

York: Human Rights City Network

FACT SHEET 3 (July 2020)

COVID-19 AND HUMAN RIGHTS



This series of fact sheets captures the human rights implications of COVID-19, and responses to it, in the city of York (UK).¹ Human rights concerns identified in Fact Sheet 1 appear as boxed text in summarised form in subsequent fact sheets, followed by evidence of the actual human rights implications of COVID-19. We hope these cumulative fact sheets will be of use to government and statutory agencies – notably the City of York Council, the NHS, the police – and community and voluntary groups. For the former, the fact sheets provide guidance on addressing human rights when implementing the difficult measures required by the pandemic; for the latter organisations they provide frameworks to support advocacy and the monitoring of policy and its implementation as they impact on individuals, families and communities and/or on issues of concern e.g. mental health, disability, women’s rights. The overarching aim is to localise and contextualise human rights, and inform policy and practice, in the city.

The local newspaper – *The Press* – is providing a day-by-day account of the local effects of COVID-19, and it is drawn on heavily as a source in the fact sheets. The fact sheets should be read alongside the YHRC network’s Submission to the Parliamentary Joint Committee on Human Rights (YHRC network, 16 July 2020). The latter document is based on evidence gathered from 28 local organisations and 16 individuals – it 1) documents groups disproportionately affected by government measures to tackle COVID-19; 2) the impact in York of measures implemented by the government; and 3) what steps need to be taken by government to ensure measures are human rights compliant. The fact sheets and submission share the same key finding: The time is long overdue for human rights to be at the very heart of both COVID-19 responses by national and local government, and the evaluation or critique of policies and practices. Both are needed if we are to be serious about respecting human rights for all (YHRC network, 16 July 2020: 7).

By the end of July, 134 patients with COVID-19 had died at the York Hospital, with no deaths recorded for 6 weeks (*The Press*, 31 July 2020), while 73 further deaths were reported in York Care homes (*The Press*, 21 July 2020). In terms of the full profile of COVID-19-effects, York appears to be doing well in some areas – for example, the Google Community Mobility Report commended York as one of the best cities in the country for adhering to the lockdown (*The Press*, 18 April 2020). But it is faring less well on other issues. Spending in York fell by over 50% in lockdown, the fifth biggest fall out of 80 larger cities in England and Wales. The main reasons cited were the closure of universities, and the end to tourism. Non-grocery shopping collapsed, falling by 75% (*The Press*, 23 April 2020). A number of reports in June underlined a bleak economic picture: closure of national chain stores and restaurants pointed to a high street in decline, and York ranked the eighth most affected city in the UK (*The Press*, 5 June 2020); while unemployment has risen by 141% during the pandemic, with young people and those aged over 50 worst affected (*The Press*, 11 June 2020). Local MP Rachael Maskell describes the city as being at an ‘economic crossroads’, and needing a bold, transformative economic plan (Halliday, 2 August 2020).

In this fact sheet, three human rights contributions to efforts to combat COVID-19 are identified:

- 1) Ensuring responses enhance dignity, the right to life, non-discrimination, and protect the most vulnerable
- 2) Using human rights when balancing priorities and making difficult decisions
- 3) Optimising the link between disease and democracy.²

¹ The fact sheets are available here: <https://www.yorkhumanrights.org/current-work/>

² There have been a number of overview pieces setting out the links between COVID-19 and human rights. For example, see Carver (1 April 2020); Casla (19 March 2020); and Donald and Leach (12 May 2020).

Dignity, the right to life and non-discrimination

‘Thus, whereas the plague by its impartial ministrations should have promoted equality amongst our townfolk, it now had the opposite effect and... exacerbated the sense of injustice rankling in men’s [sic] hearts’. Camus, *The Plague*

There are three main routes to discrimination, with implications for dignity and the right to life:

- 1) Direct discrimination in access to health care e.g. the suggestion that groups such as the elderly or people with disabilities should be excluded from access to ventilators or other kinds of health care.
- 2) Indirect or inadvertent discrimination may arise from neutral sounding measures to combat COVID-19. For example, social distancing means little in overcrowded prisons, care homes or households, and may stigmatise already marginalised groups and increase levels of domestic violence and child abuse.
- 3) Contextual and structural discrimination encompasses enhanced vulnerability relating to the qualities of COVID-19 itself, or the nature of society with which it interacts. Children, often considered a vulnerable group, are not especially at risk of contracting the virus or from its effects. Other groups, however, are particularly vulnerable, including BAME communities, homeless people, those with mental illnesses, people deprived of their liberty, migrants and refugees, and key workers, including health and social care workers.

Many of the vulnerabilities and forms of discrimination anticipated in the box above can now, sadly, be supported by empirical data. Early in the pandemic in the UK there were concerns about elderly and disabled people being denied medical treatment – the National Institute for Health and Care Excellence (NICE) was forced to redraft guidance to the NHS stating that it should assess patients with conditions such as learning disabilities and autism as scoring high for ‘frailty’ (taking into account comorbidities and underlying health conditions), meaning they could be refused treatment because they needed support with personal care in their everyday lives (Ryan, 9 April 2020). 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 (Council of Europe Committee on Bioethics, 14 April, 2020; Lewis, 21 March 2020).

Evidence demonstrates that particular groups are subject to acute vulnerabilities, and more than one of the forms of discrimination set out above. For example, it has been predicted that over half the COVID-19-related deaths in the England will occur in care homes, affecting elderly people (Savage, 7 June 2020). It is also clear that COVID-19 is disproportionately affecting racial and ethnic minorities and people living in poverty (Fawcett Society at al. 8 June 2020; Platt and Warwick, May 2020; Public Health England, 2 June 2020). Those with intersectional vulnerabilities – e.g. people who are elderly and suffering from underlying health conditions, or women who are black, earn low incomes and work on the frontline of the Covid-19 response – are particularly at risk from the intersectional health-related, social and economic impacts of the virus.

A final example relates not to the effects of the virus, but to the effects of governmental responses to the virus. Significant concerns have been raised about the Adoption and Children (Coronavirus) (Amendment) Regulations 2020, which came into force on 24 April 2020 and are not due to expire until 25 September 2020, yet may be extended further.³ These concerns relate to: 1) the substantive dilution of social care and protection for children in care, who are some of the most vulnerable children in the country; and 2) the lack of consultation with relevant stakeholders about the new regulations. There are fears that, for a government sceptical about these protections, the COVID-19 crisis is being used as a pretext to dilute hard-won protections by ultimately making permanent temporary measures that fall short in terms of both protection

³ For more general discussion of the short- and long-term impact of the virus on children, see Camporesi (27 April 2020) and Nolan (6 May 2020).

standards and process of adoption.⁴ It is important to note that the City of York Council has not eased statutory provisions in relation to social care and protection for children in care.

While the issues set out above are national level concerns, many will affect York. Annual indicator reports produced by the YHRC network have found that inequality is a cross-cutting concern in the city, on issues ranging from educational attainment to life expectancy, child poverty and ‘in work’ poverty.⁵ There are already clear signals that COVID-19 is affecting those with certain vulnerabilities, fuelling discrimination and exacerbating inequalities in York. The economic and employment data cited in the introduction reinforce this assertion. Further examples include: claims that elderly people in care homes are being neglected (The Press, 13 April 2020; also see below); evidence that food bank use has more than doubled in the city (The Press, 26 May 2020), and the number claiming universal credit – those who are unemployed or on low incomes – also nearly doubled between 9 April and 14 May (17 June 2020); reports from the Samaritans of a ‘huge rise’ in calls seeking help, notably in relation to domestic violence and mental health issues (The Press 4 May 2020); and concerns about an increase in youth homelessness in particular as lockdown is eased (The Press, 16 May 2020).

In short, while it is frequently claimed that we are all in this together and that COVID-19 does not discriminate, it is now clear that neither of these statements is true. Rather than being a great leveller COVID-19 is holding up a mirror, highlighting and possibly accentuating the divides and inequalities that characterise our city and country, through intersecting forms of inequality and discrimination – in access to health care, and through indirect, contextual and structural discrimination. Moving forward, related crises such as mental health, poverty, inequality, domestic violence, and racial injustice represent what Yamin (2020) calls the ‘shadow pandemics’ created by COVID-19. Such concerns are becoming more visible, simultaneously illuminated and accentuated by the pandemic. Their legacies will long outlast the pandemic itself, setting the agenda for policy makers and practitioners for decades to come. Local authorities, including the City of York Council, are helping vulnerable groups in various ways, such as supporting Community Hubs (run by council staff and volunteers, to deliver food and medication, and check in on vulnerable people e.g. City of York Council, 24 June 2020), but it is clear that strategic thinking and policy design embracing a human rights-based approach, which centres dignity, the right to life and non-discrimination, are crucial during the pandemic and its aftermath. Such work will need to address discrimination and vulnerability in all its forms.⁶

Balancing priorities, making difficult decisions

‘[Qualified or non-absolute] (h)uman rights do not really resolve the tension between competing interests and various visions of how the world should be; rather, human rights ideas provide the vocabulary for arguing about which interests should prevail and how best to achieve the ends we have chosen’. Clapham

While some human rights are absolute, many are not. Human rights law recognises that there are circumstances when the enjoyment of (qualified or non-absolute) human rights may be restricted, subject to certain conditions being strictly met. Public health is specifically named as a legitimate reason for instituting what are termed ‘public interest restrictions’ on such human rights. For example, the lockdown entailed restrictions on our freedom of movement and assembly because of COVID-19. Policy makers are faced with numerous trade-offs and difficult decisions at present. The first way in which human rights are useful is that they acknowledge these dilemmas – these decisions are difficult – and, as the quote from Clapham suggests, provide a vocabulary for balancing, debating and prioritising interests e.g. When and how should restrictions on freedom of movement be eased?

⁴ A *Guardian* editorial (28 April 2020) noted: ‘The removal of protections in 10 sets of regulations relating to the care of looked-after children in England, with no public consultation or parliamentary debate, must be seen for what it is: an attack on their rights’. Also see the Children’s Commissioner (30 April 2020), and Lucas (nd.).

⁵ The indicator reports can be found at: <https://www.yorkhumanrights.org/current-work/>

⁶ For the City of York Council work to support the vulnerable, see <https://www.york.gov.uk/C19CYCStaff/VulnerablePeople> - the NGO JustFair has documented what local authorities in the North East of England are doing to protect vulnerable people, at: <http://justfair.org.uk/north-east/>

Human rights make a second contribution by outlining criteria on the basis of which difficult decisions to restrict human rights should be made. Any restrictions must pass a three-part test: they must be provided by law, address a legitimate purpose, and be ‘necessary in a democratic society’.

- 1) The ‘provided by law’ requirement also means that restrictions to rights must be clearly formulated and be accessible to the general public (ideally in written form).
- 2) In order to lawfully restrict rights, governmental authorities must pursue legitimate purposes, which include the protection of health (as noted above) and public safety.
- 3) The phrase ‘necessary in a democratic society’ means that restrictions on rights should be required by and be proportionate to the threat they are designed to meet – they should not go beyond responding to the threat in scope (materially, geographically), nor be open-ended. Restrictions should not undermine the essence of democracy and human rights.

These criteria can be used by City of York Council and other statutory bodies in policy formation, and by civil society to assess whether the criteria have been fully and fairly applied (especially criteria 3).

One early example of the need to balance interests and rights in York was the issue of whether and how funerals should be held during the lockdown. On 9 April 2020, the City of York Council banned mourners and stopped funeral services at York crematorium. The dead were to be subject to ‘direct cremations’ until further notice (The Press, 8 April 2020). There was recognition that this would be heart-breaking for the families of the deceased. The fact that families could not visit loved ones in hospital, nor attend their funerals, for fear of further infections had to be balanced against public health concerns and the safety of crematorium staff. There was a strong public response against this measure, and a petition quickly started to gather signatures. By 11 April the City of York Council agreed that a celebrant or minister could perform a short service, which would be filmed free of charge, and up to 10 mourners could attend but would have to remain outside the crematorium (The Press, 11 April 2020; City of York Council Press Release, 11 April 2020). The backlash continued, asserting that these compromises were not enough. Petition organiser, Kelsey Dobson, stated that ‘Whilst yesterday’s renewed guidelines allow immediate family outside the crematorium, this still refuses immediate family their right to be with their loved one during the service’ (The Press, 13 April 2020). On 14 April the Council confirmed that up to 10 immediate family members could attend the crematorium, with a short ceremony held outdoors (City of York Council Press Release, 14 April 2020). Over time creative measures were improvised, such as people lining the streets to pay their respects (The Press, 25 May 2020).⁷

This is a good example of balancing, with a sensible compromise reached through public debate. Public health concerns had to be weighed against other priorities and rights, notably the right to respect for private and family life, freedom of religion and belief, and to freedom of assembly and association. All of these rights are protected within the 1998 Human Rights Act.⁸

A second key area where different rights are being balanced, as lockdown restrictions ease, is in relation to when and how schools should reopen (Children’s Commissioner, May 2020). Schools were closed on public health grounds during lockdown to all but the children of key workers and those young people considered vulnerable. Reopening schools is important to allow children and young people to access important rights, but also for broader reasons e.g. so parents can return to work. Education is a right itself and a gateway enabling access to other rights – the right mental health, substantive equality, and so on. Primary schools, in particular, provide an opportunity to narrow inequalities through education. In contrast, exclusion from school can be very damaging, particularly where intersecting factors exacerbate existing

⁷ York Crematorium Chapel reopened on 1 June 2020, after three tests were met to allow for indoor ceremonies: key worker testing was available; the Council had adequate PPE for staff; and there had been a decrease in the number of infections and deaths. Social distancing measures and shorter services continued (City of York Council, 22 May 2020; The Press, 29 May 2020).

⁸ For more on the Act, see: <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>.

inequalities. These factors include divergences in the quality of school provision and parent support; lack of access to computers and other resources; a poor or cramped home environment in which to work; and basic socio-economic rights such as access to adequate meals (Cullinane and Montacute, April 2020; Nuffield Foundation for Educational Research, 16 June 2020). In Britain during lockdown more than half of pupils in private schools were taking part in daily online classes, compared to just 1 in 5 in state schools. Children deemed to be vulnerable have had access to schools throughout, but the majority did not attend (The Economist, 2 May 2020); of those who received free school meals in January and February 2020, many were not receiving meals or vouchers in April (Penington, 2020).

Against this backdrop the government announced the partial re-opening of schools (from 1 June reception and Years 1 and 6 in primary schools, and from 15 June years 10 and 12 in secondary schools and colleges, could return on a voluntary basis), and more recently the full, compulsory return of children and young people to school from September.⁹ Both local government and parents have had to make decisions within the context of short-term deadlines, policy vagueness and repeated amendments from national government (Pidd, 12 June 2020), e.g. a plan for all primary school children to return to school for four weeks before the end of the summer term had to be scrapped. The inequalities of lockdown have been augmented by more complex, layered micro-inequalities associated with the manner in which schools have opened up. Not all local authorities followed government guidance e.g. over 50 councils did not open primary schools on 1 June, schools made their own assessments about risk and capacity, and not all parents wanted to send their children back to school when places became available (Russell, 19 July 2020).

The negative effects of exclusion from school quickly became apparent in York. For example, figures suggest that only a small number of vulnerable children in York attended school during lockdown,¹⁰ and 450 vulnerable children in the city only received laptops or tablets to help with schoolwork in June, three months after schools closed, while others were still waiting (The Press, 22 June 2020). During May the parameters of a partial return to school became clearer through a process of national and local debate. The parameters included smaller classes, groups organised in 'bubbles', part-time attendance, and staggered drop off and pick up times (The Press, 20 May 2020). At this time there were calls from the York Central MP, Rachael Maskell, and teaching unions to publish the evidence supporting the decision for a return on 1 June, and for the return of the designated age-groups (The Press, 19 May 2020; The Press, 28 May 2020; The Press, 2 June 2020).¹¹ Local schools conducted risk assessments prior to opening, and calibrated their increased admissions accordingly (City of York Council, 29 May 2020). As term ended in July there were over 4,500 children and young people in York schools, the vast majority of these in primary schools.¹² As such, an incrementalism and localism has characterised school re-opening. A contextual approach is important, but local decisions in relation to schools have been made in the absence of clear national policy acknowledging the balancing of rights, and setting out an overall policy with fall-back positions.

The balancing of rights, as occurred in relation to both funerals and the reopening of schools, often affects everyday issues, and as such is an important means of engaging the majority of the population, as well as vulnerable groups, in discussions about the relevance of human rights to their lives. The pandemic made trade-offs and compromise inevitable. In reflecting on past decisions, and planning for the future, the key issues to address are whether restrictions are proportionate to the threat faced, and whether measures that seek to balance competing rights and interests, all be it often unintentionally, exacerbate inequalities.

⁹ The government released guidance on 2 July 2020 for the full opening of schools: <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

¹⁰ On 21 April, 16 percent of primary age children with social workers and eight percent of secondary age children with social workers attended school; eight percent of primary age children with an Education Health and Care Plan (EHCP) and five percent of secondary age children with an EHCP attended school that day (The Press, 28 April 2020).

¹¹ The National Education Union published a useful 5 tests for government before schools should reopen: <https://neu.org.uk/press-releases/5-tests-government-before-schools-can-re-open>

¹² Conversation with John Thompson, Head of Secondary and Skills, City of York Council, 21 July 2020.

Disease and democracy

‘We don’t do charity in Germany. We pay taxes. Charity is a failure of governments’ responsibilities.’
Henning Wehn, a German comedian, at the start of the pandemic

There are two issues at stake in this final section.

- 1) The question of what degree of transparency and openness is required in public decision-making at times of crisis. Democracy and associated human rights provide the oxygen that will breathe life into an effective response to the virus – democracy at a local scale, as well as nationally. Those who wrongly believe that authoritarian responses are a quick fix in such crises forget the evidence from past pandemics - HIV, Zika, Ebola, H5N1 (Avian Flu), Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS). We know that human rights need to inform responses: transparency and accurate information about risk, transmission and treatment (the right to information and expression); the active engagement of populations (a cross-cutting principle of participation); and maintaining a climate that will encourage people at risk or ill to seek help, rather than avoid health services because they are afraid of stigma and punishment (non-discrimination, right to adequate health care, right to life).
- 2) The issue of state capacity and the kind of state – local government and national government – that we want.

At times of crisis, it is often the case that the weight in decision-making shifts from consultation to direction, and to new constellations of elected representatives, experts (in this case, for example, scientists) and civil servants. But here again it is important that a balance is maintained, with oversight of and limits to new arrangements and practices, and consultation and participation where possible (Bjørkdahl, n.d.). At a national level there have been calls, for example, for greater transparency about the composition of, and advice given by, SAGE – the Scientific Advisory Group for Emergencies (Mason, 14 April 2020). More recently, the UK government has been criticised for omitting sections from the Public Health England report (2 June 2020) which detailed the disproportionate effect of COVID-19 on the BAME community. The missing sections of the report, based on wide-ranging community consultations with the BAME community and including recommendations which stressed the need to explicitly address ethnicity, racism and structural disadvantage in COVID-19 responses, were subsequently leaked to the press (Tapper, 13 June 2020). A second report, including the previously omitted information, was published by Public Health England on 16 June 2020.

In York, a basic question is how many residents would be able to say how decisions were made during lockdown in the city? While the City of York Council created a webpage dedicated to ‘Councillors and local democracy’, which included urgent decision-making guidance and detailed a focus on executive and regulatory functions,¹³ these arrangements were subject to virtually no public debate or press coverage. Concerns were raised by opposition political representatives and some members of the public that key decisions were not in the hands of elected members, and that there was limited input into and oversight over decision-making e.g. decision logs were not published in a timely fashion, and often lacked detail.¹⁴

In June the Council created an Outbreak Management Advisory Board, comprising health professionals, the voluntary sector and councillors, to manage the ongoing response to COVID-19 and develop a local test and trace programme (City of York Council, 19 June 2020). Alongside mechanisms for decision making, a further issue to address going forward relates to the formats in which information has been provided – York CVS found that 64% of local charities worked with constituencies facing digital exclusion (older people in particular, but also the homeless, and people with physical impairments and learning disabilities: York CVS,

¹³ See: <https://www.york.gov.uk/COVIDDemocracy> - The Centre for Public Scrutiny is providing support for local authorities on governance and scrutiny, on behalf of the Local Government Association, at <https://www.cfps.org.uk/covid-19-notice/>

¹⁴ Published decisions are available at:

<https://democracy.york.gov.uk/mgDelegatedDecisions.aspx?&RP=0&K=0&V=0&DM=0&HD=0&DS=2&Next=true&META=mgdelegateddecisions&DR=08%2f04%2f2020-22%2f04%2f2020>

n.d.). While a full assessment of the Council's response to the crisis will take time, it is important to frame the parameters for this discussion now.

One final concern relates to transparency about deaths in care homes. At the end of May the York Central MP, Rachael Maskell, called for greater transparency about the number of COVID-19 cases and deaths in York care homes (The Press, 28 May 2020a). Information is available about the total number of deaths in care homes in York, but the City of York Council has refused to release figures for individual providers, citing as reasons patient confidentiality and that most care homes are privately run. Maskell responded that there was a public interest in information being available about infection control in care homes (while protecting the identity of individuals), and that the Council has oversight over public health in the city (The Press, 25 June 2020). The result of this stand-off is that information is seeping into the public domain, one care home at a time. Relatives of residents who died of COVID-19 at Meadowbeck in Osbaldwick contacted Rachael Maskell to complain about issues ranging from poor communication with families to a lack of PPE for staff (The Press, 29 May 2020; The Press, 8 July 2020). A Care Quality Commission (CQC) and City of York Council inquiry was launched into the handling of a major virus outbreak at South Park in Acomb, after it failed to report the deteriorating situation to either body (The Press, 27 June 2020). Finally, The Press reported on 14 July that 30 residents died during the lockdown at Minster Grange in Haxby Road (The Press, 14 July 2020). Given that a significant proportion of COVID-19 related deaths in York have occurred in care homes and public concerns about the care of relatives, there is a clear public interest in publishing relevant information about the total number of deaths in each care home in the city, while protecting patient confidentiality. In human rights terms, for privately run social care the Council retains the obligation to protect, meaning it should ensure (through legislation, administratively, judicially, etc.) that third parties do not interfere with the human rights enjoyment of individuals.

Whilst documenting some transparency concerns, it is important to recognise that the Council has been on the front line of delivery in an unprecedented crisis. It has also often had to deliver (greater) clarity and consistency on national guidance lacking these qualities, on issues as diverse as education and whether to wear masks in shops. The Council was quick to set up its Covid-19 helpline and consulted with organisations on the ground over where to place the Community Hubs.

At the heart of the current relationship between disease and democracy is the question of the kind of state we want. COVID-19 is a stark reminder that we need an effective and responsive state, including at local government level. No other organisation or mechanism can respond effectively to the virus on the scale required: with regulation and its implementation in a reasonable and proportionate manner, with oversight of third parties (including private service providers such as care homes), and with provision of goods and services when individuals cannot provide for themselves (money is being spent on health systems and infrastructure). In essence, this is what human rights law is all about: it structures the relationship between the state and the individual so that the former can be effective *and* responsive. Decades of privatisation, outsourcing of essential service provision, and austerity have weakened this bond between the state and the individual. Yet, COVID-19 demonstrates that the state remains the primary duty-bearer for human rights. The challenges around the management of private care homes highlights this situation, raising the fundamental question: who is responsible? The state remains responsible for regulating care homes.

As such, human rights are needed not just as a negative shield against government interference, but also as a statement of basic values and as a means for individuals to make positive claims on government. In relation to values, it is to be welcomed that the City of York Council agreed to offer temporary accommodation for up to 90 asylum seekers affected by movement restrictions imposed due to the pandemic (The Press, 2 July 2020). With regard to positive claims on government, basic social provision, including health care, social security, and housing, is a fundamental human right. The realities of crisis – the state matters; free health care for all is precious – should be remembered when life returns to normal, not just in the priority given to nurses, doctors, carers, and other key workers, but also for the ongoing responses to crises such as climate change.

A key lesson from the COVID-19 response is that we can find the resources to address issues if we want to. A second lesson is that old and new forms of volunteering and civic action need to be supported to enhance social cohesion, while not by intent or default replacing the state as the main means of service provision and regulation. That said, a survey of 82 organisations conducted by York CVS suggests that the charity sector is facing tough times ahead – 40% of charities said their future is uncertain beyond October 2020 (The Press, 4 July 2020; York CVS, n.d.). This sector will need support from government and local residents if it is to survive immediate pressures and thrive in the future. Finally, the legacy of COVID-19 for the state will be complex. It expanded its role significantly in some areas, such as the economy, at least in the short term; but has contracted in other areas, such as social care and protection for children. There is also a danger that huge COVID-19 related expenditure will be followed by cuts – local authorities have been described as ‘facing bankruptcy’, with the City of York Council experiencing a £25m funding deficit (The Press, 17 May 2020). If we want a human rights city, and a human rights state, we will need to be clear about what kind of government and civil society we desire, and be vigilant in campaigning to bring them about.

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