

COVID-19 INQUIRY M6 PRELIMINARY HEARING

SUBMISSIONS ON BEHALF OF DISABLED PEOPLE’S ORGANISATIONS (DPO): DISABILITY RIGHTS UK, DISABILITY WALES, INCLUSION SCOTLAND DISABILITY ACTION NORTHERN IRELAND

INTRODUCTION

The following addresses [I] Context [II] Scope [III] Human Rights [IV] Evidence and Experts [V] Reasonable Adjustments.

[I] CONTEXT

- 1.1. THE LEAST RESILIENT AREA: In their closing statement for Module 2, the DPO noted that *“Of all the failed protections of the pandemic response, the deaths of and harms to those in residential and domiciliary care is one of the most acute.”*¹ In England and Wales there were 45,632 deaths involving Covid-19 in care homes up to 21 January 2022.² In Scotland, 50% of all Covid-related deaths between March and June 2020 involved care home residents.³ Over 28,000 recipients of home care across the UK died during the pandemic.⁴ The DPO are grateful for this specific module that will examine the tragic events that unfolded within care homes and other adult social care settings in detail; events which Disability Rights UK warned of in a letter of 16 March 2020 to the Minister for Disabled People and Minister for Care.⁵ That letter registered what should have been obvious. That full account had not been taken of the ease of transmission of the virus within confined communities; the need for isolation areas in care homes; and better advice for care homes and emergency support. Those warnings went apparently unheeded, or at least unremedied, and by 5 May 2020, SAGE noted *“three separate, but interacting, epidemics: in the community; in hospitals; and in care homes”*.⁶
- 1.2. CORE PARTICIPANT STATUS: The DPO thank the Chair for the decision to grant them core participant status and the recognition that the DPO, as representative organisations of

¹ M2 DPO Closing Statement p.26 §40.

² [Deaths involving COVID-19 in the care sector, England and Wales: deaths registered between week ending 20 March 2020 and week ending 21 January 2022](#) §1.

³ [Scottish Covid-19 Inquiry Research Commission: Final Report Portfolio 3 Portfolio 3: The Provision of Health and Social Care Services](#) p.129

⁴ [Health Inequality Revealed: Thousands more deaths in home care during pandemic 10 May 2021](#)

⁵ Mallick [M2/INQ000280035/6 §19] and Ex. KM/3 [M2/INQ000238504]

⁶ Minutes of SAGE Meeting no.33 05 May 2020 [M2/INQ000120512 /1 §7]

Disabled people pursuant to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)⁷ (in that they are majority led, directed, governed, and staffed by Disabled people) bring a vital perspective to Module 6 arising from the fact that the recipients of domiciliary and residential care are, generally speaking, Disabled people. In 2020/2021 89% of the care home population aged over 65 were Disabled.⁸ In 2019/20 there were 838,530 adult recipients of long-term care in England alone, of those aged 18-64 the most common reason for requiring support was a learning disability (46.7%) whereas for those aged over 64 the most common primary support reason was physical support (73.4%) followed by support for memory and cognition (13.6%).⁹ The DPO will provide a critical analysis of the impact on the Disabled recipients of care services of both government and care provider policies and decisions, and as the DPO are based in each of the four United Kingdom nations, can assist the Inquiry in a pan-UK approach to the evidence and consideration of the lived experiences of individuals in each nation.

[III] SCOPE

- 2.1. SCOPE: The eight issues contained in the provisional outline of scope encapsulate many of the key issues that the DPO have experienced and identified. The DPO raise the following points in relation to each issue in order that they can be borne in mind as the Inquiry continues its evidence gathering exercise.
- 2.2. IMPACT: Firstly, it is important that in addition to the impact on residential care, the impact on domiciliary care in the home, which is essential for allowing individuals to live independent and participative lives, is properly examined in Module 6. Many Disabled people suddenly found their non-residential social care support withdrawn or reduced in the pandemic.¹⁰ The Inquiry has already heard from the Convener of Inclusion Scotland, Dr Jim Elder-Woodward OBE; how at the outset of the pandemic two of his Personal Assistants informed him they were in self-imposed lockdown and his local authority failed to provide him with contingency measures.¹¹ Secondly, the DPO are concerned as to the impact not just on recipients of care but also carers; many of those working in care homes but, as well as unpaid and informal carers and family members, had to carry the emotional

⁷ [UNCRPD General comment No. 7 \(2018\) \(9 November 2018\)](#), §§11 & 13.

⁸ [ONS – Older people living in care homes in 2021 and changes since 2011 – 9 October 2023](#), Fig.7

⁹ [Adult Social Care Activity and Finance Report England, 2019-20](#) Chapter 4 Fig 20.

¹⁰ [The impact of COVID-19 on disabled people in Northern Ireland, September 2020 p.21](#); M2B DPO Opening Statement p.9 §3.10; M2A DPO Closing Statement p.14 §26

¹¹ Jim Elder-Woodward [M2A/T2/55/23-58/9]

burden of witnessing the suffering and loss of those they cared for, coupled with fears of transmitting the virus and a lack of support.¹²

2.3. STRUCTURE: The Joint CMO Technical Report in December 2022 described the pre-pandemic Care Sector as “*complex, large, varied, fragmented and in places... fragile*” with “*a high turnover of care workers and many in multiple settings or for agencies*” and “*it was... evident from early in the pandemic this was one of the most at-risk sectors but also one where mitigation of risk was not easy in a fragmented sector operating under multiple pressures*.”¹³ This fragmented structure did not lend itself to the efficient decision making required during the pandemic. Politicians and civil servants have not disputed in their evidence to the Inquiry thus far that the Care Sector was weak in its capacity to deal with the pandemic.¹⁴ The widespread criticism of Central Government is that it lacked comprehension or command of how adult social care would operate in national crisis.¹⁵ The DPO therefore welcome the Inquiry’s proposal to examine this issue further. The DPO are aware of the Inquiry’s need to hear evidence from decision-makers and care providers in considering social care structures and possible improvements, but it is important, and in accordance with the principles of co-production and co-design, to allow those who were affected by those decisions to provide evidence and be engaged in considering how the structure could be improved. Inclusion Scotland, in particular, have for years campaigned for a National Care Service.¹⁶ That policy issue is now under active consideration by the Scottish Government with a Bill introduced in the light of the influential Feeley Commission on Adult Social Care,¹⁷ but it is something that the DPO would wish the Inquiry to consider more generally, given the consequences of a fragmented, localised and dysfunctional system that buckled under the pandemic emergency and remains at risk of doing so.

¹² Giebel. C, Hanna. K and others., [Guilt, tears and burnout – Impact of UK care home restrictions on the mental well-being of staff, families and residents](#) (2022). Paras 3.1.-3.7. Publicly available; also Wilkinson and Others., [The impact of the Covid-19 pandemic on the wellbeing of UK care home practitioners](#) (2022) pp.3-7. Publicly available.

¹³ CMO Technical Report 01 December 2022 [M2/INQ000203933/296]

¹⁴ Hancock [M2/INQ000232194/122 §§490-491] Whately [M2/INQ000273897/55 §§238-241] Wormald [M2/INQ000280628/42 §83] [88 §168] [107 §204] Freeman [M2A/T9/190/24-191/4] [T9/191/13-21] Lamb [M1/T11/95/15-24] Morgan [M2B/INQ00037158/6 §§22-3]

¹⁵ Abrahams [M2/INQ000281296/11 §27 and 16-17 §§39.1.1-39.3.1] [M2/T3/190/18] Harries [M2/INQ000273807/174 §§ 14.2-14.4] [T28/38/4-15]; see also Care England [M2/INQ000099684/8 §§8.4-8.6] [11 §§10.2.1-10.2.4] National Care Forum [M2/INQ000099701/4-5 §§5(1), 5(4)] [7-8 §8] Williams [M2/INQ000207511/4 §9]

¹⁶ [Inclusion Scotland: National Care Service Co-Design](#)

¹⁷ Independent Review of Adult Social Care in Scotland (2021) [M2A/INQ000280640] NCS Bill (2022) [M2A/INQ000280641]

2.4. KEY DECISIONS: The DPO expressed their concerns regarding government decision making relating to the Care Sector from the outset, as shown by the 16 March 2020 letter from DR UK, and sought to improve that decision making via communications throughout the pandemic. It remains the DPO's concern that the recommendations in the letter of 16 March were not identified from the outset and then not implemented promptly once the UK Government's attention was drawn to them. It is apparent that the Care Sector was not initially at the forefront of the UK Government's mind despite its obvious vulnerabilities. It was not until 15 April 2020 that the Adult Social Care Action Plan¹⁸ was finally unveiled and it would take a further month before a specific care home support package was implemented, on 15 May 2020.¹⁹ The Scottish Government only published its own guidance on care home arrangements on 17 May 2020. Routine pre-discharge testing for hospital patients discharged to care homes was only introduced in Wales on 27 April 2020, two weeks later than England.²⁰ That there was such delay in recognising the vulnerability and devising plans to protect the Care Sector is particularly concerning considering that Professor Van Tam had co-authored an article highlighting the vulnerabilities of Care Homes to respiratory diseases in 2017²¹ and both Professors Van Tam and Harries in their Module 2 evidence acknowledged that it should have been obvious to public health practitioners that mass release of hospital patients into care settings would create "devastating" consequences.²² The policy pursued by all four Governments of discharging hospital patients across the four nations to care homes without routine pre-discharge testing for Covid-19 (25,000 in England between 17 April and 15 May, 1,328 in Wales between March and the end of April 2020, 3,599 in Scotland between 1 March and 21 April, and 1,466 in Northern Ireland between the end of February and 17 April 2020)²³ is of deep concern to the DPO. The whole ecosystem of the Care Sector, in terms of its existing population, staff, buildings, equipment, facilities, training, and funding etc., was

¹⁸ [COVID-19: Our Action Plan for Adult Social Care, 16 April 2020](#)

¹⁹ [Care Home Support Package, 15 May 2020](#)

²⁰ Howarth [M2B/T3/142/25-143/9]

²¹ Lansbury et al. *Influenza in long-term care facilities, Influenza Other Respir Viruses*. 2017 Sep; 11(5): 356-366. Publicly Available

²² Van Tam [M2/T24/242/2-19] Harries [M2/T28/8/13-16/6]

²³ National Audit Office [Readying the NHS and adult social care in England for COVID-19, 12 June 2020](#). Publicly Available; Coronavirus (COVID-19): Discharges from hospitals to care home settings, 01/03/2020 to 31/05/2020 [M2B/INQ000271757/3]; [Discharges from NHS Scotland Hospitals to Care Homes, 28 October 2020](#) [M2A/INQ353949/6] Clinical Analysis of Discharge Patterns from HSC Hospitals in Northern Ireland during early 2020, Figure 7.

overtly unprepared to manage the receipt of potentially infectious patients, outbreaks within care homes and staffing challenges.

2.5. MANAGEMENT: The evidence of Professor Van Tam in Module 2 was that in order for a protective ring to be thrown around care homes, what was required was “*more testing, more resources for isolating individuals in both hospitals and care homes, and far more stringent policies on care home workers moving in and out of homes*”²⁴ to cut off the three routes of the virus into care homes. The DPO are concerned as to why these three measures were not taken, and in particular why testing capacity took so long to build up and then be applied to care homes. With regard to PPE, the DPO would note that this was another issue identified at the outset in the DR UK letter of 16 March to the Minister for Care.²⁵ Despite this warning, it was not until 6 April 2020 that efforts were initiated to direct PPE to care homes, and not until 15 May 2020 that bespoke supply routes and specific guidance for care homes regarding PPE were announced.²⁶ The DPO also welcome the Inquiry’s proposal to consider decisions relating to care home visiting restrictions. Throughout the pandemic restrictions varied from complete prohibition to relative stages of easing. The lack of clear guidance on restrictions caused staff to witness “*the deterioration in mental well-being [of residents] on a daily basis*”²⁷ and that “*many family carers felt that the human right to a family life had not been adequately balanced against the risks of infection.*”²⁸

2.6. DNACPRs: The use of DNACPRs was a concern for DPO members throughout the pandemic. There were over 1,400 signatories to Disability Wales’s 8 April 2020 joint statement on the misuse of DNACPRs.²⁹ Inclusion Scotland conducted its own research on DNACPR notices and found evidence of their inappropriate use including for those with domiciliary care.³⁰ One BIHR survey has found that nearly 10% of respondents with care and support needs had experienced receiving a DNACPR decision without being involved in the decision or feeling pressured into agreeing it, and 71% of advocacy organisations and campaigners said they experienced people having DNACPR orders put

²⁴ Van Tam [M2/INQ000269203/124 §9.16]

²⁵ Op. Cit. Letter of 16 March 2020

²⁶ [Care home support package 15 May 2020](#); Daly M. [COVID-19 and care homes in England: What happened and why?](#) (2020) Social Policy and Administration Vol.54 Issue 7 Para 2.3;

²⁷ Op. Cit. Giebel. C, Hanna. K, Para 3.7.

²⁸ [The cost of separation: the impact of visiting restrictions on families of care home residents during COVID-19](#), February 2021

²⁹ [Coronavirus \(COVID-19\) and the rights of disabled people in Wales](#), 08 April 2020

³⁰ Rights at Risk, Covid-19, disabled people and emergency planning in Scotland, October 2020 [M2A/INQ000142277/25]

in place or pressure to make them without being involved in the decision.³¹ Despite the Care Quality Commission's review in November 2020 (which found that some care home residents were wrongly subjected to DNACPR notices, leading to potentially avoidable deaths)³² there is an absence of comprehensive data collection on the use of DNACPRs, hence this is an area where the Inquiry will be heavily reliant on receiving evidence of individual experiences and the DPO hope to encourage those with whom they work to provide examples, and help analyse such evidence that they can provide, as well as that which emerges through Every Story Matters.

- 2.7. REGULATION: There are three related aspects of concern for the DPO in relation to the Care Sector regulatory regime during the pandemic. Firstly, it will be important for the Inquiry to gain some understanding of the extent to which the Care Sector was comparatively underregulated going into the pandemic, especially with regard to matters of interest to this Inquiry, for example data collection, emergency planning and integration into Local Resilience structures, such as they were. Secondly, the suspension of routine inspections by the Care Quality Commission in England on 16 March 2020 presented a potential risk to Disabled people receiving care from regulated services by removing the system for safeguarding those individuals.³³ Similar suspension or limiting of services occurred in other devolved jurisdictions, for example the Care Inspectorate in Wales found itself unable to guarantee the figures on care home deaths.³⁴ Thirdly, the provisions in the Coronavirus Act, which became law on 25 March 2020, resulted in the rights of Disabled people to obtain social care and mental health services being reduced through 'easements' to Local Authority duties.³⁵ All of these issues required far greater engagement with users, including DPO. That is especially so, as social services across the UK had committed to principles of co-production in partnership with service users in their guidance documents.³⁶ To assist local authorities in ensuring that Disabled people were supported throughout changes to the regulatory framework, DR UK wrote to the Directors of Adult Social Care Services on 3 April 2020, asking any director of social care to consult with DPO in the local area before making any decisions, to ensure that through improved co-production social care directors could "*gain insight and understanding of lived experience*,

³¹ [BIHR: Challenging discriminatory Do Not Resuscitate decisions](#)

³² [Care Quality Commission Review of do not attempt cardiopulmonary resuscitation decisions during the covid-19 pandemic](#), p.8. November 2020

³³ CQC Press Release: [Routine inspections suspended in response to coronavirus outbreak](#), 16 March 2020.

³⁴ Baranski [M2B/INQ000335481/13 §§46-8, 41 §139]

³⁵ M2 DPO Closing Statement p.8 §14; M2B DPO Opening Statement p.9 §3.10

³⁶ ASC during the Covid-19 Pandemic [M2B/INQ000350818/3-4]

which will enable person-centred solutions to be found.”³⁷ The DPO now make the same offer to the Inquiry; to provide examples of experiences and help in considering the impact of regulatory changes.

- 2.8. DEATHS: The devastating impact of the pandemic on the Care Sector is perhaps most starkly evidenced by the shocking figures on deaths related to Covid-19. The impact on the Care Sector was severe but also different in each of the devolved nations as a result of different management and guidance issued by the devolved administrations.³⁸ It is critical that the Inquiry hears and considers evidence from those with knowledge of the situation in each of the devolved nations.
- 2.9. INFECTION PREVENTION: It is important that the Inquiry examines the issue of staff movement and infection prevention.³⁹ In July 2020 the Vivaldi study⁴⁰ on the situation in care homes during the first wave, found that care homes that did not pay staff during periods of sickness absence and had higher numbers of agency staff were at greater risk of Covid-19 outbreaks. As noted above, the DPO had already warned the Minister for Care of the risks of staff moving between care homes on 16 March 2020. The question is why adequate steps were not taken to prevent those risks. It was not until the DHSC’s Winter Plan of 2020 that regulations were worked on to prevent care workers moving between care settings, regulations which were never in fact implemented,⁴¹ despite recognition by Covid-O in its minutes of 22 December 2020 that there was a “*clear and shared understanding of the need to stop staff movement between care homes*”.⁴² The matter was left in Module 2 with the then Chancellor of the Exchequer needing to reserve the HMT position as to why this was the case, as he had not been directly involved in the decision making.⁴³ Another area the DPO wish to see examined is the provision of free PPE to unpaid carers. The Minister for Care described unpaid carers as “*the unsung heroes of this pandemic. All too often their kindness and devotion go unseen and unacknowledged by*

³⁷ Letter from DR UK sent to Local Authority Directors of Social Care on 3 April 2020 Mallick [M2/INQ000280035/9 §27] and Ex. KM/13 [M2/INQ000238541]

³⁸ See fn 2-3 above

³⁹ See, generally, DPO M2 Closing pp 26-27 §§41-42

⁴⁰ [Vivaldi 1: COVID-19 care homes study report](#), 3 July 2020 [M2/ INQ000211984]; see also Hayward [M2/INQ000267868/6 §§3.9-3.10] and Technical Report [M2/INQ000087225/297-298]

⁴¹ Helen Whately [M2/INQ000273897/52-53 §§224, 229]

⁴² Covid-O Action and Decisions 22.12.20 [M2/INQ000091096/1]

⁴³ Sunak [T33/163/21-168/22] [T33/194/5-196/9] Cf. Technical Report [M2/INQ000087225/305 §3]

society.”⁴⁴ However, unpaid carers were not afforded free PPE until 9 February 2021,⁴⁵ despite PPE having been provided to Adult Social Care Workers almost 10 months earlier.

[III] HUMAN RIGHTS

3.1. HUMAN RIGHTS: In DPO submissions to the Inquiry in M2 the DPO have sought to encourage the Inquiry to utilise the tools of Human Rights analysis to assist its examination of the government policies and decision making, and also to understand how to transition out of the pandemic and build back better. That continues to be the case in examining the Care Sector in Module 6, in particular by reference to the UK’s obligations under the UNCRPD, in particular Article 4 (3) (close consultation and active involvement with Disabled people and their representative organisations in decisions); Article 11 (all necessary measures to ensure the protection and safety of Disabled people in emergencies and disasters); Article 19 (b) (access to in-home, residential and other community support services necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community) and Article 31 (appropriate data collection).⁴⁶

[IV] EVIDENCE & EXPERTS

4.1. CONTEXT: The CTI has asked for input on how the pre-pandemic situation of the sector should be considered (CTI Note paragraph 22). From previous Modules there should be some reference to the cuts in benefits and services in the decade before the pandemic, which had particularly severe consequences for Disabled people.⁴⁷ Disabled people’s cost of living is inescapably higher because of the additional expenses that others do not have.⁴⁸ The ‘Bedroom Tax’ victimised Disabled people for the extra space they require either for equipment - such as wheelchairs or hoists - or else for sleeping, or personal assistance. It also aggravated pre-existing housing insecurity for those who had to move because they could not pay rent for homes that had taken years to acquire.⁴⁹ Social care funding was

⁴⁴ [Free PPE for unpaid carers](#) 09 February 2021

⁴⁵ Ibid

⁴⁶ See also §66 of [General Comment No. 6 on Equality and Non-Discrimination](#) 26 April 2018

⁴⁷ Watson and Shakespeare [M2/INQ000280067/10-11 §§30-36]

⁴⁸ Watson and Shakespeare [M2/INQ000280067/6-7 §19]

⁴⁹ Watson and Shakespeare [M2/INQ000280067/7 §§20-21] *Burnip v Birmingham CC* [2012] EWCA Civ 629 §47

scaled back, not just in care homes, but for those in domiciliary care,⁵⁰ and it was vastly underfunded compared to the NHS.⁵¹

4.2. **RULE 9 REQUESTS:** With regard to paragraph 25 of the CTI note for the preliminary hearing the DPO would suggest that Rule 9 requests are issued to the following organisations requesting information as to the impact of the pandemic on their constituent groups:

- (1) **The DPO Chief Executives** in each of the four nations will provide a witness statement in due course to the Inquiry detailing the impact on the Care Sector in their particular area. Any Rule 9 request setting out particular areas of interest to the Inquiry could assist in the drafting of any such statements.
- (2) **Think Local Act Personal.** A national partnership of more than 50 organisation committed to transforming health and care through personalisation and community-based support.⁵² Following the pandemic they produced a report “*A Telling Experience: Understanding the impact of Covid-19 on people who access care and support –a rapid evidence review with recommendations.*”⁵³
- (3) **Coalition of Care and Support Providers in Scotland.** The coalition are a network of not-for profit social care providers in Scotland.⁵⁴
- (4) **People First.** An advocacy organisation for individuals with learning disabilities.⁵⁵
- (5) **The National Autistic Society.**⁵⁶ The UK’s leading charity for autistic people and their families.

4.3. **EXPERTS:** With regard to proposed areas of expert evidence (CTI Note para. 33(a) and (c)) the DPO make the following observations:

- (1) The Inquiry will need to have some scene setting of the extent to which the Care Sector was vulnerable and lacked resilience to withstand a full-system emergency prior to the pandemic (see para. 4.1 above). Aside from the overview already provided by **Professor’s Nick Watson and Tom Shakespeare**⁵⁷ and the DPO evidence in the various modules, consideration should be given to the regularly cited

⁵⁰ Pearson, Watson, Shakespeare et al. *Covid-19 and the Crisis in Social Care: Exploring the Experiences of Disabled People in the Pandemic.* (2022) *Social Policy and Society*, 1-16, pp 4, 12-13

⁵¹ Daly M. *COVID-19 and care homes in England: What happened and why?* (2020) 54 *Soc Policy Adm*, 985–998, pp 993-996

⁵² <https://www.thinklocalactpersonal.org.uk/About-us/>

⁵³ <https://www.thinklocalactpersonal.org.uk/assets/TLAP-TIG-report-on-Covid-19.pdf>

⁵⁴ <https://www.ccpscotland.org/>

⁵⁵ <https://www.peoplefirstltd.com/>

⁵⁶ <https://www.autism.org.uk/what-we-do/who-we-are>

⁵⁷ See fn. 47 above

article by **Professor Mary Daly**, *COVID-19 and care homes in England: What happened and why?* and whether to seek her views on Module 6 issues.

- (2) Although focussed on Scotland, the Review of Adult Social Services (reporting in February 2021) contains the most wide ranging review of the sector and makes the most developed case for reform. It was headed by **Derek Feeley** (a retired senior civil servant) who could provide views, amongst others, about where key changes are needed, and the extent to which they could be adopted across the UK.⁵⁸
- (3) The Adult Social Care sector is structured differently across the four nations of the UK. For example, Northern Ireland, unlike the rest of the UK, has an integrated structure for health and social care, with services commissioned by a single Health and Social Care Board. It is likely that different experts will be needed to assist the Inquiry with the structure of social care arrangements in each of the four nations. For example **Professor Mark Llewellyn**, Director of the Welsh Institute for Health and Social Care, and Professor of Health and Care Policy at the University of South Wales, could be considered as a suitable expert for Wales, but the DPO could assist with providing a full list of possible experts for each nation, or commenting on any such list provided by CTI at a later date.
- (4) In terms of gathering evidence on the impact of those with specific conditions, the DPO have three observations. Firstly, as supporters of the social rather than medical model of disability, the DPO have reservations about defining individuals solely by medical condition as a matter of principle. Secondly, the DPO have practical objections to expert evidence being secured which is solely condition specific because the eligibility for social care is not condition specific, but based on assessment of need and eligibility criteria. A more appropriate starting point for evidence gathering is therefore focusing on what needs were impacted, using specific conditions as examples, rather than using conditions as a starting point.⁵⁹ Thirdly, when focussing on conditions, the DPO would urge the Inquiry to ensure (in addition to the suggested conditions listed) that those individuals with complex and multiple needs are considered (e.g. catheter care; peg feeding; breathing apparatus; assisted communication - computers and other Augmentative and Alternative

⁵⁸ Feeley [M2A/INQ000280640/1-2, 29, 108] Lamb [M2A/INQ000346089/25 §93]

⁵⁹ See Case email [M2/INQ000137204/1]

Communication Systems), individuals with sensory impairments and individuals with energy limiting conditions.

[V] REASONABLE ADJUSTMENTS

5.1. HEARINGS: The DPO would encourage the Inquiry to provide BSL services in Module 6. Module 6 will look at the impact of the pandemic on those in care and receiving care services. Many of those individuals resident in care homes and receiving care have additional communication needs, and it is therefore all the more important that the Inquiry hearings are as accessible as possible, in order that those individuals affected by its subject matter can access the hearings. If the Inquiry will not provide BSL for the YouTube videos of the whole of the M6 Hearings, we would request that the Inquiry fund a BSL interpreter to attend with Core Participants who require them at the hearing, and to provide BSL during live transmission for at least the opening and closing submissions, which would allow the D/deaf population to access the key submission of CTI and Core Participants on an equal footing. This has not been available to date. If the Inquiry decides to do this it should publicise the existence of the service to enable more people who rely on BSL to attend the hearings and become more involved in the overall process.

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11 MARCH 2024