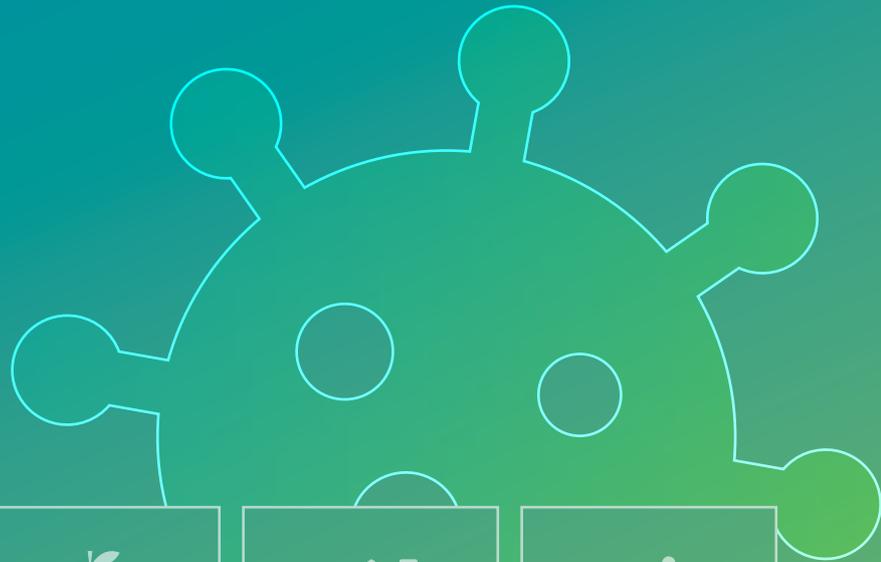
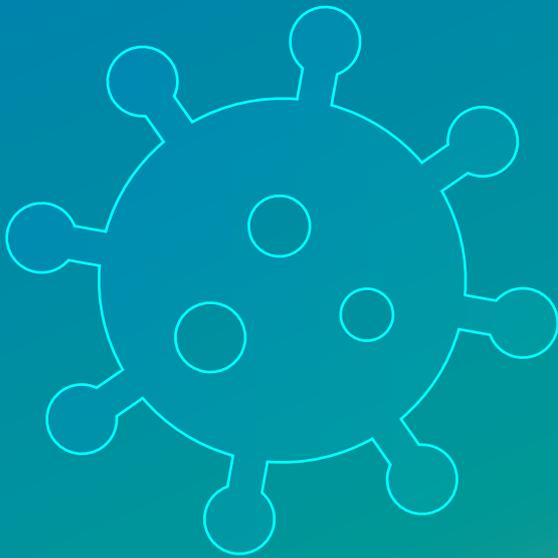


**York:**  
Human  
Rights  
City

York Human Rights Indicator Report

# COVID-19 AND HUMAN RIGHTS

#5, 2020



Equality & non-discrimination



Education



Decent standard of living



Housing



Health & social care

# YORK HUMAN RIGHTS CITY DECLARATION

**York, in becoming a Human Rights City, embraces a vision of a vibrant, diverse, fair and safe community built on the foundations of universal human rights. This vision is shared by citizens and institutions in our city, including the City Council, North Yorkshire Police, voluntary organisations and faith communities.**

**We are building on York's own particular history of democratic innovation, philanthropy and an international outlook, all of which have shaped our commitment to social justice.**

**This declaration marks an ambition, a significant point in a journey, not a final destination. As the United Kingdom's first Human Rights City we are committed to making our vision real, putting fundamental rights at the heart of our policies, hopes and dreams for the future.**

Signed by  
The Right Honourable Lord Mayor of York  
at the declaration event at the Merchant Taylors' Hall,  
on Monday 24th April 2017

## **Acknowledgements**

**Authors:** Mollie Bonnamy, Amy Darch, Juliana Leal and Lauren March.

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# EXECUTIVE SUMMARY

**2020 has been a year like no other in York. In previous years the Indicator Report focused on 5 priority human rights for the city – rights to education, health and social care, housing, a decent standard of living, and non-discrimination and equality. This year the report is different as it analyses the impact of COVID-19 and responses to the pandemic on human rights in the city.**

One striking feature of the past year is that neither the City of York Council (CYC) nor civil society organisations framed their responses to the crisis in human rights terms. Yet when issues were framed in this way by the York Human Rights City Network (YHRCN) all parties found it useful. The absence of human rights discourse in the presence of so many human rights concerns demonstrates that delivering on the promise of being a Human Rights City remains work in progress. More positively, the pandemic illustrated the importance of local government, local resilience and local creativity, at a time when national directives were often slow, ineffective or unclear. Cities, including York, became a crucial vehicle for service delivery, activism for change and oversight of policies and performance. This is very much in the spirit of the Human Rights City concept.

The key findings and recommendations of the report are summarised below:

- Equality and non-discrimination emerged as cross-cutting issues, both illuminated and exacerbated by COVID-19 itself and blanket governmental responses. COVID-19 will have long-lasting socio-economic impacts in the city, and as the “shadow pandemics” of poverty, inequality, mental health concerns, isolation and more become increasingly visible, it is vital that our marginalised residents and those in vulnerable situations are not forced to carry the burdens of 2020 for years to come.
- Communications from the CYC about how residents should behave during the pandemic improved from the first to the second wave. Methods of best and most successful practice were identified and utilised. Some problems persisted however, specifically with regard to the digital divide, digital literacy and language of communications. Moving forward, good practices need to be maintained and the remaining problems addressed as a key element of an equality and non-discrimination strategy.
- For the city’s response to leave no

one behind, interviewees repeatedly stressed the importance of co-production and collaboration. Key principles which came to the fore in community responses and which need to inform future action include: neighbourliness, community spirit, resilience, citizen mobilisation, networking and partnership, commitment and agency, creativity and flexibility.

- As human rights was both largely absent as an initial response framework and valued as a belated analytical framework there was strong support from CYC staff and civil society for human rights training.

This would equip the city with the tools to utilise a human rights based approach to mitigate the effects of COVID-19 and for building the city back with respect for the human rights and dignity of residents.

- The learning process involved in being a Human Rights City requires looking out as well as looking in. York can continue to benefit from sharing experiences, lessons learnt and best practices relating to COVID-19 and other issues from cities elsewhere, including a new European-led Human Rights Cities Network.

## Methodology

**Our methodology adopted mainly qualitative approaches to collect information and data.**

The summary of existing research (Section 1) is collated from various reports written by the York Human Rights City Network (YHRCN) and its members during the first wave of the COVID-19 pandemic. These reports include:

- Three YHRCN fact sheets published in April, May and July (largely drawing on data from the York Press newspaper);
- A Submission to the Joint Parliamentary Committee on Human Rights, based on evidence gathered from 28 local organisations and 16 individuals (July);
- Two York CVS reports on civil society in the city (May 2020, October 2020);
- An Action Plan developed to inform the CYC policy for the second wave (September).

Most of these reports are available to access via the YHRCN and CVS websites<sup>1</sup>.

New research for Section 2 of the report was conducted in November and December, overlapping with the second national lockdown (5 November – 2 December). This included 14 interviews with key stakeholders from civil society and 4 with CYC staff.

A survey was also circulated to Human Rights Cities in Europe, thereby including an international and comparative component to the research. The aim of the survey was to identify shared problems as well as innovative solutions for managing COVID-19, and to inform knowledge sharing between Human Rights Cities in Europe.

# Section 1: Research on the First Wave of COVID-19

## EQUALITY AND NON-DISCRIMINATION

Even though we frequently hear that “we are all in this together” and that “the virus does not discriminate”, every day it became clearer that these statements are not true. Research has shown that COVID-19 and the lockdowns have held a mirror up to societies and accentuated discrimination and cross-cutting inequalities in York, as elsewhere<sup>2</sup>. Blanket policies, meaning neutral-sounding measures intended to combat COVID-19, have highlighted such inequalities and led to indirect discrimination against certain York residents<sup>3</sup>. The following sections showcase research on COVID-19 and Equality and Non-discrimination in relation to the Right to a Decent Standard of Living and the Right to Health and Social Care.

### Equality and Non-Discrimination: The Right to a Decent Standard of Living

#### REVEALING AND EXACERBATING EXISTING INEQUALITIES

COVID-19 revealed inequalities in York that were otherwise rendered invisible by the relative affluence of the city, including in relation to a decent standard of living<sup>4</sup>. As the graphics illustrate, COVID-19 had a swift and dramatic impact on foodbank use, the number of people claiming universal credit and unemployment (see Figure 1). All of

these issues impact negatively on the right to a decent standard of living.

- Foodbank use: According to data provided by the Trussell Trust, 2,513 individuals (including repeat visits) required food vouchers between 23 March and 1 June 2020, a figure nearly 5 times higher than for the same period in 2019. A near 7 fold increase in child claimants indicated that families disproportionately contributed to the sharp increase in foodbank use. As such, more households and families experienced food poverty and insecurity in the city<sup>5</sup>.

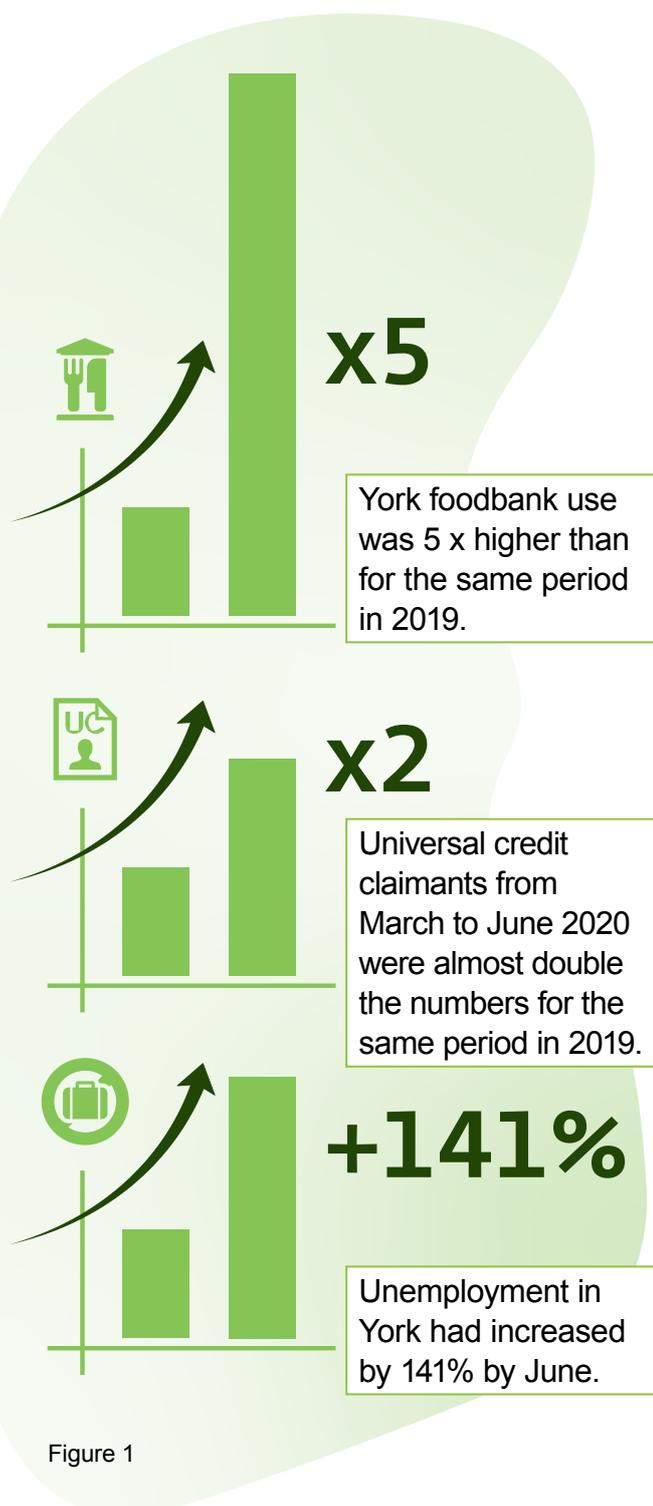


Figure 1

- **Universal credit:** The average number of universal credit claimants between March and June 2020 was 10,363, almost double the figure for the same period in 2019. Claimants peaked in June at 12,453. This indicated that growing numbers of

adults in the city were unemployed, or had inadequate income due to reduced hours or being furloughed<sup>6</sup>.

- **Unemployment:** Related to the rise in universal credit claims, unemployment in the city increased dramatically with June figures up by 141%<sup>7</sup>. Job losses have hit the retail and hospitality industries particularly hard, sectors which employ many low-paid workers and are important to the York economy. This exemplifies one way in which COVID-19 has exacerbated inequalities by adversely affecting the standard of living of those who were already vulnerable.

These trends in relation to equality and non-discrimination continued through the second and third lockdowns. Such developments are discussed later in the report.

### BLANKET POLICIES AND INDIRECT DISCRIMINATION

Indirect, as opposed to direct, discrimination, refers to policies or practices which seem neutral but have a worse effect on some people than others<sup>8</sup>.

Certain government blanket policies, such as social distancing, have led to indirect discrimination<sup>9</sup>. One example is that physical distancing made it difficult for foodbanks to provide access to food “with dignity”

and meant the opportunity for social interaction was limited, which made early signposting to other services difficult<sup>10</sup>. Another example is that confined to their homes, certain groups, such as women and children, were more vulnerable to abuse<sup>11</sup>.

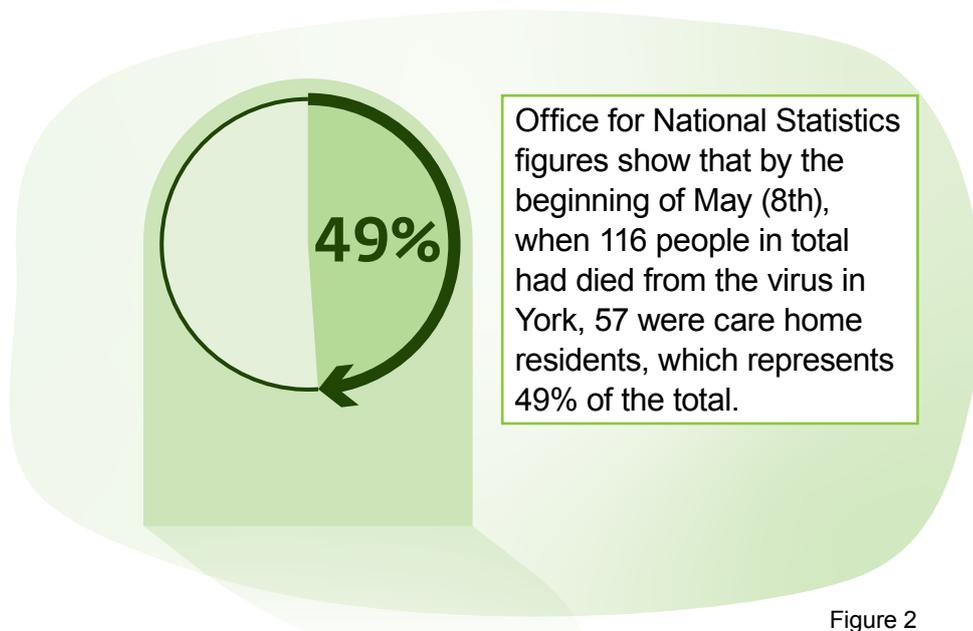


Figure 2

Civil Society, in collaboration with the the CYC, tried to address the gaps left by blanket policies. In relation to the right to a decent standard of living, measures were taken to provide financial assistance and food provision, including community food hubs and the distribution of food parcels<sup>12</sup>.

## Equality and Non-Discrimination: The Right to Health and Social Care

### COVID-19: GLOBAL CHALLENGES, LOCAL RESPONSES

The pandemic accentuated the debates about public health systems around the world and the importance of accessible and effective health care as a human right. Nationally, the National Health Service (NHS) has been lauded for its response, as have the huge sacrifices of health and care workers in the most challenging of

circumstances. Despite being a global challenge, it is at a local level that health and social care concerns and responses are manifest.

### IMPACT ON OLDER AND DISABLED PEOPLE

At the beginning of the pandemic, there were concerns about older and disabled people being denied some medical treatment. For example, the National Institute for Health and Care Excellence (NICE) was forced to redraft guidance to the NHS on the grounds that it should not discriminate against patients based on particular needs or characteristics<sup>13</sup>.

A key impact of the pandemic on older people was through care homes. In May, during the first wave, 50% of York's 36 care homes reportedly had COVID-19 outbreaks<sup>14</sup>. Office for National Statistics figures show that by the beginning of May (8th), when 116 people in total had died from the virus

in York, 57 were care home residents<sup>15</sup>, which represents 49% of the total (Figure 2).

Qualitative research undertaken by Ageing Without Children (AWOC) York in June 2020 explored the impacts of the pandemic on people ageing without children. It found that their ability to cope rested on the strength of their own health and wellbeing, and their support networks. People who are AWOC are 25% more likely to go into care homes<sup>16</sup>. During the pandemic, people who are AWOC found they could not perform certain basic tasks, for example going to the supermarket.

Research more generally indicated that there was also real concern that a key impact of COVID-19 and lockdown would be older people not regaining the physical and social mobility they experienced previously, especially if not provided with intensive support to do so. Further concerns were expressed about the long-term effects of isolation on older people's physical and mental health. The first wave impacted access to health and social care services and increased the rates of abuse and self-harm<sup>17</sup>.

According to Alzheimer's Research UK, a fifth of all people who died from COVID-19 in England and Wales during the first wave, before 15 May, had dementia and a York CVS Report<sup>18</sup> stated that it is likely that York will follow national trends.

Social and digital inclusion are necessary for older and disabled people, who may be particularly susceptible to loneliness and limited medical access (Figure 3). See below for more about digital exclusion and its impact on vulnerable groups.

Limited resources should never justify discrimination against certain groups of people. Everyone has the right to health, including disabled people, older people, minority communities and those living in poverty. Human rights law prescribes that access to medical care, in particular in situations of scarce resources, should be equal and guided by medical criteria – in short, decisions about the efficacy of treatment are not the same as judgements about the quality of a person's life, and as such no blanket measures excluding categories of people are permitted<sup>19</sup>.

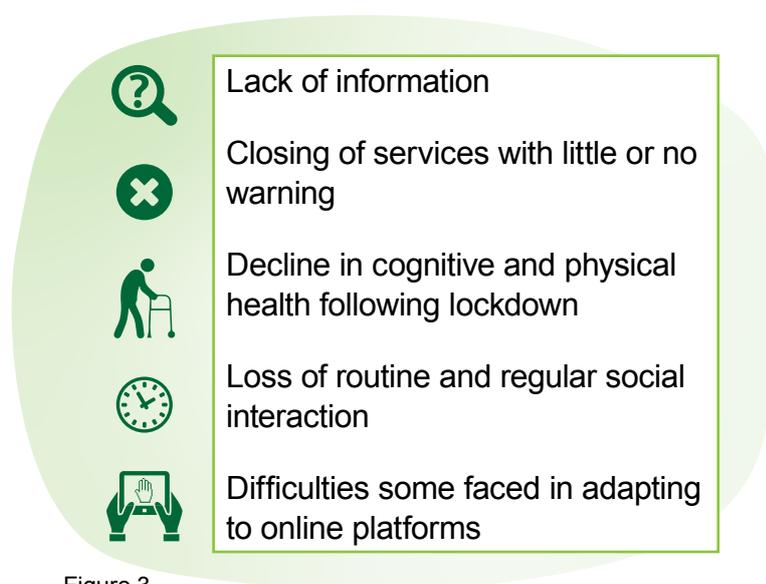


Figure 3

# COMMUNICATION AND DIGITAL EXCLUSION

Staying in touch online and keeping up to date with government messaging was an important part of getting through the lockdowns and the pandemic in general. However, inadequate communication and the digital divide have both been highlighted as concerns in multiple reports about York during the first wave of COVID-19. These problems fell largely into two categories – language and accessibility.

## Language

- Communications from the central government to the general public were frequently found to be “contradictory, mixed or unclear, causing confusion”<sup>20</sup>.
- Media guidance was often too simplistic, and the accompanying full length guidance from the government and statutory bodies was much too complex<sup>21</sup>.
- Research in York identified a need for use of inclusive language reflecting the social model of disability in order to stress agency (meaning the ability to take action) over vulnerability<sup>22</sup>.
- Overall, research emphasised the need for a transparent and inclusive approach to communications.

## Accessibility

- Research noted a lack of parallel communication channels for certain groups of disabled people and for individuals whose first language is not English. As such, there is a need for translation of information, as well as offering inclusive and accessible formats including British Sign Language (BSL) and easy read<sup>23</sup>.
- There was a lack of access to information and services for people of all ages and multiple groups who are not digitally connected (Figure 4). This could be due to a range of factors including a lack of equipment, reception or adequate income<sup>24</sup>. Lack of equipment was an issue for vulnerable school children in York, 450 of whom did not receive computers for homeschooling until June 2020<sup>25</sup> (Figure 5).

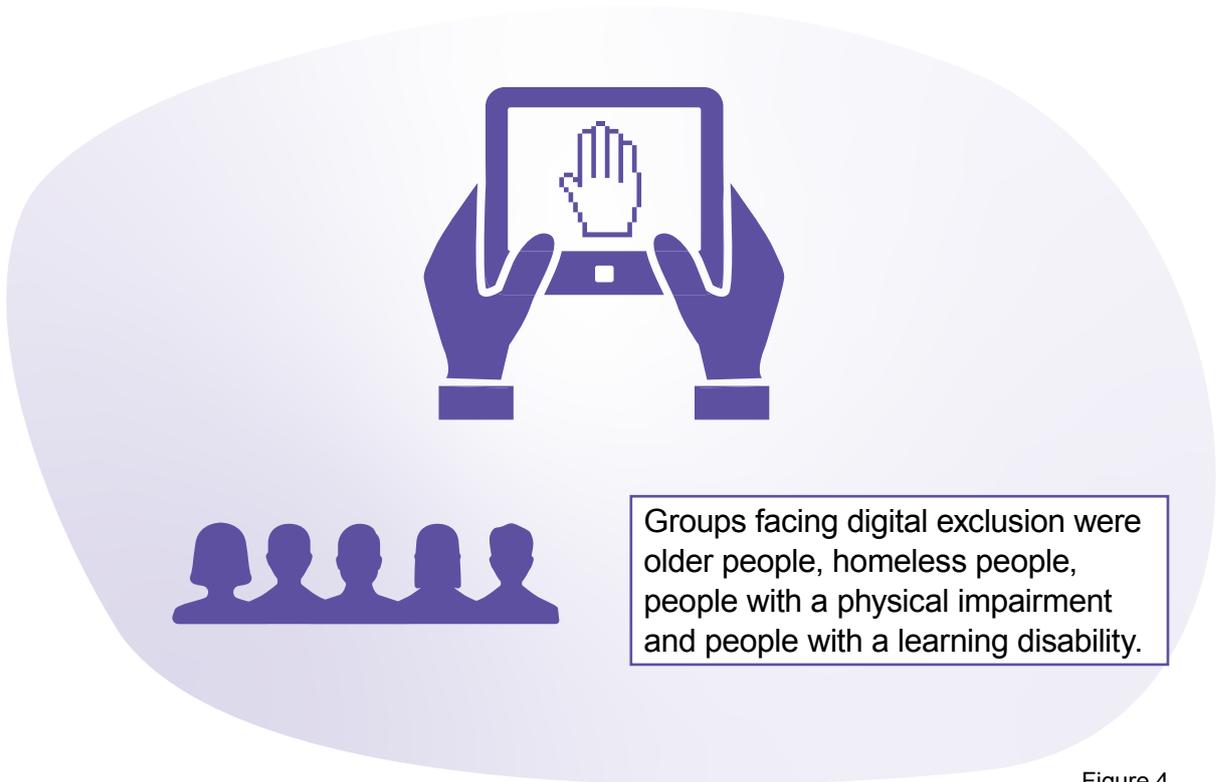


Figure 4  
(Reference: York CVS, 2020)

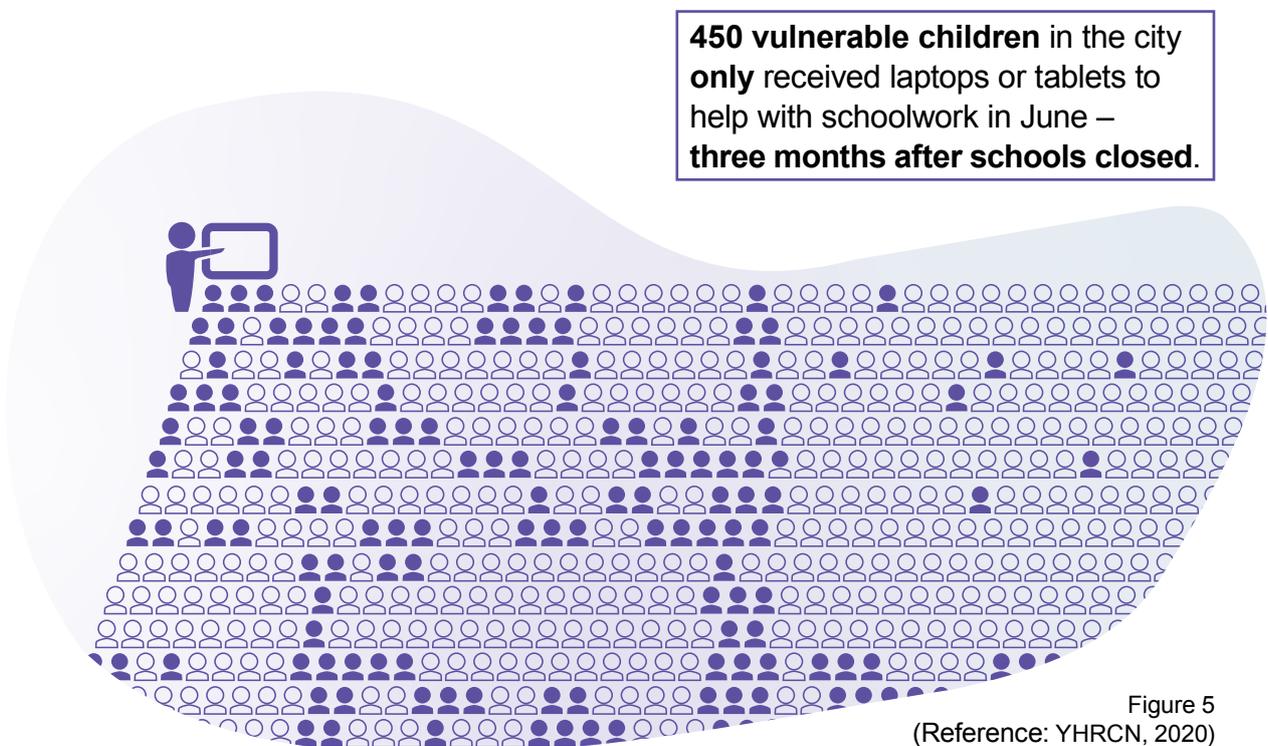


Figure 5  
(Reference: YHRCN, 2020)

- Many civil society organisations faced difficulties moving their services online – only 25% of organisations were able to move services online and 64% of voluntary sector organisations reported digital exclusion as a problem<sup>26</sup> (Figure 6). Greater assistance to civil society groups could help to improve this figure.
- A need for skills training to use technology as well as ongoing support, both in terms of providing equipment (adapted when necessary) and financial support, was also noted within the research<sup>27</sup>.



Figure 6  
(Reference: York CVS, 2020)

# LOCAL GOVERNMENT AND CIVIL SOCIETY

## Civil Society and Local Government Resilience

The YHRCN found from its empirical research published during the first wave of COVID-19 that the pandemic mobilised community responses and creativity across the city. This was achieved through the resilience, cooperation and partnerships created within civil society to support individuals who were impacted most. The research highlighted:

- York's vibrant civil society sector mobilised during the pandemic using creative methods to maintain ongoing relationships and services, or organising new initiatives like local WhatsApp support groups<sup>28</sup>.
- An increased sense of cooperation and partnership was also evident in an initiative which brought together local restaurants to deliver more than 12,000 meals to older, disabled, and socio-economically disadvantaged people across the city, using 60 plus volunteers<sup>29</sup>.
- The CYC and civil society organisations were resilient in their quick setting up of the COVID-19 helpline and community hubs<sup>30</sup>. Community hubs were run by council staff and volunteers, delivering food and medication and checking in regularly with people in vulnerable situations<sup>31</sup>.
- The CYC were also praised by civil society for the way they efficiently used government funding to find accommodation for 40 rough sleepers<sup>32</sup>.
- In May, the Vale of York Clinical Commissioning Group (VoYCCG) asked York CVS to run a COVID-19 Monitoring Hub<sup>33</sup>. This initiative was effective in ensuring that individuals who were symptomatic for COVID-19 were contacted regularly, which illustrates the CVS's effectiveness during this unprecedented crisis<sup>34</sup>.

## Concerns Raised About the CYC Responses During the First Lockdown

Alongside the praise the Council received for their actions during the pandemic, some concerns about their responses and transparency were also expressed.

- The CYC were criticised by civil society organisations and the CVS for adopting a “command and control”<sup>35</sup> model in their response to the pandemic in the city. For example, rather than working through the existing structures in the CVS, the Council put out a call for volunteers to support their COVID-19 response initiatives. Only 25% of those who volunteered were found roles, demonstrating the Council’s lack of experience and understanding of running volunteer programmes, and highlighting the need for co-produced policies in this area<sup>36</sup>.
- Shortcomings in CYC communications also presented some challenges during the first lockdown. Most information provided was through the digital platform which excluded certain groups in the city (see above)<sup>37</sup>. The Council’s slow response to this issue meant that when leaflets were eventually sent out several weeks into lockdown, they were out of date and thereby created confusion<sup>38</sup>.

However, the YHRCN in its Submission to the Parliamentary Joint Committee on Human Rights made the important point that “local services, both statutory and voluntary, have been “hollowed out” through austerity making it nigh impossible to foster resilience in a meaningful way”<sup>39</sup>.

## Civil Society in Crisis in the City

York CVS’s survey results from May 2020 (and a later survey from October 2020) highlighted the damaging impacts that COVID-19 has had on the financial position and sustainability of civil society in York.

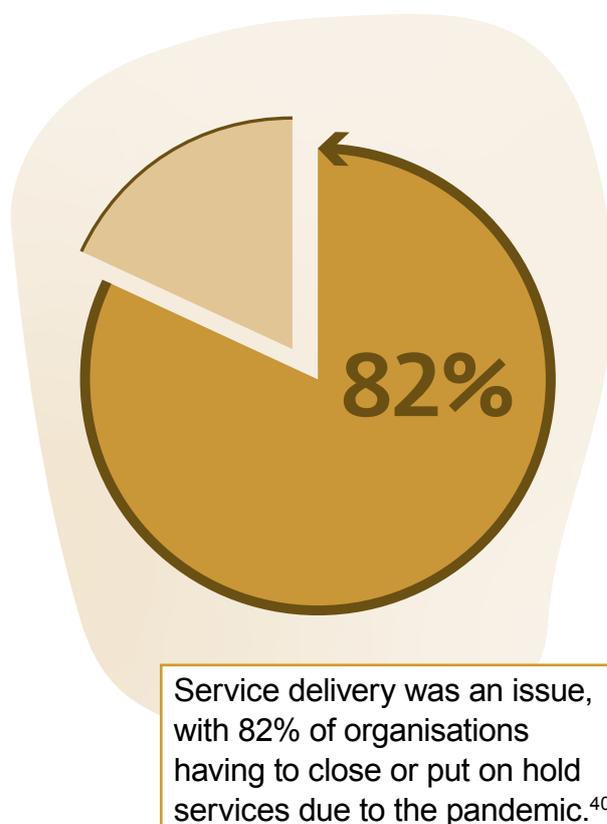


Figure 7

According to respondents to the CVS surveys, challenges facing civil society organisations included:

- Service delivery was an issue for organisations, with 82% having to close or put on hold services due to the pandemic<sup>40</sup> (Figure 7).
- A significant drop in income was problematic with loss of revenue from room hire, events and activities<sup>41</sup>.
- Many organisations were unable to run their specialist training courses during the first lockdown, with uncertainty on when these could continue. These courses typically make up 10% of their income<sup>42</sup>.
- Securing funding to replace trading income, earned income and community fundraising lost due to COVID-19 was a significant challenge<sup>43</sup>.

**“No public fundraising events can take place now, and possibly not at all in 2020. Maintaining income from trusts is difficult because a) our activities are largely paused and we don’t know when we will be able to restart them, and b) many trusts are diverting funds to deal with the emergency.”<sup>46</sup>**

**Respondent to CVS survey, 2020**

**At the end of 2020, Alison Semmence, Chief Executive at York CVS, said:**

**“If we don’t act now, we’re going to lose vital local charities and the services they provide within York, and it will have a devastating impact on the most vulnerable people within our communities.”<sup>47</sup>**

- Being unable to cover rent and utilities if no reduction was provided was also a concern<sup>44</sup>.

As a result of these challenges, York CVS found in May 2020 that 40% of charities faced an uncertain future within 6 months (Figure 8), and later in the year that 72% did not expect to be financially sustainable beyond 12 months<sup>45</sup>.

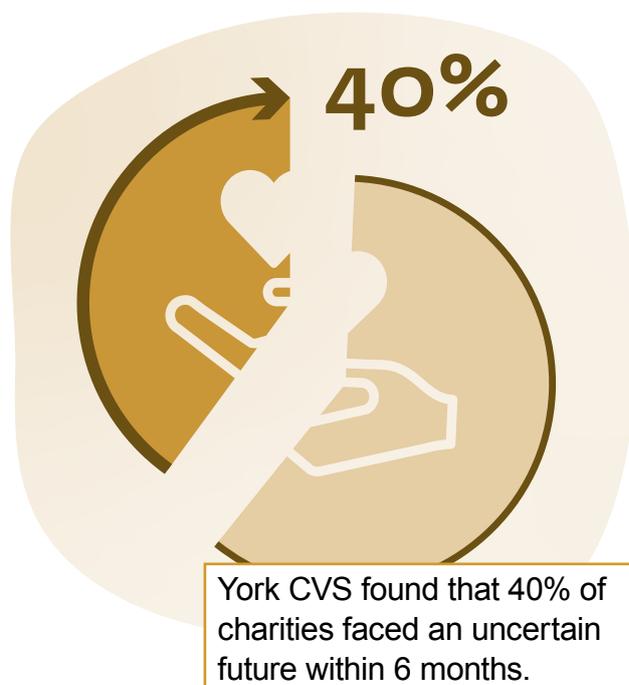


Figure 8

# SECTION 2: Second Wave Research

As noted in the methodology (page 5), new research for this section was conducted in November and December, overlapping with the second national lockdown (5 November – 2 December). This section quotes extensively from these interviews, to give a voice to civil society and community concerns after 8 months of living with COVID-19.

## EQUALITY AND NON-DISCRIMINATION

### Equality and Non-Discrimination: The Right to a Decent Standard of Living

**COVID-19 exacerbates poverty and inequalities, undermining dignity and the right to a decent standard of living<sup>48</sup>. These impacts continued to be felt in the second lockdown illustrated through the high use of foodbanks and universal credit claims (unemployment figures are not yet available for the end of 2020).**

#### ONGOING ISSUES IN THE CONTEXT OF COVID-19

- Foodbank use: The Trussell Trust indicated that 608 individuals (including repeat visits) required food vouchers between

1 November and 2 December 2020, a figure that is 63% higher than for the same period in 2019. The increase in family use of foodbanks continued in the second lockdown. A fall in the absolute numbers using the Trussell Trust's York Foodbank at the end of the year may be because a number of unofficial foodbanks had been established by this time<sup>49</sup>.

- Universal credit: The average number of universal credit claimants in November and December 2020 was 13,083, more than double the figure for the same period in 2019. The number of claimants peaked in December at 13,235. These figures, an increase from the first lockdown, indicate the significant and ongoing rise in financial and economic precarity in the city (Figure 9)<sup>50</sup>.

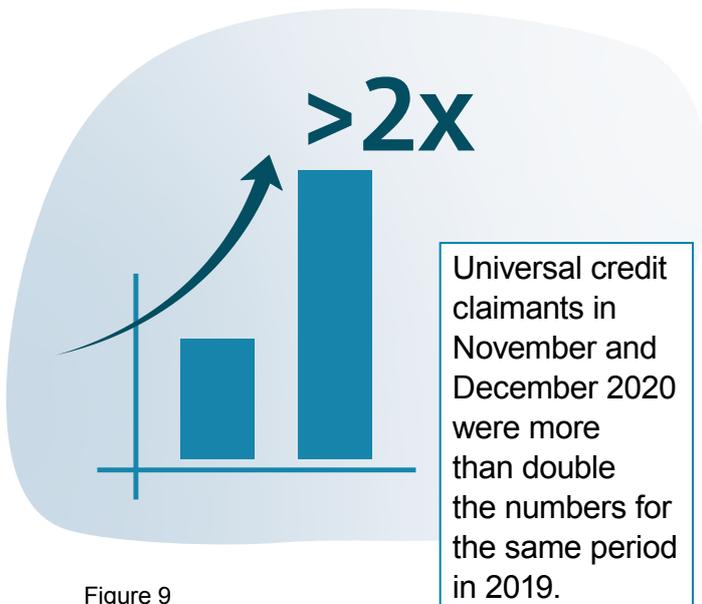


Figure 9

Poverty has cross-cutting consequences. One interviewee noted:

**“So I’m not saying that poverty causes domestic abuse, but it’s a stress factor and increases that kind of tension, that difficulty in relationships, where there is abuse, or are likely to be abused. So absolutely, poverty is one of those key factors.”**

**(Domestic abuse organisation in York, 2020)**

The socio-economic impact of the pandemic is far-reaching. To ensure that no one is left behind in the recovery process, York must place measures to address poverty and inequality at the core of its long-term strategy.

## Equality and Non-Discrimination: The Right to Health and Social Care

### THE IMPACT OF COVID-19 ON OLDER PEOPLE

**Frustration with blanket policies and their discriminatory effects persisted for older people into the second lockdown. The key issues raised were: deaths in care homes; inadequate oversight and information about care homes; dominant response narratives undermining agency; wellbeing and mental health concerns in relation to bereavement and loneliness; and COVID-19 negatively impacting on non-pandemic health issues such as dementia and cancer. Frequent references to “shielding” made older people anxious and fearful, feelings heightened by the cold and dark of winter.**



- Deaths in care homes continued to be a serious concern. By the end of December 2020 there had been 230 COVID-19 related deaths in York, with 91 – or 39.6% – occurring in care homes. This compares to an average of 24.85% of deaths taking place in care homes in England and Wales. Although York’s overall COVID-19 related death rate was below the average for England (109.20 as opposed to 135.59 per 100,000), the percentage of deaths in care homes in York was well above the national average (in recent years care home deaths in York have been a couple of percentage points above the national average).<sup>51</sup>
- Healthwatch York (2020) stated that the lack of information about care homes was an issue during the first and second lockdowns, heightened by the fact that their team could not go into the care homes to carry out inspections. They suggested

“Because, the narratives around ageing, unfortunately, COVID-19 really allowed a narrative that is very dominant in society anyway, about older people, to really take root because people were just talking about vulnerability and that narrative of decline.”

(Age UK York, 2020)

that while the CYC seemed well prepared and supportive, national government responses for care homes were crude, as evidenced in poor communication provided to relatives and the discharge of COVID-19 positive older patients back into care homes during the first lockdown.

“This is another situation where human rights were undermined. And when do we get back to a point where family members have the right to know how their relatives are? There’s a lack of ongoing information about what it really feels like to be someone in a care home at the moment.”

(Healthwatch York, 2020)

- Policy response continued to be dominated by an inappropriate use of the term “vulnerability”. Age UK York, Older Citizens Advocacy York (OCAY), Healthwatch York and AWOC York argued that both national and local government policies needed to be more nuanced, with a focus on strength- or agency-based approaches rather than vulnerability. The dangers of this labelling or narrative are that it informs how older people are perceived and treated in society, and can be internalised by older people themselves.

- Mental health and wellbeing issues were highlighted, due to bereavement, grief and loneliness as a consequence of the pandemic's attritional impacts for older people.

**“Mental ill health is also another important thing to mention. There were so many indicators through the conversations that people are feeling lonely and isolated by missing human contact...but I think for the older generation, they're going to be less confident and less aware of the things that are available to them.”**

**(Healthwatch York, 2020)**

- Finally, concerns were raised about the impacts on unrelated COVID-19 health issues, and that these effects will only be fully known during the post COVID-19 recovery stage. One such issue is dementia. Healthwatch York (2020) are aware that the main factor reducing the effects of dementia is community support. COVID-19 restrictions significantly reduced all forms of socialisation in care homes and private residential settings.

## PEOPLE AGEING WITHOUT CHILDREN (AWOCS)

**Human rights provides a lens to highlight marginalisation *within* marginalised groups. AWOCS represent “a growing and diverse demographic of older people, who are disadvantaged in a society predicated on a model of family care and the many assumptions often made about childless people”<sup>52</sup>.**

- The guidance used by the government throughout the pandemic assumed that all older people had families or relatives to provide support, for example with shopping and care duties, or through the main guidelines about visits and physical contact (Age UK York, AWOC York, 2020).

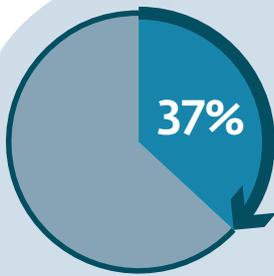
**“The family orientated, exclusive rhetoric failed to account for AWOCS who may have dysfunctional families, not get on with their families, have children with mental or physical disabilities, may not want to burden their children, or may not have any children at all.”**

**(AWOC York, 2020)**

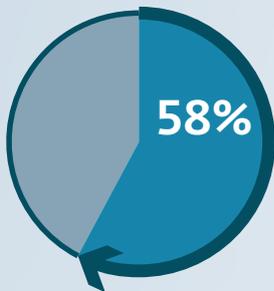
- A failure to look at other ways of living, beyond the conventional family, is an example of how blanket policies led to indirect discrimination. Decision makers failed to consider responses that were inclusive of a range of family arrangements, including those not considered “the norm”, or on the margins.

“so much emphasis has been on – you can go for a walk with your household – which is no use whatever if you live alone.”<sup>53</sup>

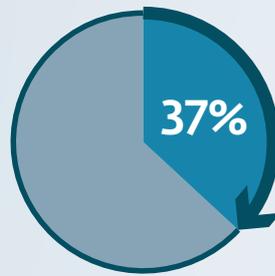
**A survey carried out for AWOC York in June 2020 provides insights into life for AWOCs under COVID-19:<sup>54</sup>**



37% of responses stated that shopping for food and arranging food deliveries was the greatest challenge during the first lockdown. AWOC York noted that this issue continued during the second lockdown.



58% of respondents had feelings of anxiety about becoming infected or a person they care for being infected, or developing other health issues, and being unable to access medical care or social care support. Fear and anxiety continued during the second lockdown with many older people still scared to leave their homes.



37% of respondents felt isolated or lonely during the first lockdown, a trend which continued during the second lockdown for older people and AWOCs. Some noted that feelings of isolation and loneliness were not new: “I’ve lived alone my whole life, with no close relatives”. This highlights how COVID-19 has exposed and increased existing indirect discrimination and neglect AWOC’s face in society.



Figure 10

- The lack of understanding and awareness about AWOCs was also evident in civil society groups working with older people (Age UK York, 2020).
- Because AWOCs are forced to start their life planning a lot earlier in terms of “who is going to look after me? Or who can I rely on?”, they have also shown remarkable resilience during the pandemic.

“10 children or not, it doesn’t always pan out the way people think... so I think there’s a resilience factor surrounding people who are ageing without children in society.”<sup>55</sup>

## THE IMPACT OF COVID-19 ON DISABLED PEOPLE

**Like older people, disabled people have continued to experience the negative effects of blanket policies and indirect discrimination. In addition, during the second wave particular issues have emerged regarding the CYC policy on Blue Badge Parking, policies on face coverings and ambiguous messaging on shielding.**

## Blue Badge Parking

In June 2020, as part of an effort to encourage social distancing, the CYC closed roads in the city centre to cars. This removed access to city centre Blue Badge Parking and was poorly communicated to those affected. The right to access the city became a campaign issue for many disabled people in York.

- Impeded access created a barrier to independence and freedom of movement, as put powerfully by a York Disability Rights Forum (YDRF) member in a blog post<sup>56</sup>:

“The motor vehicle facilitates independence for disabled people but only if they are permitted to park near to where they wish to be.”

(YDRF, 2020)

- A YDRF interviewee noted that, though communication had since improved, there remained an issue with timeliness and the tone of communication by the CYC.

## Face Coverings

The wearing of face coverings was made mandatory by the national government for people visiting shops in July 2020, and became a more major issue in the second wave of the pandemic. The wearing of face coverings quickly created a new social norm. In time guidance made the wearing of face coverings compulsory in all indoor public spaces, with exemptions only permitted to those with specific health conditions.

- YDRF (2020) found that the importance of medical exemptions for face coverings were poorly communicated to the public by the national government. As a result, individuals within the disabled community who were medically exempt faced discrimination, for example, they were they were asked to leave shops by staff and faced rude comments from customers.
- Face coverings have also had a huge impact on the day-to-day lives of deaf and hearing impaired people who rely on lip reading. It has severely reduced their independence and, for some, their confidence in public spaces.

## Shielding in the second wave

Many disabled people were asked to shield and remain at home in the first wave. However, in the second wave messages surrounding shielding were much more ambiguous. There was no mention of shielding in the initial guidance, and when the issue was finally addressed guidance stated that shielding was paused.

- The sudden lack of any information regarding shielding left disabled people feeling confused, anxious and forgotten. YDRF (2020) and its members felt the idea of a pause was unhelpful and inconsistent with previous advice.
- That said, YDRF (2020) remarked upon the much better organisation of support services during the second wave, particularly with regard to supermarkets having better organisation of delivery slots and pharmacies having refined their schemes for medication delivery.

**“There were people who were basically saying, if you can’t wear a mask or a face covering don’t leave your house – that’s not practical for everybody.”**

**(YDRF, 2020)**

## Equality and Non-Discrimination: BAME Community

**COVID-19 highlighted and exacerbated the existing socio-economic inequalities faced by the Black, Asian and Minority Ethnic (BAME) community. Nationally, COVID-19 deaths were highest for people experiencing deprivation as well as for people from Black and Asian ethnic groups<sup>57</sup>. Healthwatch York's November 2020 report, *Listening to BAME People about Health and Social Care Services in York*, found that the BAME community experienced various forms of discrimination both generally and during the pandemic.<sup>58</sup>**

- Healthwatch York's report stated that people from the BAME community generally did not feel as if they were listened to, or felt misunderstood. Experiences included a disregard of cultural differences, unconscious bias, and language barriers. One respondent in this study stated: "When I visited York Hospital, the consultant blamed my 'Indian Diet' for my health conditions. I felt that this was a very racist thing to say, was stereotypical and disregarded my culture".<sup>59</sup>
- Seven out of 17 respondents stated they had negative experiences when they tried to

access health and care services during the COVID-19 pandemic (Figure 11). Respondents advocated training for health and social care workers on institutional and systemic racism, unconscious bias, and illnesses that disproportionately affect the BAME community<sup>60</sup>.

- According to a CYC interviewee (2020), a rise in hate crime was evident for people from a BAME background during the COVID-19 pandemic.
- BAME women experienced intersecting difficulties during both lockdowns, due to isolation, communication difficulties, racism, gender violence and sexism (Domestic abuse organisation in York, 2020).

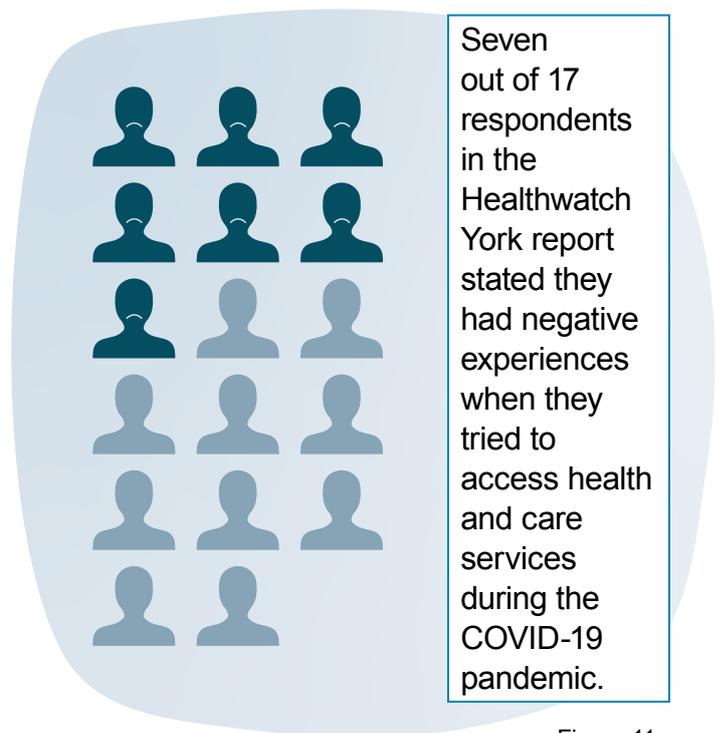


Figure 11  
(Reference: Healthwatch York report)

## Equality and Non-Discrimination: Refugees and Asylum Seekers

**COVID-19 has revealed and exacerbated inequalities and discrimination for refugees and asylum seekers, a group which already faced barriers in accessing their rights.**

**This group faces particular challenges in relation to securing a decent standard of living, discrimination, mental health, and service provision being moved online. Since June 2020, York has hosted asylum seekers in temporary accommodation.**

## LIVELIHOODS, DISCRIMINATION AND WELLBEING

The following issues emerged in the first wave and have remained an ongoing problem:

- Financial hardship undermined the standard of living of refugees in low-paid and precarious jobs, who were at risk of unemployment due to “first in, first out” policies.

“I’m concerned that quite a number of people who were in low-paid work and a lot of refugees, taking jobs well below their true capacity, find themselves made redundant or unemployed.”

(City of Sanctuary York, 2020)

- Refugees with English as a second language needing to claim universal credit or fill in change of circumstance forms faced significant challenges. They could not meet volunteers face-to-face to have complicated forms explained and the CYC offices were shut.
- Refugees and asylum seekers may be particularly susceptible to increased anxiety during COVID-19 due to existing trauma and PTSD, uncertainty regarding asylum claims, and worries about friends and family they have left behind.



- Individuals already experiencing isolation suffered a further loss of community and support.

**“We worry a lot... about the damage that’s been done to our community. What will happen when we’re ready to get back together, whether we’ll still have a community to get back together?”**

**(Organisation working with refugees and asylum seekers, 2020)**

## ASYLUM SEEKERS TEMPORARILY ACCOMMODATED IN YORK

During the COVID-19 pandemic the national system for processing asylum seekers ground to a halt. As part of a Home Office programme to expand provision of temporary accommodation, a hotel in York has been used since June to host up to 90 asylum seekers. These men have faced challenges relating to national policy and community responses.

- The Home Office policy of confiscating asylum seekers’ phones has infringed their right to privacy and property, as well as their right to freedom of information and expression. The men have not received their phones back and Home Office communication has been poor. This issue is pertinent in the

context of COVID-19, where services have been moved online.

**“The phones are taken from them, and so far, despite the promise that they would be returned, I don’t know anybody who’s had a phone returned. I think that’s a human rights issue.”**

**(City of Sanctuary York, 2020)**

- The wider community have mostly welcomed the arrival of asylum seekers at the hotel in York, donating clothes, art supplies and mobile phones. But a small, vocal minority impacted the rights of asylum seekers to freedom from discrimination, which may worsen feelings of isolation resulting from the pandemic. Negative comments about asylum seekers were posted on social media when a charity requested donations of old mobile phones.

**“I’ve always thought of York as a city that would welcome asylum seekers, and yet, there was a very, very mixed response when people first arrived and some quite horrible stuff on social media. And I’m sure that’s impacted by the messages that were coming from the Home Office.”**

**(Organisation working with refugees and asylum seekers, 2020)**

# COMMUNICATIONS AND THE DIGITAL DIVIDE

**Communication improved during the second wave, as lessons were learnt from the first wave. However, some concerns remained including the digital divide, lack of non-digital communications and the language of communication.**

## The Digital Divide

The issue of digital exclusion persisted amongst the same groups affected in the first wave, notably older people, disabled people and people on inadequate incomes. In the first wave key issues were lack of equipment, reception, or income to sustain the use of equipment. In the second wave many respondents highlighted a lack of digital literacy was equally important.

- AWOC York, Healthwatch York and OCAY (2020) all reported that equipment had reached their members who were digitally excluded. Now the problem was that many individuals simply did not have the knowledge or confidence to use the technology.
- The issue of digital literacy affected older people more than other groups.
- Inaccessibility concerns included websites which lacked alternative formats making them difficult

to navigate, or a lack of (often expensive) specialist equipment.

- Interviewees stated that digital exclusion was a major “pressure point” for isolation, loneliness and negative mental health impacts amongst older and disabled people.
- The CYC and the national government are now both committed to addressing the digital divide through digital inclusion strategies. 100% Digital York is being led by Explore York.<sup>61</sup>

**“Don’t worry, we can get you an iPad, or we can get you a tablet or a laptop or a desktop computer, whatever is best for you. But actually... how do you get confident with no physical, practical support?”**

**(Healthwatch York, 2020)**

## Non-Digital Communication by the CYC

The CYC produced and distributed 5 direct mails to all households in the first wave and only one in the second wave. As the second lockdown was short in length (November-December), the CYC felt that paper information would not reach recipients quickly enough. Consequently, it largely used digital formats.

- Interviewees stated that many digitally excluded members still felt confused about guidance during the second lockdown.
- Civil society groups felt that distribution of paper information would have been beneficial – AWOC York (2020) even went so far as to produce and distribute their own leaflets to digitally disconnected clients.

## Language of Communication

The language of communication was mentioned as a continuing issue – particularly in relation to the need to emphasise agency. The CYC has recognised the need to make language more inclusive and has taken steps towards this end. However, it made the decision to continue using the term “vulnerable”, in line with the national government’s language.

- YDRF (2020) indicated that sentiments towards the term “vulnerable” within the disabled community remained the same as in the first wave, leaving disabled people feeling disempowered. This highlights that there is still a need for inclusive and agency-stressing language within communication.

“There’s problems with the word vulnerable, it automatically implies pity, charity, helpless, an imbalance of power.”

(YDRF, 2020)

- Raising the need for inclusive language during the first wave has opened up a dialogue between local government, civil society and the general population locally. That said, more needs to be done to provide information in formats including British Sign Language (BSL) and easy read.
- A civil society group representative reflected on the importance of the use of language, stating that they intended to be much more careful with the descriptive terms they use when talking about clients. This is an important development in working towards a social model for communication at all levels.

# COLLABORATIVE WORKING AND CO-PRODUCTION

The majority of research participants mentioned either collaborative working or co-production as a key priority for the city. COVID-19 has brought with it many challenges, but has also strengthened existing networks and created new partnerships and innovations within and across civil society, the voluntary sector and local government. This section looks at such innovations and how they can inform decision-making and service delivery in York in the future.

## What are Collaborative Working and Co-Production?

**Collaborative working:** When service providers work together and exchange knowledge in order to benefit service users<sup>62</sup>. This has the potential to strengthen service provision in relation to knowledge sharing, integrating services and creating a stronger voice for the voluntary sector<sup>63</sup>.

**Co-production:** When people who use services are involved in service or policy design and delivery. It often involves professionals working in collaboration with service users and the voluntary sector towards shared goals<sup>64</sup>. This means working in equal partnership, not just engagement and consultation. The key principles of co-production are equality, diversity, access and reciprocity<sup>65</sup>.



## Positive Views on Collaborative Working and Co-Production

The following quotes from participants who work in civil society and the voluntary sector show their positive view on the potential of collaborative working and co-production:

### ON CO-PRODUCTION:

“That is what co-production is about: valuing what everybody brings to the table; you are equal in these discussions... If things are co-produced, you’ve got time to decide who’s best to deliver it, you can work in partnership and collaborate together, not pitched against each other.”

(Voluntary sector organisation in York, 2020)

### ON COLLABORATIVE WORKING:

“The thing that has emerged is the fact that we are working together now, pooling resources... much more interconnectedness, which I think is a positive out of this time. Recognising that we need each other, that we will do better when we work together.”

(City of Sanctuary York, 2020)

## Positive Case Study on Collaborative Working: Assisting Asylum Seekers in York

The response to the arrival of asylum seekers in the York hotel demonstrated the strength of collaborative working. The CYC, voluntary sector and other stakeholders have had to adjust their ways of working and collaborate flexibly to produce positive outcomes, in the context of national government hostility towards asylum seekers.

The response has involved a number of stakeholders, pictured in Figure 12 on the next page, collaborating to provide support to the asylum seekers:

- The CYC has shown flexibility and worked successfully with the voluntary sector by allowing volunteers from Refugee Action York (RAY) and City of Sanctuary York to go to the hotel despite government regulations relating to COVID-19.
- RAY and City of Sanctuary provide English lessons (in conjunction with York Learning), advocate for the rights of the men, put on social activities to generate a sense of community, collect and bring essential supplies to the men, and provide information and support with asylum cases.

- Weekly meetings take place between key stakeholders, including a regional representative from Mears (who manage the accommodation), to address problems raised by the men in focus groups. These focus groups incorporate an element of co-production; beneficiaries' experiences shape service delivery.
- Police have collaborated by visiting to encourage the reporting of racist comments and affirming the right of the men to protection and freedom from discrimination.
- Local health authorities provided COVID-19 testing before asylum seekers moved into the hotel when Mears said it was not in their contract.

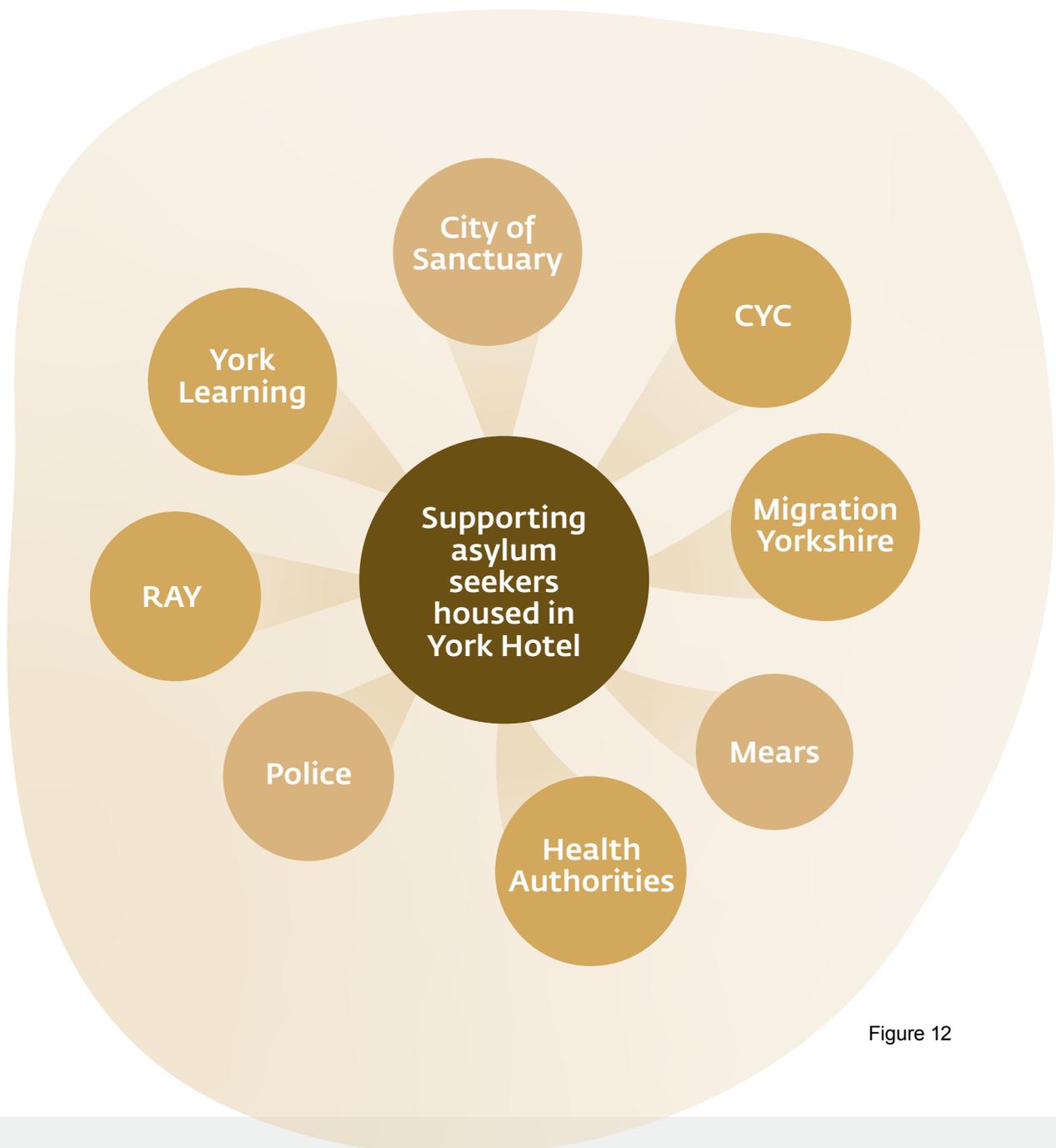


Figure 12

## QUOTES FROM ORGANISATIONS WHO WORKED COLLABORATIVELY TO SUPPORT THE ASYLUM SEEKERS IN YORK:

**“It has been a real coming together, a partnership.”**

(City of Sanctuary York, 2020)

**“The kinds of activities and the kinds of engagement we’ve had with the men are being used as examples for areas in other regions.”**

(Organisation involved in the project, 2020)

**“York has certainly been a hallmark of how a city can actually respond to the situation.”**

(City of Sanctuary York, 2020)

## WHY HAS THIS CASE STUDY BEEN A SUCCESS?

According to interviewees, there are a number of factors that have made this model of collaborative working successful:

- Stakeholders have shown genuine commitment. Weekly meetings are well-attended and crucial for identifying issues to be addressed.
- The Council has been flexible with rules and bureaucracy. This has facilitated a successful working relationship with the voluntary sector.
- The voluntary sector effectively mobilised and managed a cohort of volunteers.
- The voluntary sector was involved in discussions prior to the men’s arrival; their knowledge has been valued and they have led the efforts to support the men.
- The voices of the asylum seeker residents of the hotel were listened to in weekly meetings held to address any emerging problems.

With these factors in mind, the case study could be used as a model of successful collaborative working.

# BUILDING BACK BETTER: VALUES AND PRINCIPLES

In every interview, from the CYC to civil society groups, participants identified positive experiences despite the challenges presented by COVID-19. Many are reflected in the case study of York's response to new asylum seekers. To build back better, values and principles that have showcased the best of the city during the pandemic need to inform attempts to build back better (Figure 13).



Figure 13, drawing on interviews

# COMPARISON WITH OTHER HUMAN RIGHTS CITIES IN EUROPE

European Human Rights Cities faced similar challenges during the first and second waves of the pandemic. Three cities – Graz in Austria, Middelburg in The Netherlands, and Nuremberg in Germany – filled in a survey to identify shared problems and innovative solutions. The key findings from the survey are as follows:

- All of the cities were able to implement human rights measures, many seeking to foster solidarity with civil society and support people in vulnerable situations. Those most affected were older people, people on low and inadequate incomes and homeless people.
- The main challenges faced by survey respondents were central government agencies communicating poorly with people at a local level; managing COVID-19 in nursing and care homes; finding shelters for homeless people and victims of domestic violence; and ensuring citizens followed the rules.
- Innovative solutions and good practices included:
  - **Equality and non-discrimination:** Establishment of an anti-discrimination office; diversity checks in interventions; offering safe visiting cabins for nursing homes.
  - **Communication and the digital divide:** A telephone chain and translation by a Migrants Advisory Council; easy read offers in printed and digital information; rental system of digital devices for socio-economically vulnerable groups.
  - **Relations between civil society and local government:** Implementation of digital alternatives to foster citizen participation and dialogue (e-participation); community hubs and networking support.

Even though human rights were not systematically used as a framework in COVID-19 responses, Human Rights Cities implemented specific policies and initiatives in line with human rights principles and standards. A question for future crises is how can Human Rights Cities develop systems so that human rights inform responses in a more structured way?

# RECOMMENDATIONS

**These recommendations build on those contained in YHRCN's September Action Plan developed to inform the City of York Council (CYC) policy for the second wave. As in previous Indicator Reports, inequality has emerged as a cross-cutting concern during the pandemic.**

- **Tackling poverty and inequality:** COVID-19 will cast a long shadow in the city, in particular in relation to its socio-economic impacts. The Human Rights and Equalities Board should prioritise this issue, ensuring that there is a coherent strategy across all relevant stakeholders in the city to build back better.
- **Communication:** The Council, the voluntary sector and civil society would benefit from a review of the framing and narratives which inform public communications. For example, saying that people are “in vulnerable situations”, rather than “vulnerable”, and stressing agency where possible.
- **Digital divide:** The digital divide needs to be reduced through a greater focus on digital literacy, not just device provision. Financial support is needed to meaningfully challenge the digital divide.
- **Co-production and collaborative working:** Civil society, the voluntary sector and the CYC should continue to work towards integrating collaborative working and co-production in service delivery. Lessons of Council flexibility, learning from beneficiaries, and shared leadership should be prioritised going forward.
- **Human rights training for the Council:** Interviewees overwhelmingly supported the idea of the CYC receiving human rights training, and other, related forms of training e.g. on intersectionality (the interconnection of characteristics such as race, class and gender as they relate to discrimination and disadvantage), and on the rights of particular groups (refugees and asylum seekers, disabled people, etc.).
- **Human rights training for civil society:** Training for civil society organisations and the voluntary sector would also be beneficial and would enable organisations to better utilise a human rights based approach and equip beneficiaries with knowledge of their rights. There may be value in training for the CYC and civil society being co-produced and delivered to mixed cohorts of participants.
- **International knowledge sharing:** York should continue knowledge sharing with Human Rights Cities across Europe, through platforms such as the Human Rights Cities Network.

# ENDNOTES

- 1 York Human Rights City Network (YHRCN). <https://www.yorkhumanrights.org/current-work/coronavirus-response/>  
For York CVS <https://www.yorkcvs.org.uk/real-time-monitoring/>
- 2 YHRCN. July 2020. Fact Sheet 3: COVID-19 and Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/08/Coronavirus-and-human-rights-fact-sheet-3-final.pdf>
- 3 Ibid
- 4 York CVS. September 2020. What we Did During the COVID-19 Lockdown March-June 2020. Available at: [https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York\\_CVS\\_COVID-19\\_What\\_we\\_did\\_09.2020\\_FINAL.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York_CVS_COVID-19_What_we_did_09.2020_FINAL.pdf)
- 5 E-mail communication, Adam Raffell, Foodbank Manager, York Foodbank, 10 February 2021.
- 6 City of York Council. Updated 2 February 2021. York Open Data. Available at: [https://data.yorkopendata.org/dataset/kpi-cjge130/resource/eb4db9cb-42c4-4f1b-a078-698d4448800a?view\\_id=14dd4ef1-b5e0-4986-8cae-5b3413276642](https://data.yorkopendata.org/dataset/kpi-cjge130/resource/eb4db9cb-42c4-4f1b-a078-698d4448800a?view_id=14dd4ef1-b5e0-4986-8cae-5b3413276642)
- 7 York Press. 11 June 2020. 'Toughest Time in Living Memory': Unemployment Up 141% in York. Available at: <https://www.yorkpress.co.uk/news/18508829.toughest-time-living-memory--unemployment-141-york/>
- 8 Citizens Advice. 22 February 2020. Indirect Discrimination. Available at: <https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/indirect-discrimination/>
- 9 YHRCN. July 2020. Fact Sheet 3: COVID-19 and Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/08/Coronavirus-and-human-rights-fact-sheet-3-final.pdf>
- 10 YHRCN. 16 July 2020. Submission to Parliamentary Joint Committee on Human Rights Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>
- 11 Ibid
- 12 York CVS. September 2020. What we Did During the COVID-19 Lockdown March-June 2020. Available at: [https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York\\_CVS\\_COVID-19\\_What\\_we\\_did\\_09.2020\\_FINAL.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York_CVS_COVID-19_What_we_did_09.2020_FINAL.pdf)
- 13 YHRCN. May 2020. Fact Sheet 2: COVID-19 and Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/05/Coronavirus-and-human-rights-fact-sheet-2-May-2020.pdf>
- 14 York Press: 2 May 2020. Coronavirus Outbreaks Reported in Half of York's Care Homes. Available at: <https://www.yorkpress.co.uk/news/18421718.coronavirus-outbreaks-reported-half-yorks-care-homes/>

- 15 York Press. 18 May. Covid-19 in York Care Homes Past the Peak? Available at: <https://www.yorkpress.co.uk/news/18459208.covid-19-york-care-homes-past-peak/>
- 16 Collieson, J. 2020. The Impact of Covid-19 on People Ageing Without Children: Experiences of the AWOC York Group. York: AWOC. Available at: <https://ageingwithoutchildrenconsultancy.com/wp-content/uploads/2020/06/AWOC-York-final-.pdf>
- 17 YHRCN. 16 July 2020. Submission to Parliamentary Joint Committee on Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>
- 18 Alzheimer Research. 15 May 2020. Fifth of all People who have Died from COVID-19 in England and Wales had Dementia. Available at: [https://www.alzheimersresearchuk.org/fifth\\_deaths\\_covid\\_dementia/](https://www.alzheimersresearchuk.org/fifth_deaths_covid_dementia/) York CVS. September 2020. What we Did During the COVID-19 Lockdown March-June 2020. Available at: [https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York\\_CVS\\_COVID-19\\_What\\_we\\_did\\_09.2020\\_FINAL.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York_CVS_COVID-19_What_we_did_09.2020_FINAL.pdf)
- 19 Council of Europe Committee on Bioethics. 14 April 2020. Statement of the Committee on Bioethics: Human Rights Principles Must Guide Health Decisions, Strasbourg. A broader set of concerns are addressed in Oliver Lewis, Disability, Coronavirus, and International Human Rights, Doughty Street Chambers. Available at: <https://rm.coe.int/inf-2020-2-statement-covid19-e/16809e2785>
- 20 YHRCN. 16 July 2020. Submission to the Parliamentary Joint Committee on Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>
- 21 Ibid
- 22 YHRCN. September 2020. Suggested Actions to Take Forward in York for the COVID-19 Responses. York: YHRCN. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/08/Actions-suggested-for-HREB-August-2020-final.pdf>
- 23 YHRCN. 16 July 2020. Submission to the Parliamentary Joint Committee on Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>
- 24 Ibid
- 25 YHRCN. July 2020. Fact Sheet 3: COVID-19 and Human Rights. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/08/Coronavirus-and-human-rights-fact-sheet-3-final.pdf>
- 26 York CVS. May 2020. COVID-19 Sector Survey: Summary of Key Findings. York: York CVS.
- 27 YHRCN. September 2020. Suggested Actions to Take Forward in York for the COVID-19 Responses. York: YHRCN. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/08/Actions-suggested-for-HREB-August-2020-final.pdf>
- 28 YHRCN. 16 July 2020. Submission to the Parliamentary Joint Committee on Human Rights. York: YHRCN. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>
- 29 Ibid

- 30 Ibid
- 31 York CVS. September 2020. What we Did During the COVID-19 Lockdown March-June 2020. Available at: [https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York\\_CVS\\_COVID-19\\_What\\_we\\_did\\_09.2020\\_FINAL.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York_CVS_COVID-19_What_we_did_09.2020_FINAL.pdf)
- 32 YHRCN. 16 July 2020. Submission to the Parliamentary Joint Committee on Human Rights. York: YHRCN. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>.
- 33 York CVS. September 2020. What we Did During the COVID-19 Lockdown March-June 2020. Available at: [https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York\\_CVS\\_COVID-19\\_What\\_we\\_did\\_09.2020\\_FINAL.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2020/10/York_CVS_COVID-19_What_we_did_09.2020_FINAL.pdf)
- 34 Ibid
- 35 YHRCN. 16 July 2020. Submission to the Parliamentary Joint Committee on Human Rights. York: YHRCN. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>.
- 36 Participant D. 1 December 2020. Council Member Interviewed for the YHRCN 2020 Indicator Report. Interviewed by M. Bonnamy and L. March.
- 37 YHRCN. 16 July 2020. Submission to the Parliamentary Joint Committee on Human Rights. York: YHRCN. Available at: <https://www.yorkhumanrights.org/wp-content/uploads/2020/07/JCHR-Inquiry-submission-from-YHRCN-16-JULY.pdf>.
- 38 Ibid
- 39 Ibid
- 40 York CVS. October 2020. COVID-19 VCSE Sector Resilience Follow-Up Survey. York: York CVS. Available at: <https://www.yorkcvcs.org.uk/wp-content/uploads/2020/12/COVID-19-VCSE-SECTOR-RESILIENCE-SURVEY-FOLLOW-UP-FINAL.pdf>
- 41 York CVS. October 2020. COVID-19 Sector Survey. Summary of Key Findings York: York CVS.
- 42 Ibid
- 43 Ibid
- 44 Ibid
- 45 York CVS. May 2020. COVID-19 Sector Survey: Summary of Key Findings. York: York CVS. And: York CVS. October 2020. COVID-19 VCSE Sector Resilience Follow-Up Survey. York: York CVS. Available at: <https://www.yorkcvcs.org.uk/wp-content/uploads/2020/12/COVID-19-VCSE-SECTOR-RESILIENCE-SURVEY-FOLLOW-UP-FINAL.pdf>
- 46 Ibid
- 47 York CVS. 15 December 2020. York Charities Reaching Crisis Point. York CVS News. Available at: <https://www.yorkcvcs.org.uk/york-charities-reaching-crisis-point/>
- 48 HRCN Statement. Consultation with the UN Special Rapporteur on Extreme Poverty and Human Rights. Available at: <https://humanrightscities.net/statement/955/>

- 49 E-mail communication, Adam Raffell, Foodbank Manager, York Foodbank, 10 February 2021.
- 50 City of York Council. Updated 2 February 2020. York Open Data. Available at: [https://data.yorkopendata.org/dataset/kpi-cjge130/resource/eb4db9cb-42c4-4f1b-a078-698d4448800a?view\\_id=14dd4ef1-b5e0-4986-8cae-5b3413276642](https://data.yorkopendata.org/dataset/kpi-cjge130/resource/eb4db9cb-42c4-4f1b-a078-698d4448800a?view_id=14dd4ef1-b5e0-4986-8cae-5b3413276642)
- 51 City of York Council. Updated 2 February 2020. York Open Data. Available at: <https://data.yorkopendata.org/dataset/covid-19-daily-data-tracker/resource/70a165c3-752d-4f8f-a8f4-76ff6b596d72>
- 52 Collieson, J. 2020. The Impact of Covid-19 on People Ageing Without Children: Experiences of the AWOC York Group. York: AWOC. Available at: <https://ageingwithoutchildrenconsultancy.com/wp-content/uploads/2020/06/AWOC-York-final-.pdf>
- 53 Ibid
- 54 Ibid
- 55 Ibid
- 56 Mick/YDRF member. 27 November 2020. City of York Council Remains Disingenuous in its Treatment of Disabled Motorists. Available at: <https://ydrf.org.uk/2020/11/27/city-of-york-council-remains-disingenuous-in-its-treatment-of-disabled-motorists/>
- 57 Public Health England. November 2020. Disparities in the Risk and Outcomes of COVID-19. London: Public Health England. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908434/Disparities\\_in\\_the\\_risk\\_and\\_outcomes\\_of\\_COVID\\_August\\_2020\\_update.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf)
- 58 Healthwatch York. November 2020. Listening to BAME People About Health and Social Care Services in York Final Report: Healthwatch York. Available at: <https://www.healthwatchyork.co.uk/wp-content/uploads/2020/11/Listening-to-BAME-people-about-Health-and-Social-care-services-in-York-Final-report.pdf>
- 59 Ibid
- 60 Ibid
- 61 Human Rights and Equalities Board. 5 November 2020. The COVID-19 Response and Human Rights (Internal Paper by the CYC for the Board Meeting)
- 62 National Council for Voluntary Organisations. 12 June 2020. Collaboration. Available at: <https://knowhow.ncvo.org.uk/organisation/collaboration>
- 63 Ibid
- 64 National Council for Voluntary Organisations. 22 September 2020. Coproduction and Service User Involvement. Available at: <https://knowhow.ncvo.org.uk/organisation/collaboration/coproduction-and-service-user-involvement>
- 65 Social Care Institute for Excellence. October 2015. Co-Production in Social Care: What it is and How to do it – at a Glance. Available at: <https://www.scie.org.uk/publications/guides/guide51/at-a-glance/>

## York: Human Rights City

York Human Rights City Network (YHRCN) is a civil society partnership hosted jointly by York CVS (Centre for Voluntary Service) and the Centre for Applied Human Rights (CAHR) at the University of York. York CVS roots the Network within York's vibrant civil society. CAHR roots the Network in the human rights discourse. The network was formed in 2011, and has grown organically over the intervening years. Our Steering Group comprises representatives from civil society organisations working in each of the five priority rights areas.



Our aim is to be a catalyst for York people, business and organisations to champion a vibrant, diverse, fair and safe city. We work closely with representatives of the public sector in York, most notably the City of York Council, York NHS Teaching Hospital Foundation, Tees Esk and Wear Valley NHS Foundation Trust, North Yorkshire Police and Explore York.

## CONTACT

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