



Political Affairs Digest

A daily summary of political events affecting the Jewish Community

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House of Commons Written Answer

Schools: Festivals and Special Occasions

Alex Sobel (Labour Co-op) [185093] To ask the Secretary of State for Education, if her Department will make an assessment of the potential merits of allowing Muslim students to take additional time off school during Eid.

Nick Gibb: Schools must authorise a pupil's absence if it is on a day exclusively set apart for religious observance by the religious body to which the parent belongs. The Department does not define which specific days schools should authorise for religious observance, though generally, it may be a day when the pupil's parents would be expected by the religious body to which they belong to stay away from their workplace to mark the occasion. The Department advises schools to seek advice from the relevant religious body if they are in doubt.

Parents may apply to the school for a leave of absence that is linked to a religious day. Unlike days that the religious body have exclusively set apart for religious observance, such leave is authorised at the discretion of the school.

Schools and Local Authorities may consider taking further steps to manage the effect of such absence, including setting term dates around days for religious observance, working with local faith groups to develop guidance on absence for religious observance, taking INSET days that coincide with religious observance days, and providing individual support for pupils who miss sessions for this reason.

<https://questions-statements.parliament.uk/written-questions/detail/2023-05-15/185093>

House of Lords Written Answer

Racial Violence: Government Assistance

Lord Taylor of Warwick (Non-affiliated) [HL7845] To ask His Majesty's Government what steps they are taking to support people experiencing racist assault.

Lord Sharpe of Epsom: The Government takes all forms of hate crime, including race hate crime, seriously. We expect the police to investigate these hateful attacks

and make sure the cowards who commit them feel the full force of the law. Our absolute priority is to get more police onto our streets, cut crime, protect the public and bring more criminals to justice. We are supporting the police by providing them with the resources they need, including recruiting 20,000 extra police officers. The Government has worked with the police to fund True Vision, an online hate crime reporting portal, designed so that victims of hate crime do not have to visit a police station to report. The Government also funds the National Online Hate Crime Hub, a central capability designed to support individual local police forces in dealing with online hate crime. The Hub provides expert advice to police forces to support them in investigating these offences.

<https://questions-statements.parliament.uk/written-questions/detail/2023-05-15/hl7845>

The True Vision website, referred to above, can be read at

https://www.report-it.org.uk/your_police_force

Information about the National Online Hate Crime Hub, referred to above, can be read at

https://www.report-it.org.uk/reporting_illegal_online_hate_material_to_the_p

Parliamentary Taskforce on Antisemitism in Higher Education

Understanding Jewish Experience in Higher Education

<https://antisemitism.org.uk/wp-content/uploads/2023/05/Understanding-Jewish-Experience-in-Higher-Education.pdf>

A Good Practice Guide: Eight Simple Steps for Facilitating Jewish life and Tackling Antisemitism in Higher Education

<https://antisemitism.org.uk/wp-content/uploads/2023/05/A-Good-Practice-Guide.pdf>

Scottish Parliament Citizen Participation and Public Petitions Committee

Human Tissue (Scotland) Act 2006 (Post Mortems) (PE1911): Evidence session

The Convener (Jackson Carlaw, Conservative): Agenda item 2 is consideration of continued petitions. PE1911, which is on a review of the Human Tissue (Scotland) Act 2006 as it relates to post mortems ...

The petition calls on the Scottish Parliament to urge the Scottish Government to review the Human Tissue (Scotland) Act 2006 and relevant guidance ... This morning ... we will be exploring the relevant issues as they relate to practice in England ... because the committee is genuinely intrigued to understand the different practice in England and why for the moment it is judged as being difficult to emulate in Scotland.

All of [the witnesses] provide a post-mortem scanning service in Lancashire and Blackburn with Darwen Council, and it is a collaboration between the county council, Lancashire Teaching Hospitals NHS Foundation Trust and a private scanning provider, Digital Autopsy UK. I understand that the whole arrangement has been in place since 2016 and was the first of its kind in the United Kingdom.

Can you, by way of introduction, provide a bit of background? What prompted the establishment of the service? ... Was there similar public concern about the arrangements that had been in place? Was it a matter of professionals coming together who believed that it was possible to do things differently and in a way that better served the public interest? ...

Dr James Adeley (Senior Coroner, Lancashire and Blackburn with Darwen): I was the coroner in place in 2016. About two or three years before that, we looked into the future

and realised that, because the number of pathologists was decreasing rapidly, we would not have any form of post-mortem service. That was coupled with research ... that showed that quite a lot of post mortems could be done through post-mortem scanning. It is not a panacea, but it can deal with a large number of cases. ...

For those of you who have never been to a post mortem, I note that it involves the person's body cavities being opened and all their organs being removed. The organs are examined before being put in a plastic bag and put back in the abdomen. The body is then reconstructed. There have been advances in computed tomography scanning, but that procedure is still very invasive. Quite a lot of faith communities would not accept it, and families are upset by it. ...

We wanted to provide a post-mortem scanning service based in a hospital next to the mortuary, with all the personnel undertaking the tasks being within the NHS. ...

When it comes to setting up such a service, the mechanics of it are not the problem. The issue is the past history of pathologists who have done post mortems and the fact that this is a new technique; it is an imaging technique, not an invasive technique. ...

Dr Mark Sissons (Consultant Pathologist, Blackpool Teaching Hospitals NHS Foundation Trust): ... The majority of trainee pathologists do not want to get involved with coronial work. ... The way in which things are organised means that any coronial work must be done in addition to the normal laboratory work that people are expected to do. ...

Dr James Adeley: ... When Dr Beardmore and I set this up together, we took the view that, when you CT scan somebody, it is an imaging process and you get a series of images on a screen. There has been a lot of work comparing images against causes of death established at post mortem so there is correlation between the two. We decided that, when someone has enough experience as a radiologist of seeing scans against dead people, they are able to say, from looking at a scan, that a person has died from a particular disease. That is in much the same way as, over the past 300 years, pathologists have gained experience of looking at diseased organs.

My view was that, in most cases, we did not need to involve a pathologist with the radiology images. Post-mortem scanning does not always give the answer, and you do need to have pathology there—it is still a very important part of coronial practice for those cases in which you cannot make a diagnosis and in certain other areas ...

The other problem that we run into is that, given the volume of scans—the population in my area is about 1.4 million and we do 1,650 scans a year—if you add on the very low fees for a pathologist to review the radiologist's report, which would be £100 each time that they do that, you would increase your costs and slow down the process. For that reason, I took the view that I would ask the radiologists to report on this. That is not what is done in a lot of areas, where radiologists work as they do in the NHS when they are assisting the living. They provide an opinion and that is sent to a pathologist, who looks at the opinion and says, "Yes, I think that's okay," or, "No, I don't think that's okay." I have a problem with that due to the fact that they are reviewing what someone else has written, without reviewing the scans themselves. ...

... there are two types of scan. We took the view that we wanted the scan that would provide the greatest number of diagnoses ... a plain scan, in which a person is simply put through a CT scanner, as they would be if they were in casualty, and an enhanced scan, which is what we have. In an enhanced scan, we perfuse the coronary arteries with dye, and we will sometimes ventilate the lungs. ...

That gives us a diagnostic rate of around 94 per cent, interpreting on the basis of the radiologist. If the radiologist is uncertain, we can go back to the clinician who treated the deceased at the time to ask them whether that accords with their views on the living. ...

Has this approach been rolled out across the UK? There is not another service like this one that runs on just radiologists. The rest run on pathologists and radiologists. More centres are doing it, but I think that the number is still less than 10. ...

The biggest problem that we ran into was that the pathologists quite rightly have the view

that establishing the cause of death has been their purview for the past 300 years, and there is the consideration of how they will remain involved in the coronial process and whether they will be part of the post-mortem scanning service. ...

Dr Simon Beardmore (Consultant Radiologist): ... There are places around the country that do CT post-mortem services. Leicester does them ... Oxford is doing things, and the private set-up is operating through Stoke, Stanwell and Birmingham way. ...

Radiologists ... who have trained in CT scanning can quite easily report a scan of the dead as well as the living. From our point of view, there is not too much training needed to report on a scan of the dead.

We can turn scans around quite quickly. We can do probably one scan every half an hour and get a full report out to the coroner. We do one session a day Monday to Friday. Therefore, we do eight scans a day, which equates to around 1,500 scans a year. That is probably a quicker turnaround service than there would be with a traditional invasive post mortem.

The other thing that we can do as radiologists is remote report, so we do not have to be on site where the body is. ... a non-invasive scan is better for religious beliefs and a lot of faiths that do not like invasive post mortems. ...

David Torrance (SNP): ... the Crown Office and Procurator Fiscal Service has identified skills shortages within its workforce. Was there any need to upskill pathologists at Lancashire and Blackburn with Darwen?

Dr James Adeley: Upskilling radiologists to read scans is a two-week course ... They are looking at how bodies change after death, which is a special skill set, but it does not take a radiologist long to learn because they already have the basic skills. ...

Upskilling the pathologists was not necessary. We give the pathologist the scan report ... It gives them information about how to approach the post mortem and where they might wish to go. For example, if the scan report of somebody who has died suddenly says that it cannot see any bleeds within the brain, one might not need to go inside the head to examine it if one can find something else in the rest of the body that has caused the death. ...

The scan can be given to the pathologist and they can read about what can be seen on it, and I do not think that they require any further training for that ...

Dr Mark Sissons: Training pathologists to interpret radiological images is a non-starter. ... It is not appropriate for pathologists to be involved in reporting X-rays. They are chalk and cheese—the post mortem that we do and the radiological images are two different things, and that reporting is not something that pathologists would want to get involved in. ...

Dr Simon Beardmore: Training for a radiologist to report scans of the living takes five years in this country. Once you have the skill set to report on a CT scan, it does not take too much to adapt to reporting CT scans of the dead ...

David Torrance: ... In Scotland, radiologists are like hen's teeth and the NHS is under huge pressure. Is there any way that pathologists could be trained in post-mortem scanning in a shorter time? ...

Dr Simon Beardmore: I do not think that they have the willpower to do it. ...

David Torrance: ... Given the pressures on pathology post-mortem and forensic services, to what extent does use of post-mortem computed tomography scans reduce those pressures?

Dr Simon Beardmore: ... there are pressures on scanning the living, just as there are on scanning the dead. ... as radiologists, we can turn the scans around a lot more quickly than the pathologists would have been able to turn around invasive post mortems. Therefore, the process is slightly more efficient from that point of view.

The Convener: ... it is not a public secret that Scotland is acutely short of radiologists. For

example, the 62-day cancer standard is not being met by any of Scotland's health boards. ...

I wonder whether similar pressures were advanced in the arguments that took place when your service was set up. The Government might say in response to the petition, or to any initiative that we might subsequently seek to promote, that faced with an acute shortage of radiologists, its first priority should be the living and that any such proposal would divert and potentially further undermine our ability to satisfy or meet current needs ...

Dr Simon Beardmore: There was a concern. However, not all radiologists report on cancer scans. ...

Fergus Ewing (SNP): ... I have questions first on quality assurance and the efficacy of CT scans as opposed to conventional post mortems and, secondly, on the cost aspects.

On quality assurance, the petitioner claims that scanners are 99 per cent accurate in establishing the cause of death. However, a submission to the committee from the chief coroner highlights guidance on the use of imaging in post mortems. It references a joint statement from the Royal College of Radiologists and the Royal College of Pathologists on post-mortem cross-sectional imaging. I am told that the most recent version of that details the strengths and weaknesses of imaging in establishing the cause of death. For example, it details its accuracy in establishing deaths from trauma, stroke and heart disease and its limitations in diagnosing deaths from conditions such as sepsis and poisoning. ...

First, how do PMCTs compare with traditional post mortems in terms of accurately establishing a cause of death? Secondly, can the witnesses detail the main strengths and weaknesses of using imaging in post mortems? Thirdly, what proportion of deaths could have their cause accurately established by using imaging?

Dr James Adeley: ... With regard to peer review and the different types of post mortem ... The review is not done by one pathologist sitting with another pathologist going through the same post mortem at the same time—there is no peer review. Also, unless samples are taken there is no permanent record—these things are not photographed—whereas with a post-mortem CT scan, the scans remain as digital images for as long as they are kept. We are required to keep ours for 15 years.

On quality assurance ... there are different types of scans. A plain scan, for example in the case of heart disease, relies on the amount of calcium that is deposited in the arteries that supply the heart. That gives a score and tells us how likely it is that the person died from coronary artery disease. The technique that we use—in younger patients where clots in the heart are more likely—involves putting in a catheter. Because we are using a relatively much more invasive approach—imaging things with dye and catheters within the coronary arteries—our diagnostic rates are considerably higher.

... it is accepted that CT scanning is not a panacea. There are certain things that it does not do well. Sepsis in particular is one of those things. ... If someone has been poisoned, we will quite often be looking at a Home Office post mortem ... We would not go to a CT scan to begin with. ...

On producing causes of death, we scan 1,600 deceased people a year. We are probably the largest scanning outfit in England and Wales. About 6 per cent of our scans go on to pathology. ...

It is not really an either/or question. Both approaches are needed, even if a post-mortem CT scan is going to be run.

Dr Simon Beardmore: ... We give causes of death in 90 to 95 per cent of cases, but that does not necessarily mean that we always get it right. We run on the rule of the balance of probability, which means that we have to be right in 51 per cent of cases. As long as we are correct 51 times out of 100, we are still within the law. That is why we can give causes of death at a greater rate than some papers on the accuracy of post-mortem CT say. ...

A radiologist mindset that has to be got around is that, when radiologists report on the

living, they have to be nearly 100 per cent accurate in what they say, whereas when they report on the dead, that level of certainty is not required. ...

Dr Mark Sissons: ... There is no doubt that computed tomography post mortems are very useful. They relieve the burden of a lot of invasive post mortems.

I get involved with industrial disease cases in which large samples of tissue need to be taken, maybe from the lungs. ... It is important that young people who have died from heart disease have an autopsy or a limited autopsy to get samples of the tissues for expert analysis and genetic testing.

I come across cases in which the CTPM is incorrect. My main worry about CTPMs is pulmonary emboli, which are what happens when blood clots travel from the leg or pelvic veins and block the arteries in the lungs, causing sudden death. In my experience, there is no doubt that the CTPM misses some of those. ... However, I think that evolving techniques will improve that situation and, overall, the CTPM service is very useful. It solves the problem of invasive post mortems not being able to be done by pathologists, and it means that people are not waiting a long time for invasive autopsies to be completed.

Fergus Ewing: ... the petition that is before the Scottish Parliament was occasioned following the sudden death of the petitioner's child. The petitioner's child underwent a post mortem that was much more extensive in nature than the petitioner had originally thought it would be. ... are there any particular strengths or weaknesses in relation to the use of a scan after the death of a child, most especially an infant or young child?

Dr James Adeley: ... The issue of children is a particularly problematic area because, after death, children do not scan in the same way that adults do. Children need to be put through an MRI scanner rather than a CT scanner ...

The problem is that the number of unexpected child deaths is extremely small. The reason for that is that most child deaths are either expected—because the child has a long-term illness and has been treated within mainstream healthcare—or the death is completely unexpected and there is a criminal suspicion with it, in which case it will go down the Home Office post-mortem route. That leaves very few cases in the middle, where the death is not suspicious but is unexpected. The problem is in maintaining the skill set of the radiologists in doing enough of those cases to know that they are getting the right answer. ...

... there is a particular concern around young adults who die suddenly, because there is something called sudden adult death syndrome, which is a collection of heart diseases, some of which might be genetic. Unless we take a biopsy for that, we will not be able to diagnose it, and the problem is that, because there is a genetic aspect, other family members might be at risk. ...

Foysoil Choudhury (Labour): ... Do families have an opt-out option? For example, in some faith communities, people want the burial to take place as soon as possible. As the witnesses said in answer to the convener's questions, there is a shortage of professionals, so people might have to wait a very long time. What value is given to those families? How much information is given to them when organs are removed from the body?

Dr James Adeley: We have very good relationships with faith communities. Our system applies to everyone, no matter their religion; if it applied only to the Muslim faith or the Jewish faith, that would be discriminatory. If there is a very good reason for an expedited post mortem—for example, for religious reasons, or because the family is travelling here from abroad—we will move the case through the system much more quickly.

We are well aware of the concerns of faith communities regarding post mortems and the body being a holy object. Faith communities are very much behind the post-mortem CT scanning. Mosques have raised money to pay for additional body storage.

In Lancashire, the average time between someone dying and their getting a post-mortem CT scan, if that is needed, is about three or four days. In most cases, a post mortem is not necessary. However, if it is necessary because there is no obvious cause of death, we

have a conversation with the family and explain what we are doing. We have discovered that faith communities want two things. First, they want the burial to occur as soon as possible. Secondly, if that is not possible, they want us to provide information on how long the process will take, so that we do not cause social difficulties in relation to accommodating all the family members who come.

The tension usually arises when a young person—someone under the age of 60—dies suddenly and there is a concern that the death was caused by a genetic cardiac condition. If it is a single child and there is nobody else around, it is not going to affect anybody, so we would not do an invasive post mortem. However, quite often, families are quite large and there are brothers, sisters and cousins who might be at risk of inheriting that disease, which could be treated.

In those cases, I will have a conversation with one of the religious leaders and I will explain why we are doing that and why it is necessary—to stop the possibility of the next event occurring, which would be another family member dropping dead. ...

... we once put 18 bodies through the CT scanner in a single day. The radiology department asked me to never do that again, but it can be done. You would be lucky to get four post mortems done in a day. The reports come in that evening or the next morning. ...

Ann Edwards (Coroner Services Manager, Lancashire and Blackburn with Darwen):

... From a local authority point of view, the CT scanning service is cost neutral, so it does not cost us any more than the invasive post-mortem service did. ...

In 2022-23, 94 per cent of our scans showed a cause of death, which left 6 per cent that did not. Of our post mortems, 92 per cent were non-invasive; that is the highest non-invasive post-mortem rate in England. ...

Fergus Ewing: ... How do the costs of the post-mortem CT service compare with those of traditional post mortems? Secondly, are the post-mortem CT scans generally provided free of charge or is there typically an out-of-pocket payment? If so, what is that usually set at?

Ann Edwards: ... our CT scanning service was set up so that it would be cost neutral against the invasive post-mortem service, so it costs us no more than it did when we were doing invasive post mortems. ...

Fergus Ewing: I am asking whether a payment is asked to be made from the family in the case of extra costs for the CT scan, as opposed to the traditional invasive post mortem.

Ann Edwards: No; there is no cost to the family. The service is free of charge and is provided by the local authority. ...

Alexander Stewart (Conservative): ... We have already heard from the Royal College of Pathologists, which talked about the potential challenges that are associated with tissue samples and any returns of those samples. Do you recognise the challenges that the Royal College of Pathologists described when it comes to returning samples? ...

Dr James Adeley: I am unfamiliar with the challenges. ... What happens with any sample that contains even a single cell is that the family are asked what they want to be done with the sample when it is finished with. The family are given a number of choices. The coroner's officer will ask whether the sample could be retained by the hospital for medical research and teaching, or it can be returned to the family and their undertaker. Alternatively, they can elect for the sample to be disposed of by the hospital in a lawful and sensitive manner. ... This applies with an invasive post mortem, not with CT scanning. ... The only time that it causes problems is when the family elect to have the samples put back in the body before it is returned, because then the body has to be retained. For certain pathologists, we have a backlog of a year before we can get a report. ...

Alexander Stewart: ... The Royal College of Pathologists felt that offering relatives options for tissue sample handling ... could present a barrier. ...

Ann Edwards: ... In my experience, families sometimes need some time, which is absolutely fine. ... What families want to know will vary. For example, if the brain has been taken, we would explain to the family that it can take some time for the process to be gone through before the pathologist can look at the slides. Some families do not want to know that, whereas some families are really interested in the process. ...

The Convener: ... the Royal College of Pathologists put up what the committee felt was almost a smokescreen ...

In her petition, the petitioner asks that all post mortems “can only be carried out with permission of the next of kin” and that post mortems “do not routinely remove brains”.

What is your view on those two propositions?

Dr James Adeley: Families are always involved in the decision on what post mortem is taking place. ... The problem comes when the family is fractured, which quite a lot of the families that we deal with are. Therefore, a coroner might be dealing with two or three different parts of a family, one of which will want a post mortem to be carried out.

In a situation in which one family member does not want a post mortem to be carried out and another one does and it is a question of genetic testing for heart disease, which somebody else might die from, giving the final choice to the family might cause all sorts of problems. ...

I do not know what your rules are, but if you are going to make the procurator fiscal responsible for establishing the cause of death, you would have to have some provision so that, if the family refused to have a post mortem undertaken, they are not required to proceed.

The final area where I would raise concerns is that that should not apply to a Home Office post mortem. If it did, a parent who is accused of killing their child could veto the ability of a Home Office post mortem to take place. ...

Dr Mark Sissons: ... That is where CTPM scanning helps. ... if we have got a normal brain on the CTPM, I feel quite confident that I could proceed with the invasive autopsy without examining the brain in most cases. ...

The Convener: ... In summation, colleagues, we will clearly want to further reflect on the evidence at a future meeting. We might anticipate that, following that consideration, we would then want to have the opportunity to put questions to the minister in relation to some of the issues that have been raised. Do members agree that we should seek to secure a session with the minister, and that, before then, we should have the opportunity to reflect further on the evidence that we have heard?

Members *indicated agreement*.

<https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CPPP-17-05-2023?meeting=15321&iob=130648>

Further information about the petition under discussion above can be read at

<https://www.parliament.scot/get-involved/petitions/view-petitions/pe1911-review-of-human-tissue-scotland-act-2006-as-it-relates-to-post-mortems>

Evidence from the Chief Coroner, referred to above, can be read at

https://www.parliament.scot/-/media/files/committees/citizen-participation-and-public-petitions-committee/correspondence/2022/pe1911/pe1911_ii.pdf

TOP

Holocaust

Holocaust Memorial Bill House of Lords and House of Commons Examination of Petitions for Private Bills

Report from the Examiners and Statement of Reasons

para 5 Hybridity' is most commonly understood by reference to the definition given by Mr Speaker Hylton-Foster in a debate on the Local Government Bill in December 1962:

... a Hybrid Bill can be defined as a public Bill which affects a particular private interest in a manner different from the private interest of other persons or bodies of the same category or class. ...

para 6 It is important to note that the test for hybridity is distinct and separate from that used to consider whether a particular individual or group would have a 'right to be heard'—that is, that they would be entitled to petition against the Bill in the event that it should be considered hybrid. ... Decisions as to whether particular parties should be able to petition against a bill are entirely for the Select Committee on a bill ...

para 8 We consider that each member of the public has a private interest which is affected by the Bill. ... The 1900 Act ... gives the Gardens a protected status, and this is of benefit to each member of the public ... The Bill would remove that protected status to the extent that the land would be exposed to the normal planning processes for the purposes of building a Holocaust Memorial and an accompanying centre for learning. ...

para 9 We consider that the private interests of those who live close to Victoria Tower Gardens are affected differently from the private interests of other members of the public, as they are affected to a greater degree by the loss of the protection afforded by the 1900 Act than people who live far away from the Gardens. ...

para 12 For a bill to be found to be hybrid, it is only necessary for the test of hybridity to be met in respect of one private or local interest. It is therefore not necessary for us to go on to consider whether the test of hybridity may be met in respect of any other private or local interests.

para 13 We find that the Holocaust Memorial Bill is hybrid, and that the Private Business Standing Orders are applicable to the Bill. ...

para 15 Following [a] further hearing, we find that the following Standing Orders are applicable to the Bill and, furthermore, that they have not been complied with:

- Standing Order 4
- Standing Order 4A
- Standing Order 10
- Standing Order 11
- Standing Order 38
- Standing Order 39 ...

To read the full report see

<https://bills.parliament.uk/publications/51224/documents/3448>

See also:

Uncorrected Transcript of Examination, 18 May

<https://bills.parliament.uk/publications/51256/documents/3457>

Examination of the Holocaust Memorial Bill Factsheet

<https://bills.parliament.uk/publications/51255/documents/3456>

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Relevant Legislation ** new or updated today

UK Parliament

Bill of Rights Bill

<https://bills.parliament.uk/bills/3227>

Education (Non-religious Philosophical Convictions) Bill

<https://bills.parliament.uk/bills/3186>

**** Holocaust Memorial Bill**

<https://bills.parliament.uk/bills/3421>

Uncorrected Transcript of Examination, 18 May

<https://bills.parliament.uk/publications/51256/documents/3457>

Report from the Examiners and Statement of Reasons

<https://bills.parliament.uk/publications/51224/documents/3448>

Examination of the Holocaust Memorial Bill Factsheet

<https://bills.parliament.uk/publications/51255/documents/3456>

Marriage Act 1949 (Amendment) Bill

<https://bills.parliament.uk/bills/3325>

Online Safety Bill

<https://bills.parliament.uk/bills/3137>

Nakba Commemoration Bill

<https://bills.parliament.uk/bills/3461>

Palestine Statehood (Recognition) Bill

<https://bills.parliament.uk/bills/3217>

Private Burial Grounds and Cemeteries Bill

<https://bills.parliament.uk/bills/3188>

Same Sex Marriage (Church of England)

<https://bills.parliament.uk/bills/3438>

Schools Bill

<https://bills.parliament.uk/bills/3156>

Terrorism (Protection of Premises) Draft Bill

<https://www.gov.uk/government/publications/terrorism-protection-of-premises-draft-bill-overarching-documents>

Universal Credit (Removal of Two Child Limit) Bill

<https://bills.parliament.uk/bills/3163>

Universal Jurisdiction (Extension)

<https://bills.parliament.uk/bills/3454>

Scottish Parliament

Charities (Regulation and Administration) (Scotland) Bill

<https://www.parliament.scot/bills-and-laws/bills/charities-regulation-and-administration-scotland-bill>

Gender Recognition Reform (Scotland) Bill

<https://www.parliament.scot/bills-and-laws/bills/gender-recognition-reform-scotland-bill>

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Consultations

** new or updated today

The UK's international counter-terrorism policy (closing date 12 June 2023)

<https://committees.parliament.uk/call-for-evidence/3120/>

Supporting earlier resolution of private family law arrangements (closing date 15 June 2023)

<https://consult.justice.gov.uk/digital-communications/private-family-law-consultation/>

Review of the Race Relations (NI) Order 1997 (closing date 18 June 2023)

<https://www.executiveoffice-ni.gov.uk/consultations/consultation-review-race-relations-ni-order-1997>

Charities tax compliance (closing date 20 July 2023)

<https://www.gov.uk/government/consultations/charities-tax-compliance/consultation-charities-tax-compliance>

JPR 2023 Antisemitism in the UK Survey (closing date not stated)

<https://www.jpr.org.uk/panel/UKantisemitism2023> (UK except Scotland)

and

<https://bit.ly/3Vg7DDH> (Scotland)

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The Scottish Council of Jewish Communities (SCoJeC) is Scottish Charitable Incorporated Organisation SC029438