Witness Name: Sandie Burns
Statement No.:
Exhibits:
Dated: 02/02/2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF Sandie Burns MBE

I, Sandie Burns, will say as follows: -

1)DIAL (Disability) Peterborough is a Disabled Peoples Organisation run by disabled people for disabled people. Founded initially in 1984, it was subsequently registered as a charity[1] in 1986. Our registered charity number is 1089250. We are also a Company Limited by Guarantee 04255588 The core service offered by Disability Peterborough is information, advice and guidance to local physically disabled people on any aspect relating to disability. It runs a specialist welfare benefits service with case work, support planning, sporting and leisure activities, a Shopmobility service in the town center for accessibility, handyperson service, and outreach services to ensure that disabled people in the locality do not miss out on service provision. At present, Disability Peterborough has over 6,000 local physically disabled people listed on their data base. The majority of that number are residents in the Peterborough area, but the organisation's reach extends across the neighboring county boundaries in some cases. All of the services we run are fully accessible and we carry out a large number of home visits to ensure the hardest to reach disabled people are supported.

2)When the pandemic first struck, we were surprised by the narrow medical model used by the Government and the NHS that was used to identify the most clinically vulnerable people in our society. We were very aware that many of our disabled people that we support did not meet this definition but by the nature of the pandemic were left in extremely

---

[1] Registered Charity no: 108925.

vulnerable situations. For instance, we found, by making hundreds of wellbeing phone calls to the disabled people on our database that the informal care arrangements that they had prior to the pandemic had totally collapsed in many cases.
An example of this was physically disabled people who could not leave the house and had no access to internet or mobile phones and could not access any means of shopping or personal care. No statutory bodies had made contact and people were left to fend for themselves.

3)It became very clear that the planning and preparedness were not robust and the reliance on getting the services to the "most clinically vulnerable" came at a cost to the many disabled people who did not fit the criteria. We found that any service provision for vulnerable people not meeting the criteria were left to their own devices and this is when charities had to step in, often with no additional funding or official PPE supplies.

4)We are not in a position to say was done adequately in planning and preparedness prior to this pandemic by Central or Local Government because we have never been invited to contribute or represent the needs of disabled people at strategic level.

5)We would have welcomed the opportunity to share the insights and concerns of disabled people with regard to support needs in the event of a major emergency situation. Disabled people are vulnerable to the effects of any sudden change in circumstances. It would appear that "nothing about us without us" was not considered necessary in UK pandemic planning and emergency. For instance, some disabled people are totally unable to leave the house and the majority of disabled people are not known to Adult Social Care. The majority of disabled people rely on informal care provided by family and friends and neighbours. This works well in normal circumstances but crumbles in pandemic/emergency situations. Health Authorities and Adult Social Care often do not know their personal circumstances like getting in and out of bed, toileting needs and dressing, everyday things that nondisabled people take for granted.

6)According to the UK Governments own website there's currently no national register of people with disabilities. Section 77 of the Care Act 2014 provides that a local authority may establish and maintain one or more registers of adults in their area for the purposes in of: planning the provision of services to meet needs for care and support. If these registers were statutory duty of the local authorities and disabled people encouraged to share details of support needs in an emergency situation, for instance not being able to physically exit a house in the case of flood or fire without assistance. Knowing of existing inequalities and vulnerabilities of disabled people on the register would be a big step forward in planning and emergency preparedness.

7)We have engaged with the UK Government regarding the National Disability Strategy but have never had any meetings, conversation, or correspondence from National or Local Government regarding emergency preparedness and pandemic planning prior and post January 2020.

8)The main focus for both National and Local Government was on the extremely clinically vulnerable people, and this was defined by the Health Service using a medical model. This group of people received food parcels delivered to the door, gained access to online shopping, and received calls from the local authority to make sure they were OK. Disabled people who didn't meet that national criterion received no services. We know that many of our disabled clients for months on end, could not physically leave their homes could not cook a meal for themselves, could not make or change bedding, could not do washing, could not cut their own toenails, had no chance of mending anything that stopped working, even changing a light bulb was impossible. In addition, the NHS continence service decided to close for new referrals and the shops ran out of continence product supplies. If it wasn't for the voluntary sector stepping in and going completely above and beyond their usual role, then the outcome of the pandemic could have been far worse.

9)In Peterborough we joined forces with over 100 different charities and community groups, co-ordinated by the Peterborough Council for Voluntary Services, and acted as a hub for any residents facing difficulties. We found that the Council Hub actually referred people into the voluntary sector hub for service provision as they knew requests for help would be acted on. We could not refer into the council hub as this was ring fenced for the Extremely Clinically Vulnerable.

10)In hindsight the UK's response to the pandemic was far too narrow. Many very disabled people were left to their own devices, carers stopped visiting, services closed down and normal networks of support completely halted. We found that many disabled were not digitally enabled and could not make use of any online services.

11)In any future pandemic a wider view should be taken of who gets access to services. A younger person who has had a kidney transplant and is on immune suppressant drugs but otherwise fit and healthy, whilst vulnerable to the COVID infection is not made vulnerable by their surroundings but received all the government help. On the other hand a older frail disabled person, living on their own who finds it almost impossible to get out of bed and navigate their home safely, cannot cook or clean for themselves and is not digitally connected gets no help as they are not on the government and NHS vulnerable list. This cannot be right.

12)As charities who have witnessed first-hand the inequality of the National and Local Government view on vulnerability in regard to rolling out service provision. We need to now have open and honest talks about what went wrong and work together to make sure that in any future disaster situation, the ones that are most vulnerable in our society do not get missed off again.

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.

Personal Data

Signed: ______________________________

Dated: _17/02/2023________________________________