

Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics (Women and Equalities Committee inquiry)

Written evidence submitted by Business Disability Forum, April 2020

1. About Business Disability Forum and our submission

1.1 Business Disability Forum is a not-for-profit membership organisation which exists to transform the life chances of disabled people. As a membership organisation working with over 300 businesses, we are uniquely equipped to do this by bringing business leaders, disabled people, and Government together to understand what needs to change to improve the life opportunities and experiences of disabled people in employment, economic growth, and society more widely.

1.2 Our submission focusses on the impact of the Government's response to Coronavirus and how disabled people and their lives have been impacted by some temporary policies and communications that the Government have implemented (section 2-7). We also give key recommendations for what can be changed in three weeks' time (section 8) and six months' time (section 9).

2. Digital exclusion and lack of inclusive communications

2.1 Our overall concern, during any pandemic or other national emergency, is that people have all the information and instructions they need. This has not been the case for many disabled people. Many social media and other media channels have produced **inaccessible information** for many people; but the main concern is that the UK Government should be ensuring it is 'leading the way' on this issue. For example, there is still a lack of key information in audio, Easy Read, sign languages, and large type fonts, meaning a significant proportion of people are unable to access the information and instructions from the Government that others can get.

2.2 This is further enhanced by over-reliance on people having **access to the internet**. Many people with disabilities and long-term conditions rely on libraries, day centres, and other community group areas, particularly to access a computer and get online. It was notable and commendable that the Government produced an Easy Read version of the Prime Minister's letter on Coronavirus, but this could only be accessed by going online and finding it on the Government's website. This requires knowledge of where communication about Coronavirus sits, as well as navigating the Government's at times complex website structure which many people with learning disabilities are likely to find difficult without

support. This is alongside the continued legacy of Ofcom's research in 2016 which found that 2 in 10 people with learning disabilities said their disability limits their use of a mobile phone or the internet.

3. The Prime Minister's letter to all citizens

3.1 A physical copy of the Prime Minister's letter was sent to the country's 28 million households. Whilst we appreciate that the letter was produced quickly, there are improvements that could have meant it was more accessible and inclusive and thus more effective in getting vital messages across. The two sides of A4 letter included an A5 leaflet, which is small for many, with important information and instructions in graphics which would be difficult for many to work out. **Neither the letter nor the leaflet mentioned that this information is available in other formats if needed.**

3.2 Among the UK's 66 million residents, RNIB reports around 2 million have sight loss; Mencap reports 1.5 million people in the UK have a learning disability; the British Deaf Association cites 87,000 as the figure of Deaf people in the UK who use British Sign Language to communicate; and the Government's own figures state that almost 900,000 of people in the UK do not speak English well or at all. The media reported that sending the Prime Minister's letter to the UK's 28 million households costed around £6million – yet **millions of people were unlikely to be able to read it.**

4. Easement of the Care Act 2014

4.1 The Coronavirus Bill 2020 allows local authorities to suspend their duty to provide health and social care visits to people (unless this would breach the individual's human rights). To date, six local authorities have exercised this easement (Birmingham, Solihull, Middlesbrough, Sunderland, Warwickshire, and Staffordshire).

4.2 This was a surprising and worrying move from the Government which has left some disabled people unable to dress, wash, and eat well – all of which are necessary for a disabled person to get up and work, even remotely. Our Advice Service has received calls from employers asking how they should handle situations where a disabled employee does not need to be furloughed, but **cannot work because they do not have personal care visits** to help them get ready for the day. Health and social care is not 'optional' in many disabled people's lives, particularly at a time when most other forms of support – NHS Care, day rehabilitation, and day centres, for example – are not operating.

5. The list of people who are clinically extremely vulnerable did not give a helpful context – or cover other vulnerabilities

5.1 The Government released a list of six key groups who are "clinically extremely vulnerable" to the Coronavirus, but with no accompanying information about **who should use this information and how**. As an example, this means that, in the absence of any guidance for supermarkets from the Government on how they should operate at this time, supermarkets have been using this list of "clinically extremely vulnerable" to prioritise need. This includes people who: have had solid organ transplants; people with specific

types of cancer; people who have severe respiratory conditions; people who have rare and metabolic conditions which increases risk of infection; people on immunosuppression therapies where this may increase the risk of infection; and women who are pregnant with significant heart disease.

5.2 This **excludes a large range of disabled people** who struggle to do many daily activities such as shopping, either online or at a supermarket. Supermarkets have responded as best they can at short notice, and we know they are seeking to ‘iron out’ the difficulties that remain. However, long queues and waiting periods before entering supermarkets are not doable for many disabled people and, with the cessation of care visits, the allotted ‘early hour’ for disabled and older people to do their shopping is just not possible without the help they would usually have in the morning. We have also heard many issues reported with how supermarkets have allocated online delivery slots according to the Government’s people with conditions listed as “clinically extremely vulnerable” has not worked and left many disabled people not being able to get food and groceries.

5.3 There is an additional issue in that people who are not considered clinically vulnerable – and therefore not eligible for dedicated priority delivery slots – are **vulnerable when shopping**. This is particularly the case for people who are blind or vision-impaired who cannot guarantee that they will maintain the required 2 metre social distance and there are many incidences of customers in this category being refused entry to supermarkets and receiving abusive comments from other customers as a result.

6. Cancellation of non-urgent NHS hospital treatment and support

6.1 A huge number of hospital appointments, ongoing treatment, and other associated support have been cancelled. It must be recognised that while many cancelled procedures, treatments, and associated care are not necessarily life-threatening, many are crucial for people’s ongoing rehabilitation, condition management, and physical strength. For many, treatment, therapies, and support from the NHS may not necessarily be crucial for keeping them alive, but many cancelled appointments and support are essential for people to **keep working and keep looking after themselves**. We do not want people with disabilities and long-term conditions to be ‘left behind’ from work and social and leisure activities when the UK exits lockdown.

6.2 We of course understand the need to prioritise NHS care and resources at this time, and we agree with that. However, there should be an **additional level of assessment** or consideration as to what impact the cancellations of NHS support, appointments, or treatment has on an individual’s life, particularly at this time. Business Disability Forum has already heard from people who are waiting for operations, rehabilitation, or other therapeutic support and who have said they are **unlikely to be able to go back to work when the lockdown ends** until their appointment or procedure has taken place again. Therefore, there is a concern that some people with disabilities and long-term conditions will not immediately be able to go back to work if their conditions has regressed due to NHS support having been put on hold until further notice.

6.3 We noted Stephen Powis' (National Medical Director, NHS England) concern on 25 April that the number of people using Accident and Emergency (A&E) services was so low, including the number of hospital admissions for symptoms related to heart problems or stroke. The Government must ensure people understand that **one of the reasons people can leave home is to access health care**. This is particularly important for people with disabilities and long-term conditions within the context of both reduced routine NHS treatments (see sections 6.1 and 6.2 above) and reduced care visits (see section 4 above), both/either which may mean people may need to access emergency or A&E care.

7. Access to Work was not prioritised

7.1 Access to Work is the Government's scheme to help support employers provide adjustments to disabled employees through workplace assessments and funding support. This scheme is the difference between being employed and unemployed for many disabled people. Access to Work should have been DWP's priority when the UK was told employees should work from home wherever possible.

7.2 However, as of 30 April, there is still **no external communication** about altered ways of signing off funding support, carrying out assessments amid disabled people now having to work differently and in their homes (we often hear disabled people's workplaces are more accessible than their work space at home, because funding for adjustments is available for the workplace, but not the non-working home environment).

7.3 Access to Work **could have provided support much earlier**. The Government should have acted more quickly; particularly as many of the staff among our members who are advising us they are on furlough leave are responsible for making adjustments for disabled staff and customers. In such cases, for many disabled employees, workplace support (such as getting adjustments) is currently at reduced capacity.

8. What can be changed in three weeks' time

8.1 **Ensure Government's communications are accessible and inclusive**. Government has been one of the leaders in inclusive communications among our members. Government needs to ensure it addresses the nation and gives information in a way that meets their own standards. There needs to be a two-pronged-approach to doing this:

(i) Implement a **quick reference tool** – even if one side of A4 – to help prompt anyone publishing information and instructions on behalf of Government to consider what other formats of communications might be needed and how this could be disseminated.

(ii) Identify ways of disseminating alternative formats that are **not over reliant on someone having internet access**. This could include Government sending alternative communications to disabled people's and condition specific organisations for them pass on to the people they work with. This is in recognition of many disability organisations reallocating their resources to provide frontline personal care services for disabled people when, for example, health and care visits are reduced or suspended. These organisations

are therefore in face to face contact with disabled people and could have a part in providing information directly to people in a format accessible to them. This would need to be discussed in more detail with those organisations.

8.2 Business Disability Forum would be happy to work with other disability organisations to produce this quick reference tool for Government, and work with, for example, the Disability Charities Consortium (of which we are a member) to achieve this.

8.3 Government should also **add context to the “extremely clinically vulnerable” list** to give detail about who should use the list and how. For example, this list should not be a measure for the retail sector to identify priority deliveries. The Government should be clear who the list was created for and for what purpose and **give guidance on other customer groups** who may need to be prioritised even if not “clinically” vulnerable.

9. What can be changed in six months’ time

9.1 **Reassess which NHS treatments and procedures can commence.** Many people are waiting for treatment or procedures that are not necessarily life-extending but do impact whether they need additional care support, and whether they can work or take care of themselves safely and independently. As per section 6.1 above, this will help to ensure people with disabilities and long-term condition are not ‘left behind’ post-lockdown.

9.2 However, six months’ time may be too late to start considering this. We would therefore suggest this takes place **as soon as is appropriately and practically possible.**

10. Contact for further information

Angela Matthews, Head of Policy and Research

Tel: +44-(0)20-7403-3020

Email: policy@businessdisabilityforum.org.uk

Web: www.businessdisabilityforum.org.uk