are shielding in line with public health guidance (or who need to stay home with someone who is shielding) if they are unable to work from home. This is intended as a safety net for individuals, in cases where their employer chooses not to furlough them under the Coronavirus Job Retention Scheme and does not have other suitable policies in place (e.g. the ability to work from home, or the provision of special leave). This also applies to individuals who have been identified as extremely vulnerable and have been advised to stay at home either via a letter from their doctor or contact directly from their health service.

The Government has temporarily suspended the requirement for face-to-face Jobcentre Plus appointments from 19 March for *all* claimants in Universal Credit, New Style Job Seekers Allowance and Employment Support Allowance, old-style Job Seekers Allowance and Employment Support Allowance, and Income Support. They will continue to receive benefits as normal and will not be sanctioned for not taking part in appointments with Jobcentres. Similarly, because we recognise the need for our staff to focus on the processing of claims, we will not be checking conditionality compliance regarding work preparation, looking for and being available for work initially for three months. This means that claimants will not receive any new sanctions if they are unable to meet these commitments during this period. (To note – this initial suspension period is until the end of June).

Various measures have also been introduced to support businesses during the pandemic. The Government has made £20bn of direct fiscal support available for businesses in England through tax relief and cash grants to help business manage cash flow. This includes cash grants of up to £25,000 for retail, hospitality, and leisure businesses with a rateable value of between £15,000 and £51,000 and a Bounce Back Loans scheme to provide loans of up to £50,000 to benefit small businesses with a 100% government-backed guarantee for lenders. Alongside these, we have also introduced cash grants of £10,000 for several hundred thousand businesses eligible for small businesses eligible for business rate relief and rural rate relief. The support package also includes support for liquidity among large firms, with a major new scheme being launched by the Bank of England to help them bridge Coronavirus disruption to their cash flows through loans. We are also entirely removing all eligible properties in the retail, hospitality and leisure sector from business rates, so that no pub, hotel, or high street shop will pay business rates for 12 months.

Another element of the Government’s response is the Coronavirus Large Business Interruption Loans Scheme – under which all viable businesses with a turnover of more than £45 million can apply for up to £25 million of finance. Firms with a turnover of more than £250 million can apply for up to £50 million of finance. We have also implemented a new £1.25 billion coronavirus package to protect firms driving innovation in UK. The package includes a £500 million investment fund for high-growth companies impacted by the crisis, made up of funding from government and the private sector. In addition, SMEs focusing on research and development will also benefit from £750 million of grants and loans.

We have also made loans of up to £5 million for SMEs through the British Business Bank, introduced a Small Business Grant Fund of £10,000 for all eligible business in England in receipt of the Small Business Grant Fund or Rural rates Relief, and deferred firms’ VAT payments for the second quarter of 2020[[19]](#footnote-19). Under the Retail, Hospitality, Leisure Grant, all eligible businesses in England in receipt of Expanded Retail Discount with a rateable value of less than £51,000 will be eligible for cash grants of £10,000 or £25,000 per property.

Support is also being offered through the HM Revenue and Customs Time To Pay service - which supports all businesses and self-employed people in financial distress and with outstanding tax liabilities. Our new ‘support finder’ tool[[20]](#footnote-20) will help employers and self-employed people across the UK to determine quickly and easily what financial support is available to them during the coronavirus pandemic.

## **Accountability & Justice**

***Please provide information on any alleged abuse, neglect, or serious violation of health regulations in health care institutions and institutions caring for older persons and persons with disabilities during the COVID-19 epidemic in your country?***

During the pandemic there has been an increase in calls to Care Quality Commission’s (CQC) national contact centre from staff raising concerns about care. The biggest increase has come from staff in the adult social care sector; we have received 2,612 calls from adult social care staff raising concerns in the period 2 March 2020 to 31 May 2020, compared with 1,685 for the same period in 2019 – a 55% increase.

Although calls often covered multiple topics, many of the calls (26%) related to lack of PPE or other infection control products. We have escalated these concerns to local authorities to ensure that providers get the supplies they need – in some case we have even arranged loans of PPE from another provider to cover immediate need.

Thirty-two percent of calls included concerns about how infection control or social distancing was being practised at the service they worked in and 4% of calls referred to quality of care being impacted by COVID-19.

In these cases we followed up with the provider directly, usually by phone, as part of CQC’s Emergency Support Framework (ESF)[[21]](#footnote-21), as we have only carried out a small number of physical inspections since mid-March in order to limit the number of people entering services and risk the further spread of infection.

There has also been an increase in calls about, or from, people detained under the Mental Health Act – often expressing distress or confusion about why people are more likely to be confined to their rooms rather than being able to move around freely. In response, we have also changed the way we handle calls to help support people who complain to CQC about the Mental Health Act and care or treatment while detained during COVID-19. We now prioritise contacts from, or relating to, people who are detained on in-patient units and allocate them to Mental Health Act Reviewers. Of the eight mental health services we have inspected since pausing routine inspections, five have been as a direct result of concerns raised with us by staff or members of the public.

The voices of staff are crucial to understanding quality of care on the frontline and listening to them will be key to fighting infection in health and care settings. We have strengthened our processes to help ensure that we can listen and respond as effectively as possible. Our contact centre automatically allocates calls from care workers who have concerns about the safety or quality of care to an inspector or senior member of the team to investigate, so these calls are fast-tracked, offering a quicker resolution to the issues raised.

***What measures have been taken by public and judicial authorities to address such allegations and to establish accountability, if applicable? Have any disciplinary, public inquiries or court cases been initiated, including against managers of the institutions concerned?***

CQC paused its routine inspection programme and introduced the Emergency Support Framework (ESF) on 1 May. The ESF is part of CQC’s regulatory approach during the coronavirus (COVID-19) pandemic and provides a structured framework for the regular conversations that inspectors are having with providers; it covers safe care and treatment, staffing arrangements, protection from abuse, and assurance processes, monitoring, and risk management.

The information gathered through this route is a further source of intelligence that CQC are using to monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care which protects people’s human rights.

However, while CQC paused its normal inspection programme, CQC has and continues to inspect providers where the most serious of concerns were identified. They are continuing to increase the numbers of inspections undertaken, including those in response to concerns about abuse and neglect, to ensure that safe care is being delivered across all settings, including adult social care.

Since the cessation of routine inspections on 16 March CQC has undertaken:

• 17 inspections in Adult Social Care, of which 11 were as result of concerns raised by staff or members of the public. The remainder were in response to notifications from the provider or information from key stakeholders.

• 12 inspections in Hospitals (including mental health and independent services), of which seven were as result of concerns raised by staff or members of the public. The remainder were in response to notifications from the provider or information from key stakeholders.

• Three inspections in Primary Medical Services, all of which were as result of concerns raised by staff of members of the public.

During these inspections, CQC has identified areas of concern in some providers that requires enforcement action to be taken. However, CQC cannot comment on any ongoing enforcement action due to legal constraints of reporting.

# **QUESTIONS BY THE SPECIAL RAPPORTEUR ON EXTREME POVERTY AND HUMAN RIGHTS**

***1. Do economic recovery plans include measures towards progress on national social protection floor?***

The UK Government has introduced an unprecedented package of support of over £6.5 billion to help vulnerable and marginalised families cope with the financial impact of COVID-19.

In addition to the Job Retention and Self-Employment Income Support schemes, we have increased Universal Credit and Working Tax Credit by over £1,000 for this financial year, benefiting over 4 million of the most vulnerable and marginalised households, and increased Local Housing Allowance rates - putting an average of £600 into people’s pockets.

We are focused on supporting people financially through these unprecedented times. Our long-term ambition remains to build an economy that supports employment, ensuring opportunities for all to enter work and progress, with welfare system support in their time of need. This is based on clear evidence of the important role of work in reducing child poverty.

Latest data showed that in 2018/19, compared to 2010, both rates and numbers of people in absolute poverty were lower; there were 100,000 fewer children living in absolute poverty; and the rates of material deprivation for children were at their joint lowest at 11%. Since 2018/19, the period covered by these statistics, we have introduced a £4.5 billion cash boost to Universal Credit, to ensure that vulnerable and marginalised claimants and families are supported in the transition to Universal Credit and keep more of what they earn. The further increase in the National Living Wage to £8.72 an hour (a 6.2% increase) this April means the annual earnings of a full-time worker on the National Living Wage has increased by nearly £3,700 since 2016.

***4. Have the tax reforms associated with the economic recovery plan sought to widen the tax base, by rebalancing the tax contributions of corporations and those in high-income brackets? Have the impacts of the introduction of new or higher taxes on those living in poverty been assessed?***

The UK government has announced unprecedented support for public services, business and workers to protect against the current economic emergency. To support those on low incomes, the government has introduced a package of welfare measures, including the aforementioned significant changes to the operation of statutory sick pay, universal credit, tax credits and tax deferrals, and employment and support allowance to ensure that people have quicker and more generous access to a support system; and we have taken further immediate steps to give businesses access to cash to pay its rent, salaries or suppliers. Our economic response is one of the most generous and comprehensive globally and the government is now working urgently to deliver these schemes as quickly as possible.

The UK is committed to a fair tax system in which those with the most contribute the most.  This is why the income tax system consists of three progressive rates of tax, which sit above an internationally high personal allowance. The latest statistics show that the top 1% are already forecast to pay over 29% of income tax in 2019-20. It is right that the most profitable companies also pay their fair share. In 2017-18, roughly 4,400 companies, less than 0.3%, had Corporation Tax (CT) liabilities over £1 million and contributed £31 billion in CT, which is more than 50% of total CT liability across all companies.

# **QUESTIONS BY THE SPECIAL RAPPORTEUR ON THE RIGHT TO ADEQUATE HOUSING**

***1a. Has your country declared a prohibition on evictions? Is the prohibition of evictions restricted to tenants or mortgage payers who have been able to pay their rent or serve their mortgages or broader?***

We introduced legislation through the Coronavirus Act 2020 to lengthen the notice period that landlords in the private and social rented sector are required to give tenants when they wish to regain possession of their property. It requires landlords to give three months’ notice of their intention to seek possession to regain properties that are let on a tenancy. This means that it will be three months before a landlord can apply to the court to proceed with any possession action.

The measure applies to all tenancies, not just where a tenant has been directly affected by coronavirus. It applies to all new notices in relation to assured, assured shorthold, secure, introductory, and demoted tenancies and those under the Rent Act 1977[[22]](#footnote-22). The provision in the legislation applies to all new notices, issued on or after 26 March 2020 and will be in place initially until 30 September 2020, after which the position will revert to previous legislative provisions.

Alongside legislation to delay when landlords are able to evict tenants, the Master of the Rolls[[23]](#footnote-23), with the agreement of the Secretary of State for Justice, suspended all ongoing housing possession cases for 90 days from 27 March 2020. The measure applies to ongoing possession proceedings that might be going through the courts. On 5 June 2020 the Government announced that the existing suspension of evictions from social or private rented accommodation will be extended by two months until 23 August 2020. This means that no action to evict a tenant will proceed before 24 August 2020.

All tenants and licencees who benefit from protection from eviction under the Protection from Eviction Act 1977[[24]](#footnote-24) will be protected from possession proceedings by this measure. It also applies to possession cases brought by mortgagees against homeowners, and to possession cases brought by landlords against leaseholders (forfeiture).

The Government will also continue work, which has begun with the judiciary, legal representatives and the advice sector on arrangements, including new rules, to ensure that, when the moratorium on evictions ends, the courts are better able to address the need for appropriate protection of all parties, including those shielding from coronavirus. This is to ensure that judges have all the information necessary to make just decisions, and that the most vulnerable tenants can get the help they need.

***1c. Have any measures been taken to ensure that households are not cut off from water, heat or other utility provision when they are unable to pay their bills? & 2. Please provide information about other legal or financial measures aimed to ensure that households do not lose their home if they cannot pay their rent or mortgage payments? Have any other tenant protection measures been adopted in response to the pandemic?***

The Government introduced a range of measures to help support tenants in continuing to pay their living costs, including rental payments and prevent them from getting into financial hardship or rent arrears.

The Government has put in place an unprecedented support package, including support for businesses to pay staff salaries, as well as a strengthening of the welfare safety-net with a nearly £7 billion boost to the welfare system. As of 31 May 2020, 8.7 million people had been supported through the Coronavirus Job Retention Scheme, with these claims totalling £17.5 billion[[25]](#footnote-25).

We have also increased Local Housing Allowance (LHA) rates so that they are set at the 30th percentile of market rents in each area. The LHA is used to determine the maximum amount people renting from a private landlord can claim in Housing Benefit/Universal Credit.

We have delivered a £500m Hardship Fund to enable councils to provide council tax relief to low income households. In particular, the expectation is that all working-age recipients of Local Council Tax Support will receive a further reduction in their bill of £150. These significant financial measures will help to support tenants in continuing to pay their living costs, including rental payments.

For landlords and homeowners, mortgage lenders have agreed to offer payment holidays of up to three months where this is needed due to Coronavirus-related hardship, including buy-to-let mortgages. This was extended by a further 3 months on 22 May (until 31 October 2020).

***4. What measures have been taken by authorities to ensure that migrant and domestic workers housed by their employers continue to have access to secure housing during the pandemic and in its aftermath? If migrant workers left their place of work to return to their place of origin, what measures were taken to ensure their right to housing?***

Depending on the type of tenancy which these individuals hold, they may be covered by our measures to protect renters during the period affected by the COVID-19 pandemic. If an individual is not a tenant and his/her employer wants to end that person’s employment because he/she is no longer required (rather than due to misconduct) then it will depend on individual circumstance. We are advising individuals to check their employment contract as it may set out how much notice they should be given. Their landlord will usually have to apply to the court for a possession order if they do not leave when the notice period expires. Therefore, these individuals will be protected by our measures suspending possession proceedings through the courts.

If a place of employment requires someone to live-in to be able to do the job, or the occupation of the accommodation is necessary for the performance of that person’s duties, and his/her contract clearly states this, he/she is classed as a service occupier. This will include some teachers in boarding schools, caretakers, carers and hotel staff, for example. As these individuals do not have a tenancy in this situation they are not covered by this emergency legislation.

***5. Have any measures been taken to provide safe accommodation for person in situation of homelessness? If yes, how many persons were housed, in what form, where and for how long? How will it be ensured that persons provided with temporary accommodation will have access to housing after the crisis?***

We are ensuring some of the most vulnerable in society are protected from the pandemic through providing £3.2 million of emergency funding to support vulnerable rough sleepers. This is backed by a further £3.2bn of Government funding to help councils respond to coronavirus, including support for the most vulnerable, in addition to the £606 million committed to tackle homelessness and rough sleeping in 2020 to 2021 - a £238 million increase in funding from the previous year.

Nearly 15,000 vulnerable people have been housed in emergency accommodation, including hotels, since the start of the COVID-19 lockdown period. This includes people coming in directly from the streets, people previously housed in shared night shelters, and people who have become vulnerable to rough sleeping during the pandemic.

Building on the considerable success so far, we announced that Dame Louise Casey will spearhead a Taskforce to lead the next phase of the Government’s support for rough sleepers during this pandemic. This Taskforce has one overriding objective: to ensure that as many people as possible who have been brought in off the streets in this pandemic do not return to the streets.

On 24 May, the Secretary of State for Housing, Communities and Local Government announced plans for thousands of long-term, safe homes to support many of the vulnerable rough sleepers who have been supported during the COVID-19 pandemic.

***6. Can you provide examples of other measures taken or planned by national, federal, provincial or local Governments in your country to protect the right to adequate housing during the pandemic and in its aftermath?***

We have produced guidance for landlords and tenants who may be affected by the COVID-19 pandemic which we regularly update. This guidance contains information on the various measures we have taken to support landlords and tenants during the COVID-19 pandemic alongside guidance on how maintenance should be carried out at this time[[26]](#footnote-26).

On 1 June, we published updated non-statutory guidance to give practical advice to landlords and tenants on meeting health and safety expectations. The updated guidance provides clarity that, as well as carrying out essential repairs, non-essential repairs may resume, and provides advice to tradespeople wishing to enter homes of those shielding or self-isolating. On 28 March, we also published non-statutory guidance to advise local authorities in England how to effectively enforce standards in rented properties, meet their legal duties and support landlords and tenants during the unprecedented challenges posed by the COVID-19 outbreak.

We are also determined to ensure that buildings are safe to live in and will continue the remediation of high-rise buildings with unsafe cladding, while maintaining prioritised measures to ensure safety ahead of remediation. We have announced an additional £1 billion, in addition to the existing £600 million, to fund for the removal and replacement of unsafe non-ACM cladding systems on residential buildings 18 meters and above.

We are committed to supporting our country and communities, and as the crisis develops, we are constantly reviewing measures, ready to go further if necessary.

# **QUESTIONS BY THE SPECIAL RAPPORTEUR ON CONTEMPORARY FORMS OF SLAVERY**

The Government is committed to tackling the heinous crime of modern slavery; ensuring that victims are provided with the support they need to begin rebuilding their lives and that those responsible are prosecuted.

In October 2019, the Prime Minister reiterated his commitment to continue with the world leading work of the previous Prime Minister in tackling modern slavery. We are now identifying more victims of modern slavery and doing more to bring perpetrators to justice than ever before.

In 2015, the UK Government introduced the landmark Modern Slavery Act, giving law enforcement agencies the tools to tackle modern slavery, including maximum life sentences for perpetrators and enhanced protection for victims.

In July 2018, the Government commissioned an Independent Review of the Modern Slavery Act 2015, undertaken by former MP, Rt. Hon. Frank Field, the Rt. Hon. Maria Miller MP and Baroness Butler-Sloss. The aim of the Review was to identify what can be improved in the implementation of the Act and whether specific areas of the legislation need to be strengthened.

The final Review report was laid in Parliament in May 2019. The final Review made 80 recommendations across four themes:

* + The Independent Anti-Slavery Commissioner;
  + Transparency in Supply Chains;
  + Independent Child Trafficking Guardians (formerly Advocates);
  + Legal application of the Modern Slavery Act.

The Government response to the Independent Review was published on 9 July 2019. The Government accepted or partially accepted the majority of the Review’s recommendations. The Home Office is allocating£1.4 million to continue funding the police this year (2020/21) under the new Modern Slavery and Organised Immigration Crime Programme. This funding will enable us to support the police to drive forward work to increase modern slavery prosecutions and includes a new focus to build capability to respond to organised immigration crime.

***1. What is the impact of COVID-19 crisis on contemporary forms of slavery; including descent-based slavery, forced labour, debt bondage, serfdom, sexual slavery, commercial sexual exploitation of children, child labour, domestic servitude, and servile forms of marriage?***

During the COVID-19 pandemic the Home Office remains committed to engaging with stakeholders. We have established a regular newsletter to provide updates which is sent to over 1,200 stakeholders setting out all the action we have taken to ensure victims of modern slavery, who may be more vulnerable at this time, have access to the support they need.

We have also published guidance[[27]](#footnote-27) on supporting victims during the pandemic, including identifying the signs that someone may be a victim of modern slavery, the support available and how to access it. In addition, we have published updated guidance for businesses[[28]](#footnote-28) highlighting how their risks may have changed or increased during the pandemic and outlining key steps businesses can take to safeguard vulnerable workers.

The Home Office also continues to facilitate Modern Slavery Strategy Implementation Group (MSSIG) meetings. The MSSIG was established to support implementation of the UK Government’s modern slavery agenda through collaboration and engagement between the Government, Devolved Administrations, NGOs and businesses. The group consists of six thematic MSSIG groups covering different strands of the modern slavery strategy, including Law Enforcement, Prevent, Protect, Prepare, International and Children. Each thematic group decides its own priorities and work plan in conjunction with the Home Office. Chairs from each of the thematic groups feed into a Core Group which meets quarterly.

We are acutely aware that the necessary guidelines about social distancing and self-isolation may leave the victims of child sexual abuse feeling especially vulnerable. Expert insight and some data suggest hidden harms in the round may be rising. The National Crime Agency has assessed that the risk of online child sexual abuse has increased over the past few months as children spend more time online.

***2. What steps have been taken by the Government to reduce increased risks of contemporary slavery in the context of the outbreak? Please share any good practices and identify persistent challenges, including regards to prevention; identification of victims; provision of access to recovery and rehabilitation services; and investigation and prosecution of slavery related crimes?***

We are committed to providing support for victims of modern slavery and have taken a number of actions to ensure that they have access to the services they need during this time. The National Referral Mechanism (NRM) continues to operate, and The Single Competent Authority has maintained its decision-making operations during this time, but will of course be impacted by the current circumstances, particularly where there may be staff shortages and limited access to offices.

In order to comply with social distancing measures, support workers are providing essential support services through virtual means where possible. We worked closely with The Salvation Army, the Prime Contractor of the Modern Slavery Victim Care Contract, to implement an alternative card payment option to ensure that victims receive their support payments in an appropriate manner.

To ensure victims feel supported and safe, we announced on 6 April 2020 that all individuals in accommodation support provided by the Victim Care Contract, will not be required to move on from their government-funded accommodation until at least 6 July 2020. All individuals working on the direct management and delivery of the Victim Care Contract and Independent Child Trafficking Guardians are included in the definition of key workers for the purposes of access to school places. This will be subject to decisions from headteachers, who will be working locally to prioritise school places where there are teacher shortages.

As part of our effort to respond to the increasing pressures Victim Care Contract support providers are facing as a result of the pandemic, we have worked with the Care Quality Commission (CQC) to establish a dedicated email address for support providers to raise any issues they experience in accessing health and care services, or the quality of such services, which fall under CQC’s remit as the regulator of health and care in England. We will continue to work with CQC to ensure we identify, and seek to address, challenges victims have in accessing key services.

In addition, we are providing £1.73 million of funding for modern slavery services, as part of the £750 million package announced by the Chancellor for charities during COVID-19. The funding will be used to enable organisations to adapt how they provide support and respond directly to the challenges posed by COVID-19. This includes ensuring the right accommodation is available, that victims can receive their financial assistance safely, that support services and therapies can be accessed remotely, and the provision of data packages, telephone and computer hardware and software.

We recognise that there are greater vulnerabilities for potential victims during COVID-19 as social distancing means there is a risk that they are not identified by First Responders and may miss opportunities to access support. We have therefore developed a flyer to be distributed to frontline staff who are not first responders, with information on what to do if they encounter a potential victim of modern slavery. We have disseminated this information as widely as possible, including using the networks of other Government departments, local authorities and of the wider sector. As a result, we know of at least six potential victims of modern slavery who have been identified by frontline workers working in food banks where our flyer was distributed. We also developed a similar resource that outlines the responsibilities of First Responders during this period and reiterates how victims can be referred into support. We have also produced guidance for both First Responders and frontline staff with advice on what to do if they encounter a potential victim of modern slavery while ensuring the safety of victims, First Responders and support staff.

We are also carrying out considerable Cross Governmental Work supporting vulnerable children. Child victims of modern slavery continue to be supported by Local Authorities and their multi-agency partners throughout this pandemic, in line with their wider responsibility for the safety and welfare of all children in their area. In early adopter sites, the Independent Child Trafficking Guardian service is also working flexibly to continue to provide effective and responsive support to trafficked children remotely as well as the professionals supporting them. The Home Office have also established an internal team to consider any additional risks to vulnerable children as a result of COVID-19. This includes the threat of child sexual exploitation and abuse, child criminal exploitation, modern slavery and the impact of domestic abuse on children. This team is coordinating with other teams across Government departments to join up policy, programmatic and funding responses. In addition, Ministers and officials are having regular conversations with law enforcement and key charities working to protect vulnerable children, to understand any changes in the reporting of crime and demand on support services respectively, as well as operational pressures charities are facing, and how best to respond to these.

The Single Competent Authority (SCA) decision-making is continuing through this pandemic, including Conclusive Grounds and Reasonable Grounds decisions and Recovery Needs Assessments. Decision-makers continue to reach out to UK First Responders and partner organisations for information relevant to an individual’s referral and will make their decision once they have sufficient evidence. In response to the pandemic, NRM decisions are being issued electronically rather than by post. There has been no effect on access to support for victims of modern slavery. Support is still and has always been available to all those who are eligible. We have made a number of changes to the delivery of this support, to ensure the safety of staff and victims. This has included, for example, replacing face-to-face interactions where possible with telephone support sessions, and transitioning subsistence payments to pre-paid and loaded cards rather than cash provisions.

We are also committed to improving evidence about the nature and scale of modern slavery to inform our response to preventing modern slavery from taking place. In July 2019, the UK Government announced it would invest £10 million over a 5-year period to establish a new Modern Slavery Policy and Evidence Centre. The Centre brings together and commissions new and innovative research on modern slavery to enhance the evidence base and improve understanding of this rapidly evolving threat, targeting resources to key risks and vulnerabilities. In June 2020, the Modern Slavery Policy and Evidence Centre announced a funding call to support research into the impact of COVID-19 on those are who vulnerable to, or victims or survivors of, modern slavery.

Our international work continues through the Modern Slavery Fund and Modern Slavery Innovation Fund thanks to the tireless efforts of all of our partners across the world. Now more than ever we must make sure that no one is left behind, and we are grateful to everyone who is helping to make that a reality while keeping our staff and project participants safe. Our objectives remain the same: to tackle drivers and enablers of Modern Slavery and Human Trafficking (MSHT); provide support to victims; and build the evidence base on what works. Like all international actors, we’ve been looking hard at the best ways to adapt and pivot our support to respond to COVID-19. We have had some great instances of innovation with partners working creatively to solve problems arising from the pandemic – from finding new spaces to house MSHT victims to using community members to collect data and call attention to the situation of hard-to-reach groups. We are now looking at how we can shape our longer-term response and encourage stakeholders to keep engaging with us on this, especially via responses to the Modern Slavery and Human Rights Policy and Evidence Centre’s Call for Evidence on the effects of COVID-19 on modern slavery.

During the COVID-19 pandemic the Government is very closely monitoring any potential changes to the threat of modern slavery. We are working with law enforcement, academics and NGOs to understand these changes. The Government is also funding the Modern Slavery and Human Rights Policy and Evidence Centre, which on 3 June 2020 launched an open-ended call for proposals for research to generate evidence to improve understanding of the effects of the pandemic. These proposals may include the impact on modern slavery practices, survivor support and recovery.

***3. Are there any indications of an increase in the number of people employed in informal or illegal economies since the outbreak of the pandemic? Are there reports of forced labour and exploitative labour practices in such business sectors, such as long working hours, low pay, no adequate time to rest and no holiday pay?***

While it is too early to understand the full impact and extent of employment in illegal economies, law enforcement agencies have been monitoring the trends in modern slavery since the outbreak of the pandemic. Initial observations and reports show that there has been some displacement of workers into the agricultural and food processing sectors to meet demand from other high- risk labour sectors, such as cars washes, nail bars and hospitality because these businesses have been closed due to the lockdown restrictions in the UK.

Data on referrals to the NRM shows that from January to March 2020, 2,871 potential victims were referred to the NRM, a 14% decrease from the previous quarter[[29]](#footnote-29). This is the first decrease in quarterly referrals since 2016 and is understood to be influenced by the effects of restrictions implemented in the UK as part of the response to the COVID-19 pandemic.

As part of our operational response, Project AIDANT - a series of intensifications, co-ordinated by the National Crime Agency - will undertake joint COVID-19 activity, with the Gangmasters and Labour Abuse Authority (GLAA) between 22 June - 10 July 2020. Activity will focus on labour exploitation, particularly in the areas of agriculture and food processing, and potential high-risk enablers such as recruitment agencies. The results of this activity will aim to provide us with a better picture of the level of displacement in these sectors in the UK.

***4. Has there been an engagement with business entities and other stakeholders to develop strategies on reducing the risk of vulnerable workers in their operations and supply chains becoming exposed to contemporary forms of slavery in the context of the pandemic?***

The UK government is engaging with businesses in the UK and in developing countries to understand the challenges they are facing to protecting incomes, livelihoods, and ensuring that supply chains remain resilient. We are developing a programme of support through the Vulnerable Supply Chains Facility, in partnership with businesses, to address these issues in the most vulnerable countries.

The UK government has also provided support to Business Fights Poverty to accelerate a global learning process to enable business to provide support to vulnerable workers in global supply chains. This includes the launch of the Business and COVID-19 Response Centre, an online tool that hosts a range of resources intended to empower companies to take action in support of their most vulnerable employees, suppliers, customers and communities. The have had over 9,000 visits to their COVID-19 Response Centre and other resources and over 1,700 people have registered to engage in the process. Their online events have brought together over 12,000 people.

We have also published updated guidance for businesses highlighting how their risks may have changed or increased in the context of the disruption caused by COVID-19 and outlining key steps businesses can take to safeguard vulnerable workers, including paying suppliers for orders already in production.

In recognition of the unprecedented pressures placed on many businesses by the pandemic, the guidance also provides businesses with an additional six months to publish their next statement, and highlights that their next statement should demonstrate how they monitored their risks and adapted their activities during this period. We sought feedback on this guidance from businesses and frontline organisations through two of our stakeholder groups, the Business Against Slavery Forum and the Transparency in Supply Chains Modern Slavery Strategy and Implementation Group. We have also been meeting virtually with their groups to understand the challenges presented by COVID-19 and how these are impacting modern slavery risks in both the UK and overseas.

To mitigate risks in public sector supply chains, we have published a guidance note on mitigating the risk of labour exploitation in urgent procurements associated with COVID-19. This follows the publication of the world’s first government modern slavery statement on 26 March 2020, which set out the steps that UK government took in 2019 to identify, prevent and mitigate modern slavery in its operations and supply chains.

***5. Since the outbreak, has the Government continued investigating and prosecuting human rights violations related to decent-based slavery; forced labour; debt bondage; serfdom; sexual slavery; commercial sexual exploitation of children; child labour; domestic servitude; and servile forms of marriage?***

Modern slavery is a harmful and hidden crime and its victims may be especially isolated and hidden from view during the COVID-19 outbreak. The UK Government has continued its commitment to protecting workers and eradicating modern slavery during this time. Law enforcement agencies have continued to operate, as we would expect, on a business as usual approach, pursuing high risk modern slavery cases where there is a risk of harm or detriment to individuals.

As of April 2020, there are over 1,763 active law enforcement investigations into modern slavery, with 281 new operations reported in April alone. In addition to this, the GLAA have led 92 investigations since the UK lockdown on the 23rd March 2020. We have worked closely with the police, the National Crime Agency and the GLAA to monitor and assess any emerging changes to the threat of modern slavery during this time to ensure law enforcement activity responds accordingly to the changing environment. The Crown Prosecution Service (CPS) published a new Interim Charging Protocol – COVID-19 Crisis response in March 2020[[30]](#footnote-30) setting out how charging should be managed by the police and the CPS to ensure the most dangerous offenders are dealt with quickly.

We recognise that the COVID –19 pandemic has led to disruption in court processes and supporting vulnerable victims and witnesses during this time is a key focus. The Home Office continues to work closely with criminal justice partners and support services to improve witness engagement and reduce witness attrition.

***6. In light of the Sustainable Development Goals and global commitment to eradicate slavery (target 8.7) and measure progress in the area, has the Government ben able to ensure timely collection and analysis of disaggregated data? If available, please share the data collected in the first quarter of 2020, including information regarding the number, age, gender and nationality of identified victims; number of prosecutions of perpetrators; types of services provided to the victims; industries where victims were identified. Has any of these data significantly varied from previously recorded trends due to factors related to the COVID-19 pandemic?***

The NRM statistics[[31]](#footnote-31) for the first quarter of 2020 were published on 4 June. In quarter 1 2020, 2,871 potential victims of modern slavery were referred to the NRM; a 14% decrease from the previous quarter, but a 33% increase from the same quarter in 2019. The decrease in this quarter is understood to have been influenced by the effects of restrictions implemented in the UK and beyond, as part of the response to COVID-19. This could include other countries introducing lockdown measures to restrict travel to the UK or increasing numbers of people self-isolating and businesses shutting meaning victims were less likely to interact with first responders.

# **QUESTIONS BY THE SPECIAL RAPPORTEUR ON THE SALE AND SEXUAL EXPLOITATION OF CHILDREN**

***1. What is the impact of COVID-19 crisis on the nature and scope of various manifestations of sale and sexual exploitation of children, including sexual exploitation and abuse of children, both online and offline; child marriage; trafficking of children; surrogacy and sale of children; illegal adoptions and child labour?***

***- What are the new forms and manifestations of sale and sexual exploitation of children in the context of COVID-19 crisis?***

***- What are the key trends and accelerators in the context of the pandemic that may increase children’s vulnerability to the sale and sexual exploitation?***

Child sexual abuse is a hidden crime – it is difficult at the best of times for those being abused to disclose their abuse. COVID-19 has exacerbated this because of reduced contact with individuals outside the home. Law enforcement have reported offenders on forums looking to exploit the situation. However, it is has been difficult to evidence the impact of this.

Livestreaming and subsequent ‘capping’ of child sexual abuse material is assumed to have risen but again it is difficult to evidence this. As some helplines have been unable to remove online child sexual abuse material, the Internet Watch Foundation have assessed that child sexual abuse material content is likely to remain online for longer and make it more difficult to remove in the long term.

***2. What essential protection measures, including identification, reporting, referral and investigation, have been put in place to detect and prevent child sexual abuse and exploitation cases and how effective have they been since the outbreak?***

A number of measures have been put in place to detect and prevent cases of child sexual abuse and exploitation. We have increased funding for support to victims and survivors of child sexual abuse (CSA). Last month the UK Government launched a £2.4 million funding competition for organisations providing direct support to victims and survivors of child sexual abuse at a national level, including through support lines, online resources and remote counselling. We will shortly launch a £2.8m transformation fund to promote and embed best practice in CSA victim support, and will distribute a further £7.8 million in emergency support for charities helping vulnerable children who have been impacted by the coronavirus outbreak.

We are also working across government and agencies to ensure that teachers, parents and carers have access to the support they need to help keep children safe online. Our National Crime Agency has stepped up its messaging on staying safe online through their #OnlineSafetyAtHome campaign and their ThinkUKnow resources, and we have published guidance for parents and carers on gov.uk. We have also funded the National Crime Agency with £9.86 million through targeted investments in investigations and intelligence, which will significantly improve their dark web capabilities.

***5. Have there been examples of innovative solutions to ensure effective functioning of child protection and justice systems that are resilient, adaptable and able to withstand the next crisis?***

We have ensured through a newly established Vulnerable Children Hub that Government activity on safeguarding vulnerable children is coordinated effectively, and have driven action on this agenda through the Ministerial Implementation Groups and other forums.

***7. Has there been a surge of resource allocation, actions plans or coordination mechanisms, prevention and response services for the protection of children from all forms of violence, abuse and exploitation***

The Prime Minister hosted a virtual Hidden Harms Summit on 21st May focussing on crimes such as domestic abuse, child sexual abuse and modern slavery in response to the unique challenges which victims have faced during the coronavirus pandemic and to ensure they continue to get support. He announced that a number of additional resources allocated towards tackling these crimes and supporting victims. An ambitious action plan was also developed, with attendees including representatives from the National Crime Agency, National Police Chiefs’ Council, the children’s, domestic abuse, anti-slavery and victims’ commissioners and leaders from domestic abuse and children’s charities, including the NSPCC, Refuge and Women’s Aid. The discussion points and action plan will be published in due course.

# **QUESTIONS BY THE INDEPENDENT EXPERT ON PROTECTION AGAINST VIOLENCE AND DISCRIMINATION BASED ON SEXUAL ORIENTATION AND GENDER IDENTITY**

***1. How will the State evaluate the situation of LGBT persons vis-a-vis the pandemic and potential specific vulnerabilities?***

We are learning as much as we can, as quickly as we can about this virus, who it affects and how best to keep everyone safe from it and how to protect those who may be more vulnerable than others. Public Health England has continued to contribute to that task by examining thousands of health records for people who have had COVID-19 as part of a major exercise to establish more robust data on the factors impacting the number of cases and health outcomes for different groups within the population.

*There is currently no official or published data on the number of COVID-19 deaths in the UK by disability, pregnancy and maternity, sexual orientation or gender reassignment.*

We engage closely with LGBT organisations who provide surveys and insight into how the LGBT population is affected by the CV19 pandemic. The LGBT Foundation, based in Manchester, have carried out their *Hidden Figures* survey[[32]](#footnote-32), which has provided insight into the impact of the pandemic.

***2. What measures were adopted by the State to ensure that LGBT persons would not be subject to discrimination in the implementation of COVID-19 interventions?***

On 23 March the government introduced Non-pharmaceutical Interventions (NPIs) to curb the spread of the coronavirus, protect the NHS and save lives. These included restrictions on people leaving the house and gathering, as well as obligations on businesses and other public facilities to close. Enforcement measures were also introduced, including penalties. Furthermore the government advised schools to close and vulnerable people to take further measures to protect themselves. Public Sector Equality Duty (PSED) assessments have considered the impact of these measures.

The PSED is made up of three parts; it requires the Minister to pay due regard to the need: (1) to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010; (2) to advance equality of opportunity between people who share a protected characteristic and those who do not; and (3) to foster good relations between people who share a protected characteristic and those who do not. The protected characteristics set out in the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership (only relevant to the first aim of the test), pregnancy and maternity, race or ethnicity, religion or belief, sex, and sexual orientation.

The government will continue to keep these policies and their impact under review to ensure that disadvantages are minimised wherever possible. Measures will only continue for as long as the level of risk is assessed to be sufficient to justify these negative impacts. We have ensured that measures available to combat the effects of the pandemic are available to the LGBT community. The Department of Health and Social Care has provided MIND, a national mental health charity, and the Mental Health Consortia Alliance with a grant to allocate to national and local mental health organisations. One of the recipients is the LGBT Foundation, which has been funded to deliver online talking therapies for LGBT clients. Gender identity clinics have also adapted to the delivery of their services by offering appointments over the web[[33]](#footnote-33) rather than face to face, both for adult and child and adolescent services[[34]](#footnote-34).

***4. What is the information available to the State as to the impact of the COVID-19 pandemic on the general situation of LGBT persons and their access to education, housing, health and employment?***

Like the rest of the population, some LGBT people could face additional risks in relation to dealing with COVID-19. In particular, this could impact those who are receiving medical treatment or need to access mental health support. There is no robust data on mental health for transgender people, however what evidence there is tends to suggest that incidence of mental health problems was high for transgender people.[[35]](#footnote-35) LGBT Civil Society groups, such as LGBT Foundation and LGBT Consortium have been gathering data on the impact of COVID-19 lockdown measures on LGBT people which has provided insight and evidence as to the negative effects. However, as stated above, without strong foundational data to draw comparisons, the data is viewed as a snapshot of the current situation and is not of sufficient robustness to formulate policy decisions.

Nevertheless, the Government has established mechanisms to continue to gather insight on the impact of COVID-19 on the LGBT community. In the immediate term, the Government has established an Equalities Research Observatory to map and monitor evidence-based research following the impacts of COVID-19 across all protected characteristics, including sexual orientation and gender reassignment. We are also continuously engaging with the LGBT sector to better understand their needs. In the longer term, the 2021 Census will ask new, voluntary questions on sexual orientation and gender identity, to meet a clear need for data as identified in the Office for National Statistics (ONS) consultation on topics for the 2021 Census[[36]](#footnote-36). The 2021 ONS Census topic consultation identified a need for information on gender identity and sexual orientation, to monitor equality between groups of people, and potentially to inform the delivery of public services and support for these groups on a local and national level. NHS England have highlighted that the absence of reliable gender identity data is a challenge in their planning of the provision of gender identity services[[37]](#footnote-37). Data from the 2021 Census will help to potentially plan and tailor public services for LGBT people where they are most needed.

***5. Can you identify good practices in the State interventions in relation to COVID-19 and LGBT persons? Can you identify good practices stemming from civil society actions? Have lessons been learned on how to not leave LGBT people behind during emergency situations?***

The Government is providing £750 million to ensure that charities can continue their vital work supporting the country during the COVID-19 outbreak. This is a substantial package of targeted support for charities on the frontline of responding to COVID-19. We also recognise the vital work that the LGBT charity sector does to support some of the most vulnerable in the community and ease pressure on frontline services such as the NHS. We have engaged with the LGBT sector via the LGBT Advisory Panel and via the Consortium[[38]](#footnote-38), the national umbrella body for LGBT organisations, on availability of funding.

The Government Equalities Office funds the position of the National Adviser on LGBT health, who has been holding regular webinars with LGBT community sector leaders to understand the impact of COVID-19. One insight was the need to support the mental health of LGBT volunteers providing support during the pandemic. In response sessions from MindOut, a Brighton-based LGBT mental health charity, were provided. The webinars have also been used to disseminate Government guidance on social distancing as well as information on domestic abuse and homelessness. The National Adviser on LGBT Health has also been working across the health care system to ensure that LGBT-specific COVID-19 guidance is produced on matters such as accessing Gender Identity Clinics or getting mental health support at this time.

Also see the response to Question 2 for the DHSC grants to national and local mental health organisations and the service adaptations taken by the LGBT Foundation and gender identity clinics.

1. Legislation available here: <http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted> [↑](#footnote-ref-1)
2. Available here: <https://www.echr.coe.int/Documents/Convention_ENG.pdf> [↑](#footnote-ref-2)
3. Available here: <https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/> [↑](#footnote-ref-3)
4. Hudson-Sharp, N and Metcalf, H (2016) Inequalities among lesbian, gay, bisexual and transgender groups in the UK: an evidence review. National Institute of Economic and Social Research [↑](#footnote-ref-4)
5. The British Association of Gender Identity Specialists has issued a statement on managing hormone treatments during the pandemic:  <https://gic.nhs.uk/gp-support/issues-around-hormone-therapy-due-to-the-coronavirus-situation/> [↑](#footnote-ref-5)
6. Pink News, (2020) LGBT+ helpline sees calls double as queer people fear being left with abusive families during coronavirus lockdown March 2020 [↑](#footnote-ref-6)
7. Hudson-Sharp, N and Metcalf, H (2016) Inequalities among lesbian, gay, bisexual and transgender groups in the UK: an evidence review. National Institute of Economic and Social Research [↑](#footnote-ref-7)
8. Available here: <https://coronavirus.data.gov.uk/> [↑](#footnote-ref-8)
9. Available here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf> [↑](#footnote-ref-9)
10. Can be found here: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/19june2020> [↑](#footnote-ref-10)
11. See here: <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014> [↑](#footnote-ref-11)
12. Available here: <https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care> [↑](#footnote-ref-12)
13. Available here: [www.cqc.org.uk/CareActEasements](http://www.cqc.org.uk/CareActEasements) [↑](#footnote-ref-13)
14. TLAP is a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. More info is available at: <https://www.thinklocalactpersonal.org.uk/> [↑](#footnote-ref-14)
15. See here: <https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-victims-of-sexual-violence-and-abuse/coronavirus-covid-19-support-for-victims-of-sexual-violence-and-abuse> and here: <https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse#economic-abuse> [↑](#footnote-ref-15)
16. More detail available here: <https://www.gov.uk/government/publications/claiming-discretionary-housing-payments> [↑](#footnote-ref-16)
17. ‘COVID-19 review of disparities’, Public Health England. Available here: [https://www.gov.uk/government/publications/COVID-19-review-of-disparities-in-risks-and-outcomes](https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes) [↑](#footnote-ref-17)
18. Universal Credit is the UK’s Social Security Payment. More info is available here: <https://www.gov.uk/universal-credit> [↑](#footnote-ref-18)
19. Read more on VAT deferral here: [https://www.gov.uk/guidance/deferral-of-vat-payments-due-to-coronavirus-COVID-19](https://www.gov.uk/guidance/deferral-of-vat-payments-due-to-coronavirus-covid-19) [↑](#footnote-ref-19)
20. Available here: <https://www.gov.uk/business-coronavirus-support-finder> [↑](#footnote-ref-20)
21. See here: <https://www.cqc.org.uk/guidance-providers/how-we-inspect-regulate/emergency-support-framework-what-expect> [↑](#footnote-ref-21)
22. See here: <http://www.legislation.gov.uk/ukpga/1977/42/contents> [↑](#footnote-ref-22)
23. The Master of the Rolls is the President of the Court of Appeal of England and Wales, Civil Division, and Head of Civil Justice. As a judge, he is the second in seniority in England and Wales only to the Lord Chief Justice. [↑](#footnote-ref-23)
24. See here: <http://www.legislation.gov.uk/ukpga/1977/43> [↑](#footnote-ref-24)
25. Coronavirus Job Retention Scheme Official Statistics as of 11 June 2020: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891249/Coronavirus_Job_Retention_Scheme_Statistics_June_2020.pdf> [↑](#footnote-ref-25)
26. COVID-19 and renting: guidance for landlords, tenants and local authorities: [https://www.gov.uk/government/publications/COVID-19-and-renting-guidance-for-landlords-tenants-and-local-authorities](https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities) [↑](#footnote-ref-26)
27. See here: <https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims> [↑](#footnote-ref-27)
28. See here: <https://www.gov.uk/government/publications/coronavirus-covid-19-reporting-modern-slavery-for-businesses> [↑](#footnote-ref-28)
29. Full statistics here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889969/national-referral-mechanism-statistics-uk-quarter-1-2020-january-to-march.pdf> [↑](#footnote-ref-29)
30. Available here: [https://www.cps.gov.uk/sites/default/files/documents/legal\_guidance/Interim-CPS-Charging-Protocol-COVID-19-crisis-response.pdf](https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/Interim-CPS-Charging-Protocol-Covid-19-crisis-response.pdf) [↑](#footnote-ref-30)
31. Available here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889969/national-referral-mechanism-statistics-uk-quarter-1-2020-january-to-march.pdf> [↑](#footnote-ref-31)
32. Data available here: <https://lgbt.foundation/coronavirus/hiddenfigures> [↑](#footnote-ref-32)
33. Read more here: [https://gic.nhs.uk/gic-limited-service-in-view-of-the-COVID-19-outbreak/](https://gic.nhs.uk/gic-limited-service-in-view-of-the-covid-19-outbreak/) [↑](#footnote-ref-33)
34. Read more here: [https://tavistockandportman.nhs.uk/COVID-19/](https://tavistockandportman.nhs.uk/covid-19/) [↑](#footnote-ref-34)
35. Institute for Social and Economic Research (2017) Understanding Society Insights 2017, University of Essex. [↑](#footnote-ref-35)
36. Office of National Statistics (2016) Gender Identity Research and Testing Plan. [↑](#footnote-ref-36)
37. Read more here: <https://www.engage.england.nhs.uk/survey/gender-identity-services-for-adults/user_uploads/specialised-gender-dysphoria-service-specifications.pdf> [↑](#footnote-ref-37)
38. Consortium of LGBT Voluntary and Community Organisations, read more here: <https://www.consortium.lgbt/> [↑](#footnote-ref-38)