

Witness Name: Nuala Toman

Statement No.: 1

Exhibits: 12

Dated: 17 April 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF NUALA TOMAN

I, Nuala Toman, will say as follows: -

1. I am the Head of Policy, Communications, Information & Advocacy at Disability Action Northern Ireland ('Disability Action'). I make this statement on behalf of Disability Action, focusing on matters which are being examined in Module 1 of the Covid-19 Public Inquiry.
2. Disability Action is the largest pan-disability organisation and charity in the UK and Ireland. We are a Disabled person's led organisation (DPO) advocating for the rights of d/Deaf and Disabled people. We provide services which are developed for and by d/Deaf and Disabled people. These services include: employment support services, human rights and independent advocacy, campaigns, community integration and digital connectivity, transport, information and advice, mental health and wellbeing and disability specialist support.
3. Disability Action operates within the region of Northern Ireland but engages with Westminster and the UK Government on matters of relevance. Disability Action represents d/Deaf people, Disabled people and organisations which extend across all disabilities.
4. Disability Action Northern Ireland delivers services developed for and by d/Deaf and Disabled people. Our abovementioned services are designed by Disabled people for Disabled people to enhance their wellbeing. The Disabled people that

we support includes those in domestic settings, supported accommodation, care homes, and detained under the Mental Health Act. Disability Action has also supported the bereaved families of Disabled people who have died during the pandemic and Disabled people who have been subject to unjust 'Do Not Attempt Resuscitate' ('DNAR') orders. Disability Action is a membership organisation representing more than 300 organisations. Disability Action supports Disabled people and disabled people's organisations.

5. It is the view of Disability Action that the UK Government was unprepared for the scale and nature of the Covid-19 pandemic. Disabled and d/Deaf people (hereafter referred to as 'Disabled people') were not considered within pandemic planning, preparedness and resilience. We have seen no evidence that consideration was given to their particular circumstances. The Women and Equalities Commission Report of December 2020 on unequal impact cited the fact that the ONS found that 59.5% of Coronavirus deaths up to November 2020 were of Disabled people (30,296 of 50,888 deaths). Disabled people made up just 17.2% of the study population, which starkly illustrates the disproportionate impact of the Covid-19 pandemic on the Disabled community. Disabled people have faced three distinct but related dimensions of increased risk during the pandemic: increased risk of contracting the disease; increased risk of developing a severe case of the disease once contracted, and increased risk of negative secondary consequences from the COVID-19 response including restrictions on movement during lockdowns. Please see exhibit DANI/1 at page 4 (*An Affront to Dignity, Inclusion and Equality*). We consider that these areas of increased risk are linked to numerous failures towards Disabled people including: Access to healthcare, ensuring that those receiving social care are protected – in residential homes or community, ensuring Equality Act reasonable adjustments, accessible information and communication, ensuring access to public and private services – retail, education, transport.
6. Inadequate preparedness for the impacts of the COVID-19 pandemic on Disabled people is apparent from, for example, the manner in which Disabled people were overlooked or treated as an afterthought in the educational provision for children with special educational needs, the provision of personal protective equipment in social care and the lack of the initial inclusion of sign language in government

announcements. Please see Exhibit DANI/2 (*COVID-19 and Care Homes in England What Happened and Why*) School closures led to the exclusion of many Disabled children and young people as materials were not available in accessible formats and access to assistive technology was not addressed prior to the introduction of lockdowns. Many Disabled people report that they did not receive shielding letters indicating the lack of preparedness to identify Disabled people to ensure that adequate protections were in place.

7. In a public health crisis such as the COVID-19 pandemic, clear information becomes more important than ever. In the UK, messages were confused or complicated, which has been difficult for many Disabled people to access and navigate. Little consideration appears to have been given in pre pandemic planning to the accessibility of public messaging including the changes to access to healthcare and retail facilities.
8. It also appears that there was little consideration given to how to address the isolation, fear and uncertainty experienced by Disabled people during the pandemic with devastating impacts on Disabled people.
9. Research conducted by Disability Action demonstrates that 8 out of 10 Disabled people did not feel that they had the opportunity to be involved in the planning response to Covid-19, and that 8 out of 10 Disabled people felt that planning did not effectively protect Disabled people. Qualitative data collected within research conducted by Disability Action demonstrates the negative impact of the restrictions on health and social care services on Disabled people. This data also shows that there was an increased reliance on food banks, increased isolation, and continuing difficulties in accessing medicine and healthcare. Barriers in access to health and social care (HSC) as a result of Covid-19 have contributed to the institutionalization of Disabled people. Work to complete the resettlement of the patients remaining in Muckamore Abbey Hospital is ongoing, although in common with other health and social care activity, the pace of the resettlement programme has been impacted by the Covid-19 pandemic.

10. Disability Action is located within Northern Ireland. UK preparedness and planning cannot be considered in isolation from Northern Ireland. In my view it is important to consider the following when considering preparedness

- (a) the suspension of devolved power from January 2017 to January 2020,
- (b) the resumption of devolved power in the first period of 2020 during the very early stages of the pandemic only to collapse again in February 2022,
- (c) the greater epidemiological connection with the Republic of Ireland as a whole island pandemic than with the rest of the British Isles,
- (d) the joint health and administrative structures both within Northern Ireland (combining health and care services) and across the whole of the island as provided for under the Good Friday Agreement and,
- (e) Northern Ireland's discrete architecture and culture of human rights that is tied to its existence and wellbeing as a post-conflict society.

11. The effect on Disabled people of the 2017 collapse of devolved government was that issues that can take years to gain traction with a functioning government were now without anyone to properly engage with: *"Policy decisions relating to Disabled People's lives in NI were...left in the hands of local civil servants (who, in the absence of Ministerial authorisation, often felt powerless to act). Meanwhile, politicians in Westminster grappling with Brexit and a myriad of other 'bigger' issues, seemed entirely removed from addressing the challenges disabled people and their families in NI were facing"*. Please see INQ000142172 at page 14 (*The Impact of Covid-19 on Disabled People in Northern Ireland*). I have seen no evidence to suggest that NIO briefed NI Executive Departments or Political Party Leaders in December 2019 and January 2020. The NIO would have had direct engagement with Political Parties at this time through the ongoing negotiations associated with the New Decade and New Approach Settlement which re-established the Executive. This would have presented a prime opportunity to ensure that any incoming Executive was prepared for the pandemic with the potential for consideration for decision making frameworks, implications on particular populations including Disabled people and any financial implications. This did not appear to happen. It is arguable that Disabled people were absent from consideration at this point.

12. The British and Irish Government are co-guarantors of the Good Friday Agreement. Similarly, the Irish Government was engaging with Political Parties in Northern Ireland within the pre-pandemic period. I have seen no evidence that consideration was given at this point to how to prepare for the pandemic on an island-wide basis or to adopt a Fortress Ireland approach such as that which had been established in response to Bovine TB. The disjointed approach across the island led to a lack of uniformity in decision making with respect to the Border. This arguably led to the increased risk and disproportionate impacts upon Disabled people.
13. The degree to which the emergency response of the Executive to the Covid-19 crisis included people with disabilities and addressed their needs has been called into question by d/Deaf and Disabled people and by the Equality Commission for Northern Ireland. Please see Exhibit DANI/3 (*People with Disabilities Must not be Left Behind by Response to COVID-19*). Initial guidance from government agencies was not attuned to the needs of persons with learning disabilities and their living situations; particularly for those in supported living arrangements rather than residential homes. The guidance from different agencies was contradictory and had not been developed through consultation with organisations and personnel with the necessary expertise. Revised guidance has been made available, but a lack of consultation remains an issue beyond the Covid-19 pandemic. Please see Exhibit DANI/4 (*A Review of the Impact of COVID-19 on Learning Disability Services Provided Mainly by the Voluntary Sector in Northern Ireland*). All of this ought to have been taken into account in pre-pandemic planning.
14. Families and carers were cut-off from face-to-face support, further compounded by the abrupt closure of statutory services, such as day centres, respite care and professional services. Please see Exhibit DANI/1 (*An Affront to Dignity, Inclusion and Equality*). The withdrawal of these services left many family carers unsupported. The subsequent slow and reduced opening of these services has prolonged the carers' stress and anxiety. The immediate closure of face-to-face services in late March 2020 created unprecedented pressures on the non-statutory sector. New forms of remote support, based around various information technologies, evolved jointly with service-users. ARC (NI) has recommended that the most popular and successful ones should be incorporated into future provision. Please see Exhibit DANI/4 at pages 9-10 (*ARC (NI), 'A Review of the Impact of*

COVID-19 on Learning Disability Services Provided Mainly by the Voluntary Sector in Northern Ireland').

15. Exhibit DANI/1 (*'An Affront to Dignity, Inclusion and Equality'*) argues that there has been a failure to provide reasonable adjustments to people with disabilities during the ongoing Covid-19 crisis leading to widening inequality. The report concluded that the Government failed to take appropriate steps to include d/Deaf and Disabled people in planning across all policy areas in response to the Covid-19 crisis.
16. In DANI/5 (*United Nations, Policy Brief: A Disability-Inclusive Response to COVID-19*) The UN Secretary-General advocated that "*an integrated approach is required to ensure that persons with disabilities are not left behind in COVID-19 response and recovery. It calls for placing them at the centre of the response, participating as agents of planning and implementation.*" Article 11 of the UNCRPD, ratified in the UK in 2009, provides that states should take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk and emergencies. On 24 November 2011, the UK submitted an initial report on the UNCRPD. In relation to Article 11 of the UNCRPD, the UK recognised the PSED required them to consider the needs of Disabled people when enacting the Civil Contingencies Act (CCA) 2004 and stated that the government was undertaking further work to ensure Disabled people have accessible information about what to do in the event of emergencies. Please see Exhibit DANI/6 (*Office for Disability Issues, UK Initial Report on the UN Convention on the Rights of Persons with Disabilities*). Given this early recognition of the PSED duties arising under the CCA 2004, Disability Action is concerned to know what consideration was given, if any, to the needs of Disabled people in the development of emergency plans for a pandemic under the Civil Contingencies Act.
17. There was no engagement with Disability Action regarding emergency preparedness.
18. The Department for Communities established an Emergencies Leadership group consisting of:

- (a) Moira Doherty, Deputy Secretary DfC, Chair
- (b) Fiona McLeod, Red Cross, Joint Chair
- (c) Kevin Higgins, Advice NI
- (d) Lisa McElherron, Inspire
- (e) Charles Lamberton, TRIAX, Derry
- (f) Koulla Yaisoumma, Commissioner for Children and Young People
- (g) Maeve Monaghan, NOW Group
- (h) Jonny Currie, East Belfast Community Development Agency
- (i) Denise Hayward, Volunteer Now
- (j) David Smyth, Evangelical Alliance
- (k) Gerry McConville, Falls Community Council
- (l) Kate Clifford, Rural Community Network
- (m) Andrew McCracken, CFNI
- (n) Joanne Morgan, CDHN
- (o) Jim Girvan, Upper Andersonstown Community Forum
- (p) Seamus McAleavey, NICVA
- (q) Stephen Reid, SOLACE (North Down and Ards Borough Council)
- (r) Sharron Russell, DfC

19. There was no engagement with Disabled People's Organisations, meaning that Disabled people were not specifically targeted within the measures with significant risk. Please see Exhibit DANI/7 (*NICVA, 'Emergencies Leadership Group Meets Again to Drive Progress'*). Please also note that The Now Group is a social enterprise supporting learning Disabled people into employment. It is not a Disabled person led organisation, and while their involvement is welcome, the NOW Group cannot provide a clear pathway directly to Disabled people or organisations.

20. Disability Action has published several reports on the impact of the pandemic on Disabled people in Northern Ireland which contain matters relevant to Modules 1, 2 and 2C, including:

- (a) 'The Impact of Covid-19 on Disabled People in Northern Ireland', published in September 2020.*(Please see INQ000142172).*
- (b) 'Progress Towards the Implementation of the UNCRPD', published in February 2022*(Please see INQ000142173).*
- (c) 'Alternative Report on the Implementation of the UNCRPD', published in February 2022*(Please see INQ000142174).*

21. I intend to provide a further statement for later Modules addressing some of the key findings in these reports but for the purposes of Module 1 the Inquiry ought to consider whether any of the matters outlined in terms of impact on Disabled people were, or ought to have been, considered in pre-pandemic planning. In brief summary, these reports document that Disabled people were disproportionately affected by Covid-19, accounted for the majority of deaths due to Covid-19, struggled to access food and medicines, were socially isolated, experienced a collapse in service provision, and experienced declining physical and mental health.

22. Disability Action also produced a number of articles during the pandemic, including:

- (a) Regular updates relating to the Covid-19 pandemic. Please see DANI/8 (*COVID-19 Updates from Disability Action Northern Ireland*).
- (b) 'Reflection: One year on since the first COVID-19 lockdown', published on 25 March 2021. *Please see DANI/9 (Reflection – One Year on Since the First COVID-19 Lockdown).*
- (c) 'Where is the Outcry About the Impact of Covid-19 on d/Deaf and Disabled People?', published on 15 March 2022. Please see DANI/10 (*'Where is the Outcry About the Impact of Covid-19 on d/Deaf and Disabled People'*).
- (d) 'Light Up Purple or Wear Purple to mark International Day of Disabled People 2021', published on 18 November 2021. Please see DANI/11 (*Light Up Purple or Wear Purple to Mark International Day of Disabled People 2021*).

23. I also enclose an appendix, setting out a timeline of all communications with ministers from January 2020 onwards – please see DANI/12 (*Chronology of DANI correspondence with Ministers*). I intend to provide more detail in relation to these communications in a statement for Modules 2 and 2C. The Inquiry will note that a number of these communications address the need for inequalities and issues generally affecting Disabled people to be factored into emergency preparedness and planning.

24. Disability Action considers that the Government should have made the following decisions differently:

- (a) Disabled people should have been properly included in preparedness and planning including through membership of any government institutions and associated bodies that were intended to advise on, develop and implement policy during a pandemic.
- (b) The UK Government should have engaged directly with NI Executive Departments and Political Planning as part of day one planning for a new Executive.
- (c) The UK Government and Irish Government should have considered ways in which to treat Ireland as a single epidemiological unit. Guidance and frameworks should have been provided and agreed to achieve this. Similar to the Fortress Ireland approach adopted for Bovine TB.
- (d) Frameworks should have been in place to facilitate the safe delivery of social care and health care.
- (e) Measures should have been put in place to ensure that Disabled people had access to food and medicines.
- (f) Consideration should have been given to the safe delivery of education including access to appropriate equipment to support remote learning where required.
- (g) PSNI should have been properly briefed regarding the safe management of Disabled people. Ethical considerations should have been considered in the implementation of spit and bite guards.

- (h) A strategic approach to shielding should have been implemented with a clear and consistent mechanism for the identification of Disabled people and a proper system of support should have been established.
- (i) Accessible communication should be implemented across Government as a minimum to ensure that no one is excluded from accessing public health information.
- (j) Specialist structures concerned with risk management and civil emergency planning should have allowed for proper consideration of societal, economic and health impacts on Disabled people in light of pre-existing, structural inequalities and discrimination towards them.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: _____

Personal Data

Dated: _____ 17.04.23 _____