

UK COVID-19 INQUIRY

WITNESS STATEMENT OF KAMRAN MALLICK

I, Kamran Mallick, Chief Executive of Disability Rights UK, make this statement on behalf of the organisation. I will say as follows:

1. Disability Rights UK (DR UK) was founded in 2012 and is a leading pan-disability charity, run by and for Disabled people. The majority of our trustees and staff are Disabled people and we speak with professional expertise and the benefit of lived experience of disability.
2. We use the term 'Disabled people' as our clients do, to mean people facing disabling societal barriers due to their impairments or conditions (regardless of their age). This includes physical impairments, mental health conditions, hearing impairments, d/Deaf people with BSL as their first language, visual impairments, learning difficulties and neurodiverse people.
3. Our vision is to create a world where the 14 million Disabled people in the UK are fully included and valued. We work with Disabled people's organisations across the UK to raise the voice of Disabled people. We advocate for improvements to rights, services, employment and income of Disabled people. We also provide information and advice to empower Disabled people, and campaign for central and local Government improvements to policies and services.
4. DR UK was not involved in pre-pandemic planning. To the best of my knowledge and belief, our organisation has never been invited to provide our knowledge or expertise in this regard, and our advice and input has not been sought. Further, we are not aware of any Disabled individuals with whom we work being consulted before the onset of the pandemic in January 2020 in relation to the process of pre-pandemic planning.

5. Given that Disabled people make up a fifth of the population, this was not only a major oversight, but in our view, also a breach of the UK's obligations under the UN Convention on the Rights of Persons with Disabilities ('UNCRPD') which states that State Parties shall take *“all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk.”* (Art. 11), that there is a general duty to secure *“full and effective participation and inclusion in society”* (Art 3(c)) and that State Parties are required to *“closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations”* (Art 4(3)).
6. In the experience of DR UK, Disabled people in the UK were disproportionately exposed to three risks during the pandemic: increased risk of contracting Covid-19; 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.
7. These risks are distinct but understood to be interrelated by and through the pre-existing social inequalities and exclusions that Disabled people commonly face; I produce as Exhibit [KM/1 - INQ000182677] a July 2020 article entitled *'An Affront to Dignity, Inclusion and Equality: Coronavirus and the impact of law, policy and practice on people with disabilities in the United Kingdom'* which makes this point at page 4, drawing on findings from the 5 May 2020 Policy Brief of the United Nations Secretary general: *'A Disability-Inclusive Response to Covid 19'* which I also exhibit as [KM/2 - INQ000182678].
8. The pre-existing social inequalities that disproportionately affect Disabled people include lower educational attainment, lower employment, lower pay rates, greater levels of poverty, significant levels of abuse, social isolation and high levels of stigmatisation. I produce as Exhibit [KM/3 - INQ000182679] the article *'Being Disabled in Britain – A Journey Less Equal'* which summarises these issues on pages 8-15.
9. The intersecting nature of inequality is captured by the Social Model of Disability, which is at the forefront of DR UK's work. Yet the swift abandonment of the Model's principles in the early stages of the pandemic suggests that it was never truly politically integrated. I intend to

provide a further statement for Module 2 of the Inquiry in which I detail decision making from January 2020 onwards which reflects this. However, for now, I set out below some examples which indicate to us that planning for the COVID-19 pandemic prior to January 2020 failed to take the needs of Disabled people into account.

10. Firstly, I would invite the Inquiry to bear in mind the vastly disproportionate COVID-19 mortality rate suffered by Disabled people across all four nations of the UK. The statistics, and their sources, are set out in the written submissions made on our behalf for the first preliminary hearing for Module 2 dated 27 October 2022, at paragraph four. In England, a study of Covid-19 mortality rates from January to 20 November 2020, found that Disabled people in England made up 59.5% of deaths involving Covid-19. The risk of death involving coronavirus was 3.1 times greater for more disabled men compared with non-disabled men and 3.5 times greater for more-disabled women compared with non-disabled women. In Wales, a study of Covid-19 related deaths by disability status between 2 March to 14 July 2020 found that the mortality rate for Disabled people was almost 7 in 10 (68%) of all deaths involving Covid. In Scotland, a study of mortality rates between March 2020 and January 2021, found that deaths of Disabled people accounted for almost 6 in 10 (58%) deaths involving COVID-19 in the study population (4,333 of 7,490 deaths). In Northern Ireland, a study of Covid-19 mortality rates between March 2020 to September 2020 showed that the age-standardised mortality rate for Disabled people whose activities were limited 'a lot' was 111.4 per 100,000 persons and 71.2 per 100,000 for those whose activities were limited 'a little'. This level of disproportionality in itself calls into question whether there was adequate pre-planning for the pandemic's potential impact on Disabled people, particularly where a large number of Disabled people died in residential care settings.

11. As DR UK submitted in our evidence to the Women and Equalities Select Committee on 24 June 2020, Exhibit [KM/4 – INQ000182680] (at Q27), publicly available at <https://committees.parliament.uk/oralevidence/579/pdf/>, the vastly disproportionate death rates suffered by Disabled people appear to us to be testament to the extent to which Disabled people were ignored and

disregarded in the very first months of the pandemic. This seems indicative of their exclusion from preparations before the event.

12. With regard to the impact of non-pharmaceutical interventions, one stark example of the abandonment of the Social Model of Disability was the initial inadequate categorisation of those on the first criteria for the Clinically Extremely Vulnerable Group. This was crucial for Disabled people because it determined priority to essential services, such as ensuring access to food for those in need. I produce as Exhibit [KM/5 - INQ000182681] the 22 December 2020 report entitled "*Unequal impact? Coronavirus, disability and access to services: full Report*" and would refer the Inquiry to pages 8-13.
13. The criteria for being in this group were initially limited solely to specific medical conditions. There was no consideration of whether people should be protected and offered services due to their need for personal support, reasonable adjustments or difficulties in maintaining social distancing. This resulted in thousands of Disabled people with mental distress, mobility challenges, energy limitations, sensory impairments and learning disabilities not being placed on the list for online deliveries. Many of these Disabled people could not, for example, visit supermarkets in-person, yet it seems little prior thought was given to the difficulties they would face accessing food and the fear of hunger and starvation that eventuated for them.
14. In the early stages of the pandemic, we also witnessed a significant failure to communicate properly with Disabled people in appropriate formats. There was no BSL interpreter on Government broadcasts, correspondence from the Prime Minister was sent out in standard print and Disabled people in the Clinically Extremely Vulnerable group did not receive communications in formats they could access. It was clear to us that there were no preparations in place to quickly respond to people with different communication needs.
15. In Exhibit KM/5, there are various contributions from DRUK raising concerns about the pandemic's impact on social care, education and mental health. We believe that many of these impacts were the result of

poor preparations before the event. There was often no provision for reasonable adjustments for Disabled COVID-19 patients being treated at NHS hospitals. Particularly, support workers were often not allowed to accompany Disabled people into hospital. This caused significant distress and communication barriers that undermined good quality healthcare. The extent to which Disabled people were treated as an afterthought in critical health services is a strong indication to us of their exclusion from preparations before the pandemic.

16. With regard to social care, Government plans to support and protect Disabled and older people in residential homes, supported living and mental health settings, were delayed and inadequate. Many Disabled people see this as evidence of a relative lack of regard for services which they rely upon (please see KM/5 at page 24) – a reliance which becomes even more acute in an emergency.
17. In DR UK's 24 June 2020 oral evidence to the Women and Equalities Committee, Exhibited as KM/4 at Q6 and publicly available at <https://committees.parliament.uk/oralevidence/579/pdf/>, we explained that Disabled people's social care needs were not being met in a way that was apparent, obvious and evident long before the pandemic. For instance, the United Nations Committee on the Rights of Persons with Disabilities criticised the UK Government on this matter in 2017.
18. Despite this, it does not appear that Disabled people's social care needs were adequately considered in pre-pandemic planning. Exhibit KM/5 acknowledges the significant difficulties that care home staff and residents faced when attempting to access PPE at the beginning of the pandemic (at page 24). The lack of preparedness to deliver PPE promptly to care homes contributed to Disabled people feeling deprioritised and disproportionately exposed to COVID-19.
19. The length of time it took for the Government to provide guidance for Disabled people who were employing personal assistants or carers in their own homes is indicative of inadequate pre-pandemic planning. This guidance was not published until 21 April 2020. It ought to have been obvious to the Government that in any plans for pandemic control which required social distancing, special guidance would be required for those unable to live without close personal support. I exhibit as [KM/6 -

INQ000182682] an article from 23 April 2020 in the Disability News Service which summarised the situation at the time.

20. With regard to Special Education provision, families had education, care and health support withdrawn, leaving them and their Disabled children feeling abandoned and without vital services. We witnessed how the voluntary sector, alongside neighbours and friends, frequently had to step in to fill the gap for children with special educational needs,
21. In relation to transport, Disabled people found themselves without professional personal assistance. It seems little thought was given to how they would be assisted to attend appointments, taking daily exercise or go on public transport. Again, in many instances, neighbours and friends had to fill the gap left by social carer assistants.
22. On top of this, when face coverings were introduced, some Disabled people were harassed for not wearing them, as Government communications did not adequately explain justified exemptions for Disabled people. When moving around, Disabled people also faced obstacles on pavements, as restaurants were allowed to put street furniture on the pavement. Parking bays for Disabled people were also removed. The apparent failure to foresee this in emergency planning is another omission which once again does not correlate with the key principles of the UNRCPD.
23. In December 2020, DR UK submitted evidence to the Parliamentary Work and Pensions Committee on the impact of the pandemic on Disabled people's employment rates. I Exhibit this as [KM/7 - INQ000182683] - it is also publicly available here. (<https://committees.parliament.uk/writtenevidence/19118/pdf>). Disabled employees were disproportionately negatively affected and were more likely to find themselves forced to work fewer hours or be made redundant.
24. These risks were foreseeable with regards to the 'disability employment gap' that long predates the pandemic. This refers to the poor working conditions and job insecurities that Disabled people face. For example, as we cited to the Works and Pensions committee at KM/7, RNIB

research from 2017 revealed that there is only a 1 in 10 employment rate for blind people.

25. Over the years, the DWP has significantly cut its support to Disabled people seeking work, particularly those furthest away from the labour market. This strategy has left Disabled people with the most severe impairments, and the greatest need for specific support, often not receiving any meaningful support to secure work.
26. Once again, these issues are fundamental to understanding the importance of the Social Model of Disability - an adequate plan for the pandemic required special measures to protect employed and unemployed Disabled people to ensure they could be resilient against well-known pre-existing inequalities. Unfortunately, as we said in our evidence, we are aware of no such special measures.
27. With respect to Benefits payments, Disabled people Employment and Support Allowance were not given the £20 per week uplift, between April 2020 and October 2021, that those on Universal Credit received. For many Disabled people, living on benefits is not a temporary measure; it is a long-term existence, either due to barriers to employment or because of inability to work. This inconsistency of approach to benefits correlates with a longer-term disregard for Disabled people's need for financial assistance. Cutting Employment and Support Allowance by £30 per week in April 2017 was not a move that can reasonably be argued to have Disabled people's resilience to a pandemic in mind and again indicates a lack of consideration for Disabled people in pre-pandemic planning.
28. I hope this statement is of assistance in Module 1 of the Inquiry. I would invite the inquiry to seek further evidence from other Disabled People's Organisations across the UK.

Statement of truth

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court 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 in its truth.

Personal Data

Signed:

Dated: 28 April 2023