

**COVID-19 INQUIRY  
M8 PRELIMINARY HEARING**

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**SUBMISSIONS OF DISABLED PEOPLE’S ORGANISATIONS (DPO):  
DISABILITY RIGHTS UK, DISABILITY WALES,  
DISABILITY ACTION NORTHERN IRELAND**

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The following addresses [I] Context [II] Scope [III] Human Rights [IV] Expertise & Witnesses [V] Listening and [VI] Reasonable Adjustments.

**[I] CONTEXT**

1.1. DISABLED PEOPLE’S ORGANISATIONS (‘DPO’): DPO are representative organisations of Disabled people pursuant to the United Nations Convention on the Rights of Persons with Disabilities (‘UNCRPD’)<sup>1</sup> (in that they are majority led, directed, governed, and staffed by Disabled people). DPO use the ‘social model’ of analysis and policy that deliberately questions notions of disability, vulnerability and resilience in order to deepen the understanding that many of the hardships Disabled people face are determined by social, economic and political choice, and therefore can be altered in change of awareness, values and rights.<sup>2</sup> Further to Article 1 of the UNCRPD, it is the “*interaction*” between an individual’s impairment/condition with various barriers and attitudes that importantly may hinder their full and effective participation in society on an equal basis with others. Informed by this approach the above DPO have acted as Core Participants in Inquiry Modules 2, 2A-C, 4 and 6.

1.2. DISABLED CHILDREN AND YOUNG PEOPLE DURING THE PANDEMIC: The Inquiry’s focus here is d/Deaf and Disabled children (ages 0-18) and young people (ages 18-25) (‘Disabled CYP’). That is some of the most socially ‘vulnerable’ by virtue of drastic changes in their everyday life brought about by the pandemic response, the least consulted, yet those of whom the greatest (and longest as a proportion of their life) ‘resilience’ could be expected, with often the fewest assets available to them to mount such resilience. The Inquiry’s commitment to this Module and the way in which it has evolved to include young people and the voice and stories of CYP is most welcomed. It now promises Disabled CYP to be seen and heard, with in tandem consideration of their associates – parents, siblings, carers, teachers and friends who witnessed their realities. This is an opportunity for Disabled CYP to be accounted for in terms of the predicaments they faced, the social, mental and physical legacy of that experience and the lessons they can teach us.

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<sup>1</sup> UNCRPD [General Comment. No. 7 on Participation](#) §§11 & 13

<sup>2</sup> [DPO M2 Written Opening](#) 26.09.23 §§1.4, 1.7-1.10

## [II] SCOPE

2.1. RECOGNITION: While the Provisional Outline of Scope says that the term “special educational needs and/or disabilities” (‘SEND’) is used broadly, its breadth is explained by reference to what is formally recorded by the education systems across the Four Nations.<sup>3</sup> The recognition of CYP with SEND is important. In England over 1.6 million children have SEND amounting to 18.4% of all pupils,<sup>4</sup> the figures are 52,152 and 11.2% in Wales,<sup>5</sup> 241,639 and 34% in Scotland,<sup>6</sup> and 62,650 and 18.4% in Northern Ireland.<sup>7</sup> However, it is critical for the Inquiry to be cognisant of both:

2.1.1. Those Disabled CYP who were already underassessed and/or unsupported and/or unplanned for prior to the pandemic in education systems that had faced long term resource and competency deficits<sup>8</sup> and

2.1.2. The extent to which those systems are overly medicalised in their orientation, requiring proof and enhanced emphasis on vulnerability for legal duties to be activated and thereafter enforced.

The social model regards these processes as paradigmatically doubled edged, especially when the removal of barriers is so heavily dependent on the stigmatisation of CYP as disabled, vulnerable, abnormal and the like.

2.2. INCLUSIVITY: The Inquiry is therefore asked to think broadly across the diversity of the human condition, and especially the condition of our younger developing bodies and minds. There are myriad ways in which Disabled CYP grow into and try to master the inherent vulnerability of all CYP, coupled with the individual and additional challenges they face by way of physical, mental, intellectual and sensory impairments as they interact with their social, economic, environmental and attitudinal circumstances. On that basis, and especially because Module 8 is concerned with “*physical and mental health, wellbeing, development, [and] family lives*”<sup>9</sup> the Inquiry needs to adopt a broad definition of Disabled CYP. This means recognition of (1) Disabled CYP with SEND even if the education system has not formally assessed, supported and planned for them as having a medically

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<sup>3</sup> Provisional Outline of Scope: Module 8, fn. 2

<sup>4</sup> [www.explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england](http://www.explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england)

<sup>5</sup> [www.gov.wales/schools-census-results-january-2024-html](http://www.gov.wales/schools-census-results-january-2024-html) (Note this figure only includes those in government maintained schools and incorporates the Welsh Government’s categories of both children with Additional Learning Needs and children with Special Educational Needs)

<sup>6</sup> [www.gov.scot/publications/research-provision-pupils-complex-additional-support-needs-scotland/pages/3/](http://www.gov.scot/publications/research-provision-pupils-complex-additional-support-needs-scotland/pages/3/) (Note this figure represents those with Additional Learning Support Needs)

<sup>7</sup> Northern Ireland Department of Education [Independent Review of Special Educational Needs Services and Processes](#) (March 2023) p. 20

<sup>8</sup> Watson & Shakespeare [M2/INQ000280067/7 §23]

<sup>9</sup> Provisional Outline of Scope: Module 8 §4

defined disability; and (2) Disabled CYP who do not especially have SEND, but still face disabling societal barriers and attitudes due to their impairments or conditions.

2.3. IMPACT: Further to that broad categorisation of Disabled CYP that considers a range of barriers and inherent and socially constructed vulnerabilities, the pandemic impacted on the physical and mental conditions of CYP in certain significant ways.

2.3.1. PRE-EXISTING CONDITIONS: Few Disabled CYP died of the Covid-19 virus alone, but certain pre-existing conditions of Disabled CYP made them particularly exposed to the effects of the virus, unlike the rest of the population of their age, of which those with Down's Syndrome is an example that the Inquiry has already begun to consider during Module 2.<sup>10</sup> As of March 2020, 56,027 children aged between 0-17yrs were placed on the patient list of the those notified as clinically extremely vulnerable, and constituted 2.5% of the total of those shielding.<sup>11</sup> The list was added to with regard to CYP with Down's Syndrome in November 2020. If it has not been done already in Module 3, the DPO ask the Inquiry in Module 8 to seek expert production of data and analysis as to how the virus posed a risk to CYP, especially those with respiratory and autoimmune conditions but all of the various diagnoses on the shielding list, and likewise to consider the emerging evidence as to why for most other CYP the virus normally did not pose a direct risk to them, even if it posed a risk of onward transmission.

2.3.2. POST-VIRAL CONDITIONS: The post-viral damage of Covid-19 has included Long Covid and other rare but serious conditions in CYP, notably Paediatric multi-system inflammatory syndrome ('PMIS'), sometimes to catastrophic life changing effect. This has rendered CYP disabled because of Covid-19 and contrasts starkly with the evidence of CYP who experienced relatively benign symptoms and speedy recovery.<sup>12</sup>

2.3.3. REDUCED ACCESS TO TREATMENT: Conversely, the state response to Covid by imposing NPIs aggravated pre-existing health conditions in Disabled CYP because of reduced access to treatment, medication, care and support. The range of exposed conditions in this category included those on the spectrum of neurodiversity, depression and other adolescent mental health conditions, as well as those in need of ongoing treatment to prevent decline for pre-existing conditions

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<sup>10</sup> Watson & Shakespeare [M2/INQ000280067/4 §8] [12 §39] [DPO M2 Closing](#) 15.01.24 [p. 19 §§30-31]

<sup>11</sup> DCP [Then There Was Silence – The Impact of the Pandemic on Disabled Children, Young People and their Families](#) (September 2020) (hereafter 'Then There Was Silence') p. 35 §2.4.2

<sup>12</sup> Brightling & Evans [M2/INQ000280198/13 §§2.1-2.5]

(e.g. physiotherapy for those with cerebral palsy) and rehabilitation as part of their recovery from illnesses, operations, and other life changing conditions.

2.3.4. LOCKDOWN GENERATED CONDITIONS: The isolation of lockdown and other NPIs generated a range of non-visible impairments amongst the general CYP population, including at the point at which they emerged from lockdown, such that CYP experienced for the first time serious eating and anxiety disorders, depression, self-harm and suicidal ideation.<sup>13</sup>

2.4. OTHER HARM: In addition, the broader wellbeing and security of Disabled CYP may have been compromised during the pandemic. Although the risk of abuse of children was enhanced during lockdowns generally,<sup>14</sup> the DPO are particularly concerned about evidence of increased risk of abuse of Disabled CYP in educational and care settings, as well as at home.<sup>15</sup> Those risks must be understood against the pre-pandemic evidence that across all age groups and all impairment groups, Disabled people are more likely to have experienced crime than their non-disabled peers, with similar disparities relating to domestic abuse and sexual assault in the home. Crimes against CYP are less reported and less detected.<sup>16</sup> The emerging research in the pandemic period shows the following:

2.4.1. DOMESTIC ABUSE: A heightened risk of abuse in domestic settings caused by children spending prolonged periods at home, either witness to abuse or subject to it, of which personal accounts collected by the NSPCC include pertinent examples concerning Disabled CYP.<sup>17</sup> As ever, there is the attendant fear that the bulk of this abuse remained hidden, as it happened within domestic settings, and Disabled CYP, even more than non-disabled children, faced barriers in terms of reporting, being believed, and complaints being acted upon. This was especially the case given that existing social care packages as well as new safeguarding referrals diminished during the pandemic in many parts of the UK.<sup>18</sup>

2.4.2. RESIDENTIAL CARE: An increase of abuse in some residential special schools, with a key example of this being the reports by the Child Safeguarding Practice Review Panel into 3 residential homes run by the Hesley Group in Doncaster. Evidence to the Review Panel showed 108 children and young adults with disabilities and complex health needs suffered physical abuse and violence, neglect, emotional

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<sup>13</sup> NHS [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS England Digital](#) (2020) NSPCC [Statistics briefing: the impact of coronavirus \(nspcc.org.uk\)](#)

<sup>14</sup> Taylor-Robinson [M2/INQ000280060/21 §§56-57] Longfield [M2/INQ000273750/6 §11]

<sup>15</sup> Taylor-Robinson [M2/INQ000280060/47 §137]

<sup>16</sup> Watson & Shakespeare [M2/INQ000280067/8 §§27-28]

<sup>17</sup> NSPCC [The impact of the coronavirus pandemic on child welfare: d/Deaf and disabled children and young people](#) (February 2021) p. 10

<sup>18</sup> DCP [Then There Was Silence](#) pp 32-33 §2.3.4

abuse and sexual harm. Although complaints going back to 2018 partly pre-dated Covid, the pandemic significantly aggravated the situation because it affected the way that the children had contact with their families, and the visits and reviews by their social workers from March 2020 onwards, when visits took place in 'virtual' formats.<sup>19</sup>

2.4.3. PHYSICAL RESTRAINT: Reduction in staff and poor guidance led to children with autism and learning disabilities being inappropriately restrained. For example, 1 in 3 families reported that their child had experienced restrictive physical interventions at school after March 2020, 23% confirmed increased practices from the previous year, but the true scale of this issue is unknown, as recording and reporting restrictive interventions are not mandatory.<sup>20</sup> In Secure Training Units forms of restraint for Good Order and Discipline have been found to breach Art. 3 ECHR (prohibition on inhuman and degrading treatment) but focus on similar violation of the rights of Disabled CYP is relatively underdeveloped, and there is no guarantee that CYP, parents and carers can be notified in the event that potentially unlawful force has been used.<sup>21</sup> See further §3.1.5 below.

### **[III] HUMAN RIGHTS**

3.1. HUMAN RIGHTS: In previous submissions the DPO have sought to encourage the Inquiry to utilise the tools of Human Rights analysis as a means of understanding what action the state should take to plan for, respond to, and recover from emergency. That commended approach will continue in Module 8, by reference to the UK's obligations under the UNCRPD<sup>22</sup> and, relevantly for Module 8, the UN Convention on the Rights of the Child ('UNCRC').<sup>23</sup> Although evidence to date across Module 2 showed that awareness and application of a human rights approach to pandemic management was not as it should have been, it is helpful to bear in mind the relevant questions that it was incumbent on State Parties to the UNCRPD to consider:

3.1.1. PLANNING: Whether "all necessary measures" were taken to ensure the protection and safety of Disabled CYP during the pandemic pursuant to Art. 11 UNCRPD,

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<sup>19</sup> The Child Safeguarding Practice Review Panel, *Safeguarding children with disabilities and complex health needs in residential settings, Phase 1 Report* (October 2022) §§1.12, 1.23, 6.21

<sup>20</sup> The Challenging Behaviour Foundation, *Restrictive Intervention of children and young people with SEN and disabilities during the pandemic Results of Family Carer and School Staff Surveys, Summary Report*, (June 2021) p. 2

<sup>21</sup> *R(C) v SSJ* [2008] EWCA Civ 882 [2009] QB 65 and *R (CRA) v SSJ* [2013] EWCA Civ 34 [2013] 1 WLR 3667

<sup>22</sup> *UN Convention on the Rights of Persons with Disabilities and Optional Protocol* (2007) (UK ratified 2009)

<sup>23</sup> *UN Convention on the Rights of the Child* (1989) (UK ratified 1991)

bearing mind that this is an enhanced treatment obligation and not just an obligation of formal equal treatment;<sup>24</sup>

3.1.2. CONSULTATION: Whether there was “*close consultation and active involvement*” with Disabled CYP and their representative organisations in decisions around these matters pursuant to Art. 4(3) UNCRPD including (as recognised by General Comments of the CRPD Committee):

(a) To what extent was there recognition of Disabled CYP’s right to be heard, moving towards their active engagement in the realisation of their own rights;<sup>25</sup>

(b) What mechanisms were available for Disabled CYP to support their participation in policy making including appropriate mechanisms to facilitate their understanding, communication, decision making, self-advocacy<sup>26</sup> and the same of their significant adult associates, especially their parents and paid/unpaid carers;

(c) What status and involvement in policy formation and awareness was afforded to Disabled CYP’s representative organisations.<sup>27</sup>

3.1.3. BEST INTERESTS OF THE CHILD: Whether, in all actions concerning children with disabilities, the “*best interests of the child*” was the primary consideration pursuant to Art. 7(2) UNCRPD;<sup>28</sup>

3.1.4. INDEPENDENT LIVING: Whether there was “*full inclusion and participation [of Disabled CYP] in the community*” pursuant to Art. 19 UNCRPD with particular concern with whether Disabled CYP were obliged to live in more adverse ‘lock down’ living arrangements on account of their conditions and impairments;<sup>29</sup>

3.1.5. PROHIBITION ON ILL-TREATMENT: Whether there were sufficient mechanisms in place to protect Disabled CYP in domiciliary and residential care settings from being subject to cruel, inhuman or degrading treatment pursuant to Art. 15 UNCRPD;<sup>30</sup>

3.1.6. RESPECT FOR HOME AND FAMILY LIFE: Whether with a view to realising respect for home and family life, and “*to prevent concealment, abandonment, neglect and*

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<sup>24</sup> UNCRPD [General Comment No. 7 on Participation](#) (2018) §78

<sup>25</sup> UNCRPD [General Comment No. 7 on Participation](#) (2018) §74

<sup>26</sup> UNCRPD [General Comment No. 7 on Participation](#) (2018) §75

<sup>27</sup> UNCRPD [General Comment No. 7 on Participation](#) (2018) §§24-26

<sup>28</sup> UNCRPD [General Comment No. 6 on Equality and Non-Discrimination](#) (2018) §38

<sup>29</sup> UNCRPD [General Comment No. 6 on Equality and Non-Discrimination](#) (2018) §58

<sup>30</sup> UNCRPD [General Comment No. 5 on Independent Living](#) (2017) §52



*segregation of children with disabilities”, there was sufficient “early and comprehensive information, services and support to children with disabilities and their families” pursuant to Art. 23(3) UNCRPD;*

3.1.7. EDUCATION: Whether Disabled CYP were afforded the right to education on an equal basis, without discrimination and with reasonable accommodation pursuant to Art. 24 UNCRPD, with particular concern as to whether the mechanics and content of remote learning services rendered Disabled CYP doubly remote and in a unique pandemic form of institutionalised discrimination.<sup>31</sup>

3.2. OTHER RIGHTS: Of the UNCRC, the DPO especially seek consideration of whether during the height of the pandemic the UK Government and the Devolved Administrations respected and ensured the rights in the UNCRC without discrimination of any kind, irrespective of the child’s disability pursuant to Art. 2 UNCRC. Likewise, whether the four nation Governments recognised that Disabled children should enjoy a full and decent life in conditions which ensured dignity, promoted self-reliance and facilitated their active participation in the community pursuant to Art. 23 UNCRC. Finally, and related to the consultation duties under Art. 4(3) of the UNCRPD, Art. 12 of the UNCRC requires children to be enabled to express their views freely in all matters affecting the child, and for those views to be given due weight.

#### **[IV] EXPERTISE & WITNESSES**

4.1. REMOTE EDUCATION: The DPO welcome the CTI proposal for expert evidence on the provision of education (especially that provided remotely) during the pandemic (CTI Note §44(a)) and suggest the following matters for consideration of the issue in terms of formulating the instructions to the expert in order to deal with those children with SEND (§44(e)):

4.1.1. NO PLANNING: By mid-March 2020 the education departments in the UK Government and Devolved Administrations had no planning whatsoever for remote learning, and effectively began to think about the matter from scratch.<sup>32</sup> Evidence disclosed to the Inquiry in previous modules indicates that pre-pandemic assumptions predominantly focussed on keeping the schools open under the impact of staff shortages rather than closing them. This is part of the overall lack

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<sup>31</sup> UNCRPD [General Comment No. 6 on Equality and Non-Discrimination](#) (2018) §§63-65

<sup>32</sup> For late consideration of the issue, for UK and England, see Johnson [M2/T32/168/20-169/24] Williamson [M2/INQ000268013/13 §§4.5.1-4.5.13, 6.2.4], for Scotland, see Griffin [M2A/INQ000215480/5 §§19-28], for Wales see Williams [M2B/INQ000362237/23 §§88-112], for Northern Ireland, see Foster [M2C/T11/75/5-10] Weir [M2C/T6/27/19-29/5] [34/10-35/22] [58/16-60/15] [64/12-65/7] [65/25-66/7]

of preparedness for a whole-system response that was identified as necessary after Exercise Cygnus, but never actioned.<sup>33</sup>

- 4.1.2. POLICY BASED ON NON-DISABLED NORMS: That being the case, as with other NPIs, the rapid improvisation of school closure risked being forged against generalised non-disabled norms and treating Disabled CYP as an afterthought. For instance, there is significant evidence that teaching packages were not tailored to various forms of neurodiversity. Education Departments across the four nations have admitted having no time for impact assessment or consultation, at least in the initial stages.<sup>34</sup> When they were later done, they were not particularly detailed and often not conducted with developed input from Disabled CYP and DPO.<sup>35</sup> All of this must be read against a statutory context that allowed for the easement of local authority services for ostensibly the most in need, when in fact they required enhancement. A relevant example in this context was the reduction of the absolute entitlement of children to the special educational support and health services under their Education Health and Care ('EHC') plan to a requirement that local authorities in England use 'reasonable endeavours'.<sup>36</sup>
- 4.1.3. VULNERABLE CHILDREN: The exemption of 'vulnerable' children from compulsory non-attendance at school was a problematic safeguard. Firstly, it did not extend to those who had SEND but were not assessed, or if assessed did not have EHC plans in place.<sup>37</sup> That omitted the almost 1.1 million children receiving SEND support, but without EHC plans.<sup>38</sup> Second, whatever the breadth of the notion of 'vulnerable children', the outcome was considerable underuse of the exemption, which required children to self-identify as vulnerable to use it, thereby carrying stigma, and the additional risk of travelling to and from school for both children and their parents/carers.<sup>39</sup> In the first wave only 3 in 10 Disabled children attended school. In the second wave it rose only to 4 in 10.<sup>40</sup>

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<sup>33</sup> Williamson [M2/INQ000268013/8-11 §§3.3-3.4] and Covid Inquiry Module 1 Report (July 2024) §§5.42-5.50

<sup>34</sup> Williamson [M2/INQ000268013/12 §§4.4.1 and 4.5.12] Griffin [M2A/INQ000215480/39 §§136-137] Williams [M2B/INQ000362237/69 §§238, 296] Weir [M2C/INQ000408058/28 §67]

<sup>35</sup> See for example the observations of the experts in Module 2B, Foster [T2/100/18-101/9] Holland [T2/183/10-184/8] [T2/186/2-4]

<sup>36</sup> [Coronavirus Act 2020 Modification of section 42 of the Children and Families Act 2014 \(England\) Notice 3556936](#) (28 April 2020). See also Children's Commissioner *Childhood in the time of Covid* (September 2020) p. 9

<sup>37</sup> Williamson [M2/INQ000268013/16 §§4.5.13]: see also Williams [M2B/INQ000362237/32 §§121-122]

<sup>38</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2019-20>

<sup>39</sup> Longfield [M2/INQ000273750/18 §48]

<sup>40</sup> DCP *Then There Was Silence* pp 20-21 §2.2.1



4.1.4. DIGITAL EXCLUSION: For those who learned from home the inequalities in terms of digital access require discrete consideration. Professors Watson and Shakespeare during Module 2 have already provided detail of digital exclusion as it affects Disabled adults,<sup>41</sup> although digital poverty is a phenomenon that affected children in lower income households generally.<sup>42</sup> Disabled people generally face higher levels of digital exclusion and are less likely to have digital literacy.<sup>43</sup> In the UK it is estimated that only 60% of Disabled people have internet access at home compared with 81% of non-Disabled people.<sup>44</sup> People with certain learning disabilities are disproportionately affected by digital exclusion.<sup>45</sup> However, the full extent of digital exclusion of Disabled CYP is poorly understood, with the experiences of Disabled CYP recognised as a key data gap in the understanding of digital exclusion in the UK.<sup>46</sup>

4.1.5. CATCH-UP: The report of the Education Policy Institute *Education reopening and catch-up support across the UK* compared the education catch-up plans of the four UK nations, and examined how they previously approached the reopening of schools. The report expressed concern that at a national level, detailed guidance to schools and authorities describing how they were expected to deliver special education was lacking in all four UK nations, given the risk that many Disabled CYP with SEND will have fallen behind their peers during lockdown and were likely to require more support to learn while at home than other pupils.<sup>47</sup>

4.2. EXPERT INSTRUCTIONS: In the light of the above, the DPO invite the Inquiry's chosen expert to be asked to address the following Disabled CYP related matters:

4.2.1. The development of the non-attendance exception for 'vulnerable children' including how the cohort was defined, which Disabled CYP might have been excluded, the extent and reasons why the exception was underused, and what lessons can be learned.

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<sup>41</sup> Watson & Shakespeare [M2/INQ000280067/8 §§25-26] [M2/T5/35/16-40/8]

<sup>42</sup> Taylor-Robinson [M2/INQ000280060/8 §§17 and 21]

<sup>43</sup> [www.lloydsbank.com/assets/resource-centre/pdf/consumer\\_digital\\_index\\_2019.pdf](http://www.lloydsbank.com/assets/resource-centre/pdf/consumer_digital_index_2019.pdf) p. 10

<sup>44</sup> Ibid p. 15

<sup>45</sup> Chadwick et al, *Digital inclusion and participation of people with intellectual disabilities during COVID-19: A rapid review and international bricolage* J Policy Pract Intellect Disabil. (2022); 1-15, p. 9

<sup>46</sup> Carnegie UK Trust with UK UNICEF (UNICEF UK), *Closing the Digital Divide for Good: An end to the digital exclusion of children and young people in the UK*, (June 2021) pp 7, 9, 22 and 25

<sup>47</sup> Sibieta and Cottell, Education Policy Institute and Nuffield Foundation, *Education reopening and catch-up support across the UK* (February 2021), pp 7, 36 and 44

- 4.2.2. The sufficiency of reasonable adjustments for Disabled CYP learners when education moved online, including the adequacy of guidance on accessible online education.
- 4.2.3. The availability (or non-availability) of remote education (including online devices, access to broadband internet and technical support) for Disabled CYP, including the impact of socio-economic factors on such availability.
- 4.3. HIGHER EDUCATION: The present focus of the CTI provisional suggestion for expert evidence is about children in school and not those in higher education (CTI Note §44(e)). But the disproportionate impact of the pandemic on the education of Disabled students was not limited to primary and secondary school education of children; it extended to higher education settings. Over 75% of Disabled students in the young person category said that they did not receive the support they required during the pandemic.<sup>48</sup> In the most extreme examples, this could include universities asking Disabled students to withdraw temporarily from studies as their disability needs could no longer be met. A more common trend, however, was not to consider those additional needs at all. Not only was there a failure to accommodate needs about which higher education settings were already aware, but there was also no review of individuals who may have previously not required additional support but now did, due to the nature of studying from home. This should be considered by expert witnesses instructed in Module 8.
- 4.4. PROPOSED EXPERT: The DPO invite the Inquiry to consider obtaining expert evidence from **Dr Cath Lunt**. Dr Lunt is Evaluation Manager at the Disabled Children's Partnership ('DCP'), a major coalition of more than 90 organisations campaigning for improved health and social care for Disabled CYP and their families. Dr Lunt is a parent carer to her two children. She was the main author of the DCP report *Then There was Silence*, published in September 2021, which built the research evidence base about the impact of the pandemic on Disabled CYP and their families. The research explored: (1) the experiences of Disabled CYP and their families to understand new and emerging need, (2) an understanding of digital exclusion and digital disadvantage on the sector's provision for Disabled CYP, (3) the third sector response to the pandemic to aid the future planning and delivery of services. Dr Lunt has also been involved in other DCP research (including survey research) which has generated key reports on the impact of the pandemic on Disabled CYP.<sup>49</sup> She also contributed to the DCP's evidence to the House of Commons

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<sup>48</sup> Disabled Students UK [Going Back is Not a Choice: Accessibility Lessons for Higher Education](#) (2022) p.5

<sup>49</sup> DCP [Left in Lockdown](#) (June 2020), [The Loneliest Lockdown – The Impact of the Pandemic on the Families of Disabled Children, their Parents and Siblings – Survey 2](#) (March 2021), [Left Behind – Six Months On: The impact of reduced support for Disabled Children, their Parents and Siblings – Parent Panel January 2022 – Survey Results](#) (April 2022)

Education Committee's inquiry into the impact of Covid-19 on education and children's services in July 2020.<sup>50</sup>

4.5. **RULE 9 REQUESTS:** Aside from wishing to provide statements themselves detailing their discrete knowledge across the four nations,<sup>51</sup> the DPO suggest that Rule 9 requests are issued to the following organisations requesting information about the impact of the pandemic on their constituent groups:

4.5.1. **Special Needs Jungle** ('SNJ'). SNJ creates easy to understand resources, articles and information for parents and carers of children with special needs, disabilities and health conditions to better enable them to navigate the special needs system. SNJ provided extensive resources and analysis on Covid-19 during the pandemic.<sup>52</sup>

4.5.2. **Disabled Students UK** ('DSUK'). DSUK conducted surveys and research into the experience of Disabled students during the pandemic. This culminated in the report *Going Back is Not a Choice*<sup>53</sup> which covered five key lessons, inspired by the answers which DSUK received to the question "*What lessons do you hope that your university learns from the pandemic to become more accessible going forward?*"

## [V] LISTENING

### **EVERY STORY MATTERS**

5.1. **SOCIAL CARE SERVICES:** As to the proposed key Lines of Enquiry ('KLOE') on the impact of the pandemic on CYP in relation to their access to and engagement with social care services and other agencies with a role in supporting the safety of children (CTI Note §47(3)), the DPO stress the importance of covering the impact of the pandemic on Disabled CYP receiving support from social care services *because of their disability*, not only those receiving support because of safety. Obviously, this is an issue that could be dealt with in either Module 6 or Module 8, but the stories of Disabled CYP should not be overlooked by both. Social care support was reduced throughout the pandemic, including through easement of Care Act provisions. 76% of respondents to the 'Left in Lockdown' survey reported that the reduction had amounted to a complete stop to all care support since the pandemic.<sup>54</sup> The lockdown and self-isolation policies greatly reduced the ability

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<sup>50</sup> DCP [Written evidence to the House of Commons Education Committee](#), CIE0433 (July 2020)

<sup>51</sup> Note, in this Module Disability Rights UK will focus on Scotland as well as England

<sup>52</sup> Special Needs Jungle - Coronavirus Archive ([Publicly available](#)), including [Steve Broach, Public Law Barrister on the Coronavirus Bill's implications for disabled children](#) (March 2020)

<sup>53</sup> Disabled Students UK *Going Back is Not a Choice*, op. cit.

<sup>54</sup> DCP [Left in Lockdown](#) p. 4

of families to receive support from personal care assistants<sup>55</sup> and the closure of respite and day care centres prevented families from accessing much needed caring breaks.<sup>56</sup> Despite this large and predictable impact, these centres often closed with very little notice and/or consultation with those who were relying on them. Disabled CYP with complex needs were particularly vulnerable during lockdown given their reliance, and that of their families, on complex packages of care.<sup>57</sup>

5.2. DISABLED CYP UNPAID CARERS: This KLOE needs also to consider the impact of reductions to care services on entire families, including young carers and untrained siblings.<sup>58</sup> At a time when unpaid carers, including over 100,000 young carers, were providing increased levels of support, the DPO are deeply concerned that the Coronavirus Act removed the duty to assess the needs of young carers.<sup>59</sup> The DPO invite the Inquiry to explore the impact on Disabled CYP and young carers (including untrained siblings) within this KLOE.

### **CHILDREN AND YOUNG PEOPLE'S VOICES**

5.3. SAMPLES: With regard to the research sample and the sample for targeted research for the Children and Young People's Voices project (CTI Note §51 and §52(a)), the DPO reiterate that the research samples need to include (1) all Disabled CYP and not only those with formally recorded SEND requirements within the UK education system in its current state and (2) a broader notion of Disability informed by those who face disabling societal barriers due to their physical, mental, neurological diversity, impairments and conditions (see §§2.1-2.2 above) and (3) inclusion in the sample of impairments (a) created by Covid (e.g. Long Covid and PMIS), (b) aggravated by NPIs (e.g. autism and pre-existing adolescent conditions) and (c) generated by adverse experience of the NPIs (e.g. eating and anxiety disorders, depression) (see §2.3 above).

### **[VI] REASONABLE ADJUSTMENTS**

6.1. INCREASED PARTICIPATION: The DPO welcome the publication of accessible versions of the Provisional Outline of Scope for Module 8 for CYP.<sup>60</sup> The DPO hope that an inclusive approach to accessibility continues throughout Module 8 and reiterate<sup>61</sup> the need for reasonable adjustments to be made so that all those affected can access and participate

<sup>55</sup> DCP [Then There Was Silence](#) p. 30 §2.3.2

<sup>56</sup> DCP [Then There Was Silence](#) p. 31 §2.3.3

<sup>57</sup> Singh et. al. [Child wellbeing in the United Kingdom following the COVID-19 lockdowns](#), Paediatr Child Health (Oxford). 2021 Dec; 31(12): 445-448, p. 447

<sup>58</sup> DCP [Left in Lockdown](#) p. 4

<sup>59</sup> Longfield (25.03.20) [INQ000239683]

<sup>60</sup> [Module 8 CYP \(under 12s\); Module 8 CYP \(12+\)](#)

<sup>61</sup> See, most recently, [DPO M6 PH Submission](#) 11.03.24 p. 11 §5.1

in the Inquiry's work, and particularly its hearings. This must extend to reasonable adjustments for Disabled CYP to participate in Every Story Matters and the research project Children and Young People's Voices.<sup>62</sup>

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**27 AUGUST 2024**

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<sup>62</sup> The commitment to include CYP with special educational needs and/or disabilities is noted: CTI Note §52(a)