

## Disproportionate impacts of covid on disabled people

Directors meeting, Friday 30 October (11-12), MS teams

### Overview

1. You are attending this Director level meeting from OGDs. NR (MHCLG) is in the chair (in Emran Mian's absence). This note includes suggested things to say / push for in this initial meeting.
2. Other confirmed OGD attendees include Angus Gray (DWP) either Antonia Williams or Fiona Walshe (DHSC) and Lorna Gratton (DCMS). All are aware of the CDL letter, how the meeting will be framed by that and of the products required for subsequent covid O meeting (data deck illustrating differential impacts and policy proposal paper).

### Purpose

3. The purpose is to discuss (i) data HMG has on disability and COVID-19, and then to (ii) consider interventions that HMG could seek to implement xGovernment to tackle the disproportionate impacts COVID-19 has on disabled people.
4. This follows a steer from the Prime Minister for much greater ambition from this work, and subsequent commissions from Emran Mian (Senior Responsible Officer for Disproportionately Impacted Groups across Whitehall) and a letter from the Chancellor of the Duchy of Lancaster (see annex A and B respectively).

### DU proposals

5. You are invited to outline several possible Disability Unit led proposals on
  - **data** (more detailed commission to understand factors driving increased mortality risk - improving on data collected by the ONS),
  - **engaging disabled people** impacted by COVID to improve our interventions (a National Panel of disabled people to influence HMG COVID policy)
  - **improving communications to disabled people across all of our messaging and guidance from HMG** (an HMG focal point tasked with dissemination of relevant guidance, in situ BSL interpretation at Prime Ministerial 'addresses to the nation' a Covid guidance repository with pop-up BSL interpretation via 'Signly' on .gov)
  - **improving digital accessibility** for disabled people (an assistive tech centre).

### Data

6. The ONS have analysed deaths by disability status and published a series of social impact reviews focussing on how the pandemic is affecting an estimated 13.7 million disabled people across the UK. All confirm that disabled adults' experience was quite different:

- Disabled people made up almost 6 in 10 (59%) of all deaths involving COVID-19 between early March to mid July 2020<sup>1</sup>.
- Disabled peoples' reported concerns about well-being and accessing healthcare were higher than among non-disabled people.
- We saw differences too, in behaviours. Disabled people were more likely to go out to attend medical appointments or take care of others than non-disabled people were, and less likely to be socialising and eating out.

7. Issue:

- Currently we know that disabled people are disproportionately impacted by Covid, we know the mortality rate is higher.
- However, as the ONS admits, their sample size is not huge, and published work to date doesn't look at a huge number of areas where other research has shown an impact (e.g. employment, finances) and doesn't drill down underneath headline impacts particularly well.
- Significant knowledge gaps remain about possible impacts of both the pandemic and HMG covid policy responses (e.g. new barriers to access created by increasingly digital service delivery); much of our current understanding is based on anecdotal reports or useful, but not robust, charity sector surveys.

8. Which is why the Disability Unit is:

- **Proposing to [commission](#) a data driven review that gives the health system and HMT a clearer understanding of what is driving disabled peoples' increased risk of adverse covid outcomes (DU proposal 1);**
- Asking key policy delivery Departments: DWP, DHSC, DfE and others to fully support this process and where possible publish outcomes data to complete our understanding of differential impacts experienced by disabled users of the services they oversee.

**Engaging disabled people and other affected groups impacted by COVID to improve our interventions. (DU/CO)**

9. Disabled people and their families are not typically involved in HMG policy making on covid (with a few notable exceptions in the health system under NHS England's remit) and the result has been that some interventions have not adequately taken into account their needs.

10. Which is why the Disability Unit is:

- **Proposing a National Panel of disabled people** (and representatives) to feed in the lived experience of disabled people into covid policy-making **(DU proposal 2);**

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<sup>1</sup> After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates between disabled and non-disabled was 2.4 times higher for females and 2.0 times higher for males.

- **Proposing a central HMG focal point (likely DU based)** who sends all HMG guidance (including updates) relating to disability to leading disability charities for onward promotion to ensure that disabled people get the most up to date and accurate information. Our initial resource estimate suggests that this would require an admin budget for one HEO required plus 0.5 comms HEO, but the scope of this would need agreement as the volume and frequency of HMG guidance fluctuates and also differs between the UK nations. This would also place an additional ask on disability charities. **(DU proposal 3)**
- Asking OGDs to redouble their efforts to engage with disabled people and their families in key policy decisions that affect them.

**Reviewing and improving communications to disabled people across all of our messaging and guidance from HMG. (DU/ DHSC / DfT / CO COVID comms team)**

11. Issue:

- Trust begins with communication, and communicating health-related information during outbreaks in inclusive formats in a timely manner is challenging, especially as our knowledge of a disease evolves.
- However, Disabled People do not always get Coronavirus information in a timely manner or in accessible formats.
- The general population can be unaware of any disability based exemptions to wearing face masks or wider challenges faced by disabled people as a result of the pandemic
- Anecdotal evidence suggests this can be a contributing factor to disabled people feeling reluctant to leave their homes and can ultimately be a factor in a reported increase in hate crime.

12. Which is why the Disability Unit is proposing:

- **Introducing in-situ BSL interpretation<sup>2</sup> at press conferences and in PM broadcasts** would show we have listened to - and acted upon the requirements of the deaf community. This would go a long way to establish trust with 80,000 BSL users and would bring England in line with rUK (who each have introduced in-situ sign language interpretation) **(DU proposal 4)** .
- **Consider translating c.50 covid-pertinent .gov pages into BSL by contracting ‘ Signly’ to provide interpretation via a ‘pop up’ interpreter.** This approach is already used by Lloyds bank and explored by DWP for PIP online. Cost is approximately £150,000 for a core repository of information including updates where guidance changes **(DU proposal 5)**
- **Centralise approach and costs of producing accessible formats** - allows for coordinated approach and ensures costs are met without additional pressures on departmental budgets which has been raised as an issue

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<sup>2</sup> Deaf campaigners and charities have focused on the lack of insitu BSL interpretation at press conferences and Prime Ministerial broadcasts. Deaf people have a lower comprehension rate than the national average and many find subtitles difficult to follow. Not everyone has access to the BBC News Channel or BBC iPlayer which is where BSL interpretation became available at press conferences during the first phase of the panemic. We continue to be subject to judicial review and social media campaigns #WheresTheInterpreter.

throughout the pandemic (including by Public Health England). The EA2010 places responsibility for producing accessible translations on OGDs, but this is a fragmented approach where interpretation is sometimes overlooked. The team could sit within Cabinet Office Comms or the existing CV19 secretariat and be funded for translations of all OGD guidance, mailshots and work with MHCLG to provide translations of local guidance, including info aimed at different tiers **(DU proposal 6)**

- **Deliver a disability focused communications campaign**, which includes expanding common disability exemptions on face coverings and around social distancing, including print media and billboards. Widens joint DHSC/DU work on promoting use of lanyards to denote face covering exemptions. Could determine additional areas of pertinent disability related comms depending on outcomes from proposal 1/ existing ONS wellbeing data. **(DU proposal 7)**
- This will aim to move beyond existing HMG digital platforms and aligns with better stakeholder engagement, including elements of co-design and audience testing as part of development of new policy on covid. A wide ranging public information campaign could cost in the region of £2m

**Improving digital accessibility for disabled people. We know that disabled adults are less likely than the rest of the population to have access to the internet. (DU / DCMS / GDS)**

#### 13. Issue:

- The way people in the UK live, work, trade, sell and consume has significantly changed due to the Covid-19 pandemic - and this Government has stepped up to the challenge through its policies and actions to support people across the country.
- Yet 9 million people can't use the internet independently, and 13.6 million workers have digital skills sufficient for life but, crucially, not yet for work. A high proportion of these are disabled people. We have a chance to fix this.
- Covid-19 has thrown a spotlight on our digital divide, most obviously in everyday domestic life —though not exclusively so.
- Many disabled people who do not have covid, fearful of acquiring the infection, have been reluctant to enter medical buildings, public and private sector services.
- Outpatient consultations, school lessons and benefits assessments can of course be done online—but only if you have access to an appropriate device, an internet connection, and the skills to engage with digital services. The consequences of digital exclusion in this context should act as a spur to efforts at overcoming it.
- Bridging this digital divide improves peoples' ability to shop, get medicines, maintain better levels of wellbeing by staying in touch with friends / family / other 'in person' social support that has stopped during the pandemic leading to increased loneliness.



- Research from the Centre for Economics and Business Research (Cebr) demonstrated an economic return of £14.80 for every £1 invested in essential digital skills taking into account costs and benefits to 3 the Government, individuals and employers.

#### 14. Which is why the Disability Unit is:

- Backing the Good Things Foundation's Great Digital Catch Up which will aim to support 1 million more people to become digitally included (Jan 2021 - Dec 2021). A one-year investment of £35 million in a Great Digital Catch Up would yield a total economic return on investment of more than half a billion pounds (£518 million) for a one year investment. The Good Things Foundation's Great Digital Catch Up SR bid includes a focus on disabled but is wider in scope
- Proposing scoping an AT (assistive and accessible technology) centre to support a network of local AT Hubs (e.g. based on the health hub model) to offer AT and support in trusted local places, day centres to library services + remote support / safe-home-visiting during social distancing. **(DU proposal 8)**
- Asking for DCMS to lead efforts with a targeted bid focussing on IT kit and support for those most in need.

#### **Providing a package of financial support to address the disproportionate impacts on disabled people. (DWP/HMT)**

#### 15. Issue:

- Pre COVID-19 pandemic, many disabled people have comparatively fewer coping mechanisms for managing economic stressors - typically having lower incomes and savings, weaker social networks, fewer assets and a heightened risk of food insecurity<sup>3</sup>.
- People with disabilities also incur disability-related extra costs that lower their disposable income<sup>4</sup> (an average of £583 pcm).
- Anecdotally, we think Covid has increased costs for Disabled People (e.g. priority delivery slots from supermarkets tend to be most expensive). **What can be done to rectify the unfairness that UC claimants have had a £20 uplift in benefits but those on 'legacy' disability benefits have not?**

#### 16. This is a clear DWP lead, but you may want to push Angus Gray (DWP) on

- During wave one, many disabled people felt the need to choose between needing to shield with continuing to earn their salary, the temporary changes to Statutory Sick Pay to make this a day 1 right helped ....**if shielding is re-introduced, would DWP consider bringing this back for those shielding?**

<sup>3</sup> Banks et al., 2017, WHO & World Bank, 2011

<sup>4</sup> Mitra et al., 2017.

- This year Universal Credit was also uplifted by £20 per week (due to end March 21) providing a much needed additional £1,000 per year for some who are struggling. However, this uplift was not extended to legacy benefits (Employment Support Allowance, JSA) which is where the large majority of disabled claimants sit. Disabled people face extra costs on average of £583 per month even after accounting for benefit payments. **Extending both the UC uplift beyond its 12m and its scope to include legacy benefits would go some way to supporting disabled people to offset some of these costs .....is this being considered**
- HMRC has managed to pay self-employed persons under the Self Employed Income Support Scheme. (SEISS) Has DWP considered a similar approach? (one off payments to ESA/ JSA claimants)
- **Would DWP consider introducing provision for families with disabled children to offset energy and fuel costs this winter.** This is something that has just been introduced in Scotland, targeted at families where a child is on the highest component of care award Disability Living Allowance with a £200 payment to help heat homes this winter. If introduced in England this would support c.140,000 families with disabled children this winter heat their homes
- The £2bn Kickstart Scheme will pay employers to create new jobs for 16-24 year olds at risk of long-term unemployment - how is the DWP / HMT ensuring that the Kickstart scheme delivers for young disabled people, a group that we know will be disproportionately negatively impacted by pandemic job loss?

**Reviewing existing health and social care support for disabled people living both in institutions as well as in the community, to ensure it provides appropriate levels of care. (DHSC)**

17. Issue:

- Majority of focus has been on care homes and for older people, real lack of focus on care and support needs of disabled people.
- Significant concerns about provision of community based care and respite not being delivered in this time. [Sense research](#) found that this was presenting a huge issues, with 34% of families not having care and support reinstated even as lockdown was lifted.
- Sense research found that 33% of families reported an increase in behaviour that challenges from the person they care for following community services being withdrawn

18. This is a clear DHSE lead, but you may want to push Antonia Williams or Fiona Walshe (DHSC) who lead on disability not social care :

- Regular testing being made available for supported living settings, day services and other social care settings (currently only available for registered care homes – which is being perceived as showing a disregard for disabled people being supported in non residential settings)
- Considering extending free PPE to non-residential care settings

- Whether there is plan for how these say care centres can continue to be delivered and adapt to Covid pressures – these needs resource, flexibility of commission and financing (as well as access to PPE and testing as above). Current guidance hasn't been clear and resources not available.
- If the pilot of using 250,000 clear masks within NHS trusts and social care providers across the UK is delivering promising results, is there a potential to scale these as part of the covid O response?

## **Annex A: Emran Mian commission**

Dear colleagues

While the immediate focus is on the impacts experienced by ethnic minorities, in the discussion with the PM we committed to future work on impacts experienced by other groups, as well as longer-term impacts. To set up this next phase of work CDL and the Minister for Disabled People have asked for action on the issues below. **We will set up a meeting in w/c 19 October with key departments. It would be helpful if you could consider these questions, alongside other areas to prioritise, in advance of our discussion.**

- **Data:** Improving data collected on disabled people by ONS, which should include a breakdown of types of impairment associated with
  - o an increased risk of infection from COVID-19 and
  - o an increase in the risk of poorer outcomes from COVID-19 (e.g. death). (DU / DHSC)
- **Engaging disabled people** and other affected groups impacted by COVID to improve our interventions. (DU/CO)
- **Reviewing and improving communications** to disabled people across all of our messaging and guidance from HMG. (DU/ DHSC / DfT / CO COVID comms team).
- **Improving digital accessibility** for disabled people. We know that disabled adults are less likely than the rest of the population to have access to the internet. (DU / DCMS)
- Providing a package of **financial support** to address the disproportionate impacts on disabled people. (DWP/HMT)
- Reviewing existing **health and social care support** for disabled people living both in institutions as well as in the community, to ensure it provides appropriate levels of care. (DHSC)

## **Annex B: Letter from the Chancellor of the Duchy of Lancaster**

OFFICIAL SENSITIVE

Rt Hon Michael Gove MP Chancellor of the Duchy of Lancaster Cabinet Office 70 Whitehall  
London SW1A 2AS

Our reference: MC2020/14649 October 2020

Dear Colleagues,

I had planned to use Friday's COVID-19 Operations Committee (COVID-O) to discuss an ambitious package of interventions to tackle the disproportionate immediate health impacts (transmission and mortality) from COVID-19 on certain groups. As departments have not been able to meet the required ambition, I have taken the difficult decision to pull this Friday's discussion.

It will not now be possible to announce an ambitious package of interventions in the Minister for Equalities' oral statement, scheduled for next week, in which she will announce publication of her first quarterly report on progress to address the disparities highlighted by the Public Health England review. This is a terrible missed opportunity.

You will remember the hard-hitting data COVID-O discussed on 24 September, and the package of measures we agreed. When the Prime Minister saw the data and the agreed package, he gave the clear steer that the package of measures was not good enough, and urgent work was needed to develop a much more ambitious package of measures that could, truly, turn the tide on and avoid a replication of the disproportionate impacts seen in the first wave. He was clear that he is particularly concerned about improving immediate health outcomes for ethnic minorities.

Following this, Emran Mian, Senior Responsible Officer for Disproportionately Impacted Groups across Whitehall issued a clear commission to all your departments, asking you to consider what more could be done on this issue. I am deeply disappointed in the responses from your departments. Several departments have not responded to the commission; other returns lack ambition. I will remind colleagues of the facts.

- Black and Asian ethnic groups have recorded higher case rates throughout the pandemic, and Pakistani, Indian and Bangladeshi communities continue to record particularly high death rates.
- Eight out of the ten occupations with the highest death rates among men have higher than average proportion of Black, Asian and Minority Ethnic (BAME) representation.
- Seroprevalence data shows that the larger the household size the greater likelihood of inhabitants testing positive for COVID-19 antibodies.
- 59.2% of those who have died from COVID-19 have been disabled



- COVID-19 mortality rates correlate with deprivation: men and women from the most deprived areas have double the mortality rates of those in the least deprived areas.
- Working age men are twice as likely to die as working age women.

I have re-attached the data on disproportionate impacts, which we went through in our 24 September meeting. You and your officials will want to review this in detail, to consider recommendations that your department can make. Given these statistics, we need to demonstrate urgency and action on this important issue. Time is running out to mitigate risks for these groups in the second wave.

I have rescheduled the discussion on Disproportionately Impacted Groups, at which COVID-O will consider and agree more ambitious proposals to prevent disproportionate impacts, for Wednesday 28 October. We cannot afford for this to slip, and I urge you to impress this urgency upon your departments. I have reattached Emran's commission, which has been updated and includes a revised deadline of the end of the day on Wednesday 21st October.

In addition to his headline ask for more ambition, I want to draw your attention to his request to departments to consider options for improving outcomes for those with disabilities, ahead of a future COVID-O discussion. This is also extremely important work. I expect Secretaries of State to work with their departments to bring much more ambitious and far-reaching proposals to that discussion, as per the Prime Minister's steer. The Prime Minister has clearly directed his Ministers to engage with this issue fully, and develop a strong package of interventions. If we do, then I have complete confidence that this committee and our Government can move the dial and prevent a replication of disproportionate impacts in the second wave.

With every good wish,

Rt Hon Michael Gove MP  
Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office