

Witness Name: KAMRAN MALLICK

Statement No.: 6

Exhibits: 43

Date:

UK COVID-19 INQUIRY

MODULE 7

WITNESS STATEMENT OF KAMRAN MALLICK

ON BEHALF OF THE DISABLED PEOPLE'S ORGANISATIONS

I, Kamran Mallick, will say as follows: -

1. I am the Chief Executive Officer of Disability Rights UK ('DR UK') and make this statement on behalf of two Disabled People's Organisations ('DPOs'). This statement is made in response to the Rule 9 Request for Evidence dated 25 June 2024 for Module 7 of the Covid-19 Public Inquiry which is examining the approach of testing, tracing and isolation adopted during the pandemic. I make this statement on the basis of my own knowledge or belief. Where something is outside my own knowledge, I refer to the source.
2. This statement has been prepared in cooperation between two DPOs: DR UK and Disability Action Northern Ireland ('DANI'). Each of these organisations meet the United Nations definition of a DPO as set out at General Comment No. 7 (2018) paragraph 11, as they are majority led, directed, governed and staffed by Disabled people. The DPO use the term 'Disabled people' to mean people facing disabling social barriers due to their impairments or conditions regardless of their age. This

include physical impairments, mental health conditions, hearing difficulties, d/Deafness (including those that use BSL as their first language), visual impairments, learning difficulties and neurodiversity. DPOs are distinct from disability charities that represent Disabled people, however well, rather than enabling us to represent ourselves.

3. DR UK was founded in 2012 and is a leading national Disabled People's Organisation. DR UK works with DPOs and governments across the UK to influence regional and national change for better rights, benefits, quality of life and economic opportunities for Disabled people. We engage with Disabled people to gather evidence before campaigning for central and local government improvements in policies and services. We also provide information and advice to Disabled people. We have 105 organisational members, 46 of which are led by Disabled people, that serve Disabled people in their local areas. We have organisational members in England, Scotland, Wales, but not in Northern Ireland.
4. DANI is the largest pan-disability Disabled persons led and umbrella organisation in Northern Ireland. It works with people with various disabilities including physical disabilities, learning disabilities, sensory disabilities, hidden disabilities and mental health disabilities. DANI works to promote, protect and uphold the human rights of Disabled people in Northern Ireland. It does this by collating evidence through surveys, publishing reports and engaging with key decision-makers including the Northern Ireland Executive, local authorities and UK Government where appropriate. DANI also provides services including employment support, human rights and independent advocacy, campaigns, community integration and digital connectivity, transport, information and advice, mental health and wellbeing and disability specialist support. DANI provided these services to Disabled people during the pandemic.
5. We use the term 'Disabled people' to mean people facing disabling societal barriers due to their impairments or conditions. Our use of the term is recognised by the disability rights movement in the United Kingdom to align with the social and human rights model of disability. The human rights model focuses on the inherent dignity of the human being and places the individual in the centre of all decisions. It recognises the role which society plays in disability. The social model of disability

asserts that disability is a form of oppression and socially created disadvantage and marginalisation of people on the basis of disability or impairment.

Disproportionate impact of TTI policies on Disabled people

6. Disabled people accounted for 6 out of every 10 Covid-19 fatalities and in Northern Ireland Disabled people were 48% more likely to die of Covid than their non-Disabled peers [KM/01 – INQ000510557, KM/02 – INQ000438343]. Professors Shakespeare and Watson have described how Disabled people experienced a 'triple jeopardy' during the pandemic as they were at greater risk of: (i) negative outcomes from the disease itself, (ii) reduced access to routine healthcare and rehabilitation which differentially affects Disabled people, and (iii) the deleterious social impacts of efforts to mitigate the pandemic [KM/03 – INQ000509853]. Disabled people were also shown to have generally experienced higher degrees of stress, anxiety and isolation during the pandemic [KM/04 – INQ000509817].
7. We are concerned that deficiencies in the Test, Trace and Isolate ('TTI') system contributed to the high and disproportionate rate of Covid-19 related deaths amongst Disabled people by failing to appropriately identify, monitor and then restrict the movement of people infected with Covid-19, thereby increasing the spread of the virus which had a severe impact on Disabled and/or clinically vulnerable people. Reducing the transmission of the virus among Disabled and/or clinically vulnerable people was also vital to reducing the disproportionate impact of the pandemic and the non-pharmaceutical interventions as an effective system would have reduced the need for such disruptive measures. However, we are concerned that the TTI system was not effective. A study over the initial 11 months of the pandemic, titled 'Test, trace, and isolate in the UK: Gaps in adherence undermine effectiveness at every stage' worryingly found that *"50% of respondents could identify the symptoms of covid-19, 20% would seek a test for covid-19 if they had symptoms, and 80% would share details of close contacts if they tested positive. Taken together, if respondents were a representative sample of people with symptoms, the contacts of only 8% (50%x20%x80%) of all people with symptoms of covid-19 would be identifiable and therefore eligible for subsequent isolation and quarantine efforts"* [KM/05 – INQ000510561].

8. As well as potentially increasing the number of fatalities among Disabled people, deficient TTI policies and systems could also affect Disabled people's access to necessary healthcare services and appointments. For example, some Disabled people found it difficult accessing and then taking the test but were required to have a negative test before attending hospital.
9. The higher risks to Disabled people as outlined above means that Disabled people and the DPO ought to have been at the centre of decision-making in relation to Test, Trace and Isolate ('TTI') policies but regrettably we were not.

Development of TTI systems

10. As of May 2020, when considering the equalities implications for the expansion of eligibility for free testing, the Department for Health and Social Care ('DHSC') was aware of data which clearly demonstrated the disproportionate danger of Covid-19 to certain groups including those with pre-existing conditions. The DPO are aware that by December 2020 the DHSC had recognised that certain groups may be less well placed to access testing, even when eligibility criteria were widened. The DPO shared these concerns, including that driverless households may struggle to access testing sites and that digitally excluded groups would not be able to book a test online. The National Audit Office prepared an interim report on the government's approach to test and trace in England on 9 December 2020 [KM/06 – INQ000510827].
11. We are aware that the specific impact on Disabled people of the TTI system was yet to be fully addressed as late as December 2020 in the NHS Test and Trace Business Plan, which identified the need for the service to be accessible to *“those with disabilities or who need language support”* and the need for *“improved access for people with disabilities, including through step-free access at test sites, video instructions on test booking portals, digital journeys that are compatible with screen readers, simplified home testing, guidance and information in BSL and braille, and making the app compatible with Web Content Accessibility Guidance 2.1 AA standard”* [KM/07 – INQ000059228].

12. It was not until February 2022 that Covid-19 testing was made more accessible through the 'Be My Eyes' app for partially sighted people. The app enabled people who experience visual impairments or partial sight to contact NHS Test and Trace for visual assistance when taking the at-home lateral flow tests [KM/08 – INQ000510564].
13. Despite the disproportionate impact on Disabled people being recognised in May 2020, Disabled people continued to experience significant issues in accessing and using TTI systems throughout the pandemic.

Accessibility of Test, Trace and Isolate systems

Information and communication

14. Clear information is of vital importance in a public health crisis. Ensuring that everyone is able to access and understand public health information during a pandemic is not only a matter of inclusion; it is fundamental as a basic ingredient for the preservation of life. Despite this, during the pandemic, messages were *"confused or complicated, which has been difficult for people with intellectual disabilities to understand"* [KM/03 - INQ000509853].
15. Disabled people have varying communications needs which must be met both to obtain information and to respond to it. Examples of these include BSL interpretation, Easy Read publications, large text, audio formats, braille and advocacy support to understand messaging.
16. In terms of broader public health communications and guidance, there are usually two main factors in relation to Disabled people accessing information: Disabled people are less likely to be able to access the information than the general population, and, depending on conditions and impairments, they are less likely to be able to understand and/or follow it without appropriate adjustments. This leaves Disabled people more vulnerable to infection and illness and more likely to further the transmission of the virus.
17. Disabled people generally experienced inaccessible communications during the pandemic. For example, the regular UK Government broadcasts had no BSL interpreter unlike those of the devolved nations, and letters sent to people who

were Clinically Extremely Vulnerable were in standard print. There was also a large reliance on digital communication and information, despite Disabled and older people making up a large proportion of people who are digitally excluded, as discussed at paragraph 20 below [KM/09 – INQ000509869].

18. As well as experiencing inaccessible information and communications more generally, Disabled people also experienced this in relation to TTI systems.

19. A survey conducted by DPOs in June 2020 revealed that nearly half of respondents spoke about inaccessible information, confusing guidance and lack of advice which made it challenging for Disabled people to make decisions in relation to isolation and accessing food, health and community services [KM/10 – INQ000182684]. DPOs highlighted the inaccessibility of the Covid-19 NHS Test and Trace services in England, noting that, despite the increased risk of contracting and dying from Covid-19, Disabled people would be unable to access testing or could receive incorrect results due to difficulties understanding the instructions. DPOs identified in real time that *“the apparent failure of the Test, Track and Trace system to accommodate different communication and access needs”* and that *“Disabled people may be at a higher risk of contracting the virus or not getting tested when necessary”* [KM/10 – INQ000182684].

20. In the same month, more than 85 Disabled people and allies signed a letter to NHS England relating to accessibility flaws in the Test and Trace system [KM/11 – INQ000510567, KM/12 – INQ000510568]. The letter raised queries as to whether d/Deaf and Disabled people would be able to alert the Covid-19 testing services of their access needs for communications, such as requesting the use of SMS and email only. It also highlighted that the Government appeared to have failed to publish any information telling Disabled people how their access needs would be met and stated that there may have been breaches of the Equality Act, the Human Rights Act and NHS England’s own Accessible Information Standard [KM/13 – INQ000510569].

21. Although, for the most part, information and communications relating to the TTI system were not made accessible for Disabled people, we are aware of a limited number of such communications, for example, an easy read guide to at-home

testing published in January 2021 [KM/14 – INQ000510570] and we encourage governments to make these examples standard practice going forwards.

Contact tracing systems

22. A key issue for Disabled people regarding the accessibility of TTI systems themselves related to digital exclusion. Disabled people are more likely to be digitally excluded. In 2017, 56% of adult internet non-users were Disabled [KM/09 – INQ000509869], and in 2021 up to 5.7 million Disabled people were facing digital exclusion [KM/15 – INQ000510571]. A 2020 ONS Survey found that the proportion of respondents who said they used the internet daily or almost daily was lower for Disabled adults (84%) compared with non-Disabled adults (91%) [KM/16 – INQ000510572].
23. The use of the Covid-19 contact tracing app to implement TTI policies led to widening inequalities and a “*digital divide*” between those with digital access and those who are digitally excluded. The risk of digitally excluded people being shut out of the ability to contact trace and safeguard their health, and the risk that this would exacerbate social disparities, was raised by FutureDotNow in May 2020 [KM/17 – INQ000510573].
24. Engagement by DPOs with their members demonstrated the foreseeability of additional access needs for Disabled people in relation to contact tracing apps, with a survey conducted in Scotland in August 2020 revealing that 59% of Disabled respondents had concerns about the usability and accessibility of the Test and Protect App [KM/18 – INQ000510574].
25. As mentioned at paragraph 20, Disabled people raised concerns regarding the accessibility of test and trace systems in an open letter to NHS England in June 2020. As well as identifying issues with accessible communication and information, the letter also criticised the accessibility of the system itself. Particular issues raised included concerns that Disabled people may be able to access testing for the virus due to the communication needs of those booking tests, home-testing kits with no tactile markings and the lack of alternative options for those who are unable to use nasal and throat swabs safely. Further issues included the possibility that Disabled people may receive incorrect test results due to not understanding the instructions.

Some Disabled who were unable to access the testing system reported being denied hospital treatment due to the fact that they required a negative Covid-19 test.

26. The letter also raised concerns about the accessibility of a proposed test and trace app for Disabled people with digital access needs, noting the need for it to include or be compatible with accessibility measures such as screen-reader and text to speech, magnification, alternative colours for text, and adaptations for people with dexterity and cognitive impairments.

27. Finally, the letter highlighted that the Government, NHS and local authorities were failing to respond to enquiries from Disabled people and DPOs about urgent access issues relating to testing. We are not aware of any response to this letter.

Testing centres

28. Disabled people further experienced inaccessibility in relation to the TTI testing centres. Transportation was a key issue in accessing test centres as services to transport Disabled people to test centres were not adequately provided for by the state which meant that many Disabled people either had to arrange and pay for their own transportation or relied on voluntary organisations including DPOs.

29. The Voluntary Organisations Disability Group (VODG) published a media brief in May 2020 [KM/19 – INQ000514993] which identified key issues for Disabled people who relied on transport services, such as the additional risk for people with sensory impairments due to the need for physical guidance and the fact that the member of staff driving the vehicle would be an untested infection risk as they were not eligible for a test themselves.

30. Disabled people also reported experiencing inadequate accessibility at test venues regarding wheelchair access, disabled parking and toilets, hearing loops, audio description and the provision of BSL interpretation.

31. It was the experience of some Disabled people that, if they did not drive or have access to a private vehicle then they were unable to use drive-through test services and experienced longer waits for test at home options. Even when Disabled people were able to access drive-through centres, many instructions were verbally

provided by masked staff, meaning that those who rely on lip-reading were disadvantaged and unable to access appropriate information.

Support for Disabled people self-isolating

Financial support

32. In September 2020, SPI-B published a paper on the impact of financial and other targeted support on rates on self-isolation on quarantine [KM/20 – INQ000231034]. The paper identified that self-isolation rates would likely be improved with the addition of different forms of support including financial support to ensure that those required to self-isolate would not experience financial hardship in doing so. In the DPOs' view such a financial support scheme was never sufficiently implemented.
33. The Government announced a £500 Test and Trace support payment for people in England claiming qualifying benefits or working tax credits in September. While this was welcome, it came too late into the pandemic and did not go far enough [KM/21 – INQ000510577]. The UK went into lockdown in March 2020, meaning there were six months in which payments were not available and updates on how to apply for the support fund were still being provided as late as December 2020. As highlighted in a June 2021 article by the Trades Union Congress, the self-isolation support payments were problematic as very few people had heard of the scheme and the payments did not make their way to everyone who needed it. Moreover, a large proportion of payment applications were rejected [KM/22 – INQ000510578]. The Trades Union Congress also note that the extensions of the scheme and increase in funding did not appear to lead to more successful applicants.
34. A report by the Nuffield Trust in May 2021 noted that the “*restrictive eligibility criteria, administrative complexity, and low levels of compensation involved in existing benefits*” meant that many people were not adequately compensated when they had to self-isolate [KM/22a – INQ000211977]. The report also pointed to the fact that statutory sick pay missed out two million of the lowest paid workers. Disabled people are more likely to be in precarious work or on benefits. They are also more likely to come into contact with people in precarious work, as many social care workers are employed on agency contracts and therefore not eligible for statutory sick pay. The lack of financial support for all people self-isolating, not just

Disabled people, put Disabled people's lives at risk as it meant that carers and personal assistants may have been more likely to work when ill due to lack of adequate compensation to self-isolate.

35. A Test and Trace support payment scheme was not delivered in Northern Ireland. Instead, Northern Ireland offered a Discretionary Support self-isolation grant [KM/23 – INQ000510579]. However, the criteria to qualify for a grant was very narrow, requiring people to *“have an extreme or exceptional situation, or be in a crisis which puts you or your immediate family’s health, safety or well-being at significant risk”*. This was clearly a last resort, meaning that for the most part, [Disabled] people in Northern Ireland had to rely on their own savings and support from friends and family, or indeed voluntary organisations such as DPOs, in the first instance.

36. There were also accessibility issues in relation to the Test and Trace support payments. The application for the support payments was online and, as mentioned in paragraph 22, Disabled people are more likely to experience digital exclusion and lack access to broadband, IT equipment or smartphones. Although local authorities were asked to have their own alternatives to the online process in place, the uptake of these alternative schemes appears to have been unmonitored. It is also unclear how Disabled people with differing communication needs were informed of their right to apply for support payments and how the information was made accessible for d/Deaf and Disabled people and people with learning disabilities.

Practical support

37. Self-isolation is “difficult or impossible” for many Disabled people due to a need to access care and support from others both inside and outside the home [KM/24 – INQ000361827]. This means that the negative impacts of self-isolation which are widely experienced by the general population are felt much more acutely by Disabled people. Difficulties relate to both the need for Disabled people to isolate as well as the need for carers and personal assistants to isolate after a positive test.

38. The SPI-B paper referred to in paragraph 32 also highlighted the importance of other kinds of support for people isolating as well as financial support. It stated that self-isolation rates would likely be improved with the addition of different forms of support including tangible and non-financial support, such as access to food, adequate information and improved communication, and emotional support. The paper drew on experiences of practical support provided to people self-isolating in Canada during the SARS outbreak: *“During the SARS outbreak, people in isolation in Canada relied heavily on others from outside the home to provide groceries and to take over chores such as providing transport for children or disabled or elderly relatives. In the absence of external support, some people had to break quarantine to do this themselves”*.
39. In October 2020, DPOs in Scotland highlighted the need for practical support for self-isolating people: *“disabled people who are required to self-isolate if they have symptoms, are awaiting a test or have tested positive must also be provided with support to get access to things they need during this period, including essential items like food and medicine”* [KM/25 – INQ000142277].
40. The voluntary and community sector, including DPOs, often had to fill in gaps where the state failed to provide practical support associated with isolation. By 22 March 2020 over 1,000 volunteer groups had already been set up and were helping deliver shopping and medicines to self-isolating individuals [KM/26 – INQ000510582]. Many DPOs, including DR UK, operated helplines which directed Disabled people who were self-isolating to the available support in their area.
41. We are aware of the pilot programmes initiated by the UK Health Security Agency to support people self-isolating from communities disproportionately impacted by Covid-19 and in areas of enduring transmission [KM/27 – INQ000496204]. Some of these pilots were aimed at providing practical support, for example by providing external accommodation for self-isolation, care packages, welfare calls, food support and grant support [KM/28 – INQ000496201]. We were not, however, asked to be involved in these pilots and are not aware of any other DPOs who were invited to contribute. Furthermore, as far as we can tell, these pilots did not appear to focus on the specific practical support needs of Disabled people.

The approach to testing within the social care sector

42. The implementation and TTI policies in residential care settings and other settings where social care is provided impacted on Disabled people due to challenges in accessing tests, delays in testing and inaccuracies which put Disabled people at risk.

Lack of guidance regarding self-isolation for carers of Disabled people

43. Early on in the pandemic, concerns were raised about what would happen to Disabled people who require social care when their carers tested positive and needed to isolate. On 15 March 2020, Baroness Campbell wrote to then Minister for Care, Helen Whately, to raise this issue [KM/29 – INQ000279964]. She asked what plans were in place for Disabled people who cannot self-isolate in the event of one of their personal care assistants coming into contact with the virus and what would happen to people requiring 24-hour care home if either they or their care-giver tested positive or started to feel unwell. Baroness Campbell received a belated response from Helen Whately who stated that, in such an event, the service user or someone on their behalf should organise alternate arrangements [KM/30 – INQ000273825].
44. On 16 March 2020, DRUK also wrote the Helen Whately and then Minister for Disabled People, Justin Tomlinson, to raise concerns, amongst other things, regarding the lack of guidance for what those who act as carers and personal assistants should do if required to self-isolate [KM/31 – INQ000238504]. We called for clear guidance on what to do in such situations as well as funding to back it up for frontline organisations including DPOs which may be expected to level up their signposting services. We received a response from the Head of Ministerial Correspondence on 9 April 2020, which primarily addressed matters relating to benefits and did not provide any response to the concerns we had raised regarding contingency plans for Disabled people whose carers were required to self-isolate [KM/32 – INQ000238515].
45. When a carer had to self-isolate due to TTI policies, there should have been guidance and systems in place to enable a different carer or personal assistant to step in and support the care recipient. However, due to a lack of capacity and the fragmented state of the care sector, those systems were not in place and many Disabled people in receipt of care packages had to go without support or rely on

the efforts of unpaid carers.. Although the Government made call outs to retired nurses and doctors to support health care providers during the pandemic, the DPO are concerned that this was not matched in the social care sector, and to the extent efforts were made, they were insufficient to appropriately fill the gaps where carers had to self-isolate. The failure to adequately address this foreseeable impact of TTI policies made visible pre-existing vulnerabilities of the social care system caused by poor funding and organisation.

Testing policies within social care settings

46. Testing policies within social care settings, particularly in the first few months of the pandemic, were problematic and in particular put the lives of Disabled people living in care settings at risk. The initial focus for testing was the healthcare sector. The need for testing within care homes became a higher priority once the crisis in care homes was well underway. However, the only provision for social care testing was initially for care homes which supported people over 65 years old. As noted by the Voluntary Organisations Disability Group ('VODG') in a media brief in May 2020, while it was important to provide testing to residential settings for older people, this came at the expense of tackling transmission in services that supported younger Disabled people and Disabled people who directly employed their own support staff [KM/19 – INQ000514993].

47. The situation was exacerbated by the use of *"crude Care Quality Commission registration categories as the basis by which services can access tests for the people they support"* meant that care home services which had not been registered in a specific category were unable to access testing. This was despite the fact that care homes not only provide services to older people, but to younger Disabled people as well, such as those with learning disabilities and/or who require physical support. Furthermore, other care settings which also had higher risks of transmission, such as supported living, were also not able to access testing.

48. Reports of social care providers being denied access to testing included the VODG media brief in May 2020 which highlighted a case of a charity operating services for people with physical disabilities being denied access to a care home testing facility on the basis that, although some of their services were for people aged over 65, this was not its main Care Quality Commission ('CQC') registration category

[KM/19 – INQ000514993]. The media brief also highlighted a registered nursing home which provided support for young adults with very complex medical and care needs being unable to access testing kits for staff and residents on the basis that the CQC location number was not a registered older people/dementia care home, despite the clinical vulnerability of the residents.

49. People with learning disabilities, in particular, faced insufficient access to testing, including within care homes. The Government's criteria for care home testing excluded people with a learning disability until 5 June 2020. This is despite between 386 people receiving care from learning disability and/or autism services dying between 10 April and 15 May 2020, representing a 134% increase from the same period in the previous year [KM/33 – INQ000510589].

Lack of exemptions for social care workers

50. Social care workers and personal assistants were initially omitted from the list of workers who were exempt from having to self-isolate for two weeks after entering the country, ignoring the vital care support needs of Disabled people [KM/34 – INQ000510590]. DPOs raised this as an issue in the Westminster Government Civil Society Shadow Report on the UN Convention on the Rights of Disabled People [KM/35 – INQ000279965]. Adequate testing and PPE ought to have been in place for social care workers to allow those who entered the country and were testing negative to be exempt from the initial two-week self-isolation requirement.

51. Social care workers were, from July 2021, permitted to work without any requirement to self-isolate if they were double-vaccinated [KM/36 – INQ000510592]. However, the short notice lack of guidance provided alongside this policy meant that the Disabled people being carers were placed at a higher risk of contracting the disease [KM/37 – INQ000510593].

The universal end of free mass home testing

52. The universal end of free mass home testing from 1 April 2022 left many Disabled people in precarious and unsafe positions.
53. The withdrawal of free home tests meant that many Disabled people had to spend their own money to protect themselves and those around them from infection.

Disabled people had to spend their own money on purchasing Lateral Flow Tests ('LFTs'), while at the same time being part of a group most affected by the cost of living crisis [KM/38 – INQ000510594, KM/39 – INQ000510595]. Disabled people not only relied on free provision of LFTs to test themselves, but also to test their carers, personal assistants and loved ones to ensure that they did not pass on the virus.

54. This also meant that Disabled people who were being pushed back into the office were not able to keep themselves safe from potentially being infected by colleagues or during their journeys to work. Disabled people either had to risk contracting Covid-19 or break company policy.
55. Disabled people who employ personal assistants were left not knowing whether they would continue to be able to secure free LFTs for their staff until only two days before the end of free universal testing [KM/40 – INQ000510596]. Even then, the UK Health Security Agency stressed that free testing for adult social care staff, including personal assistants, would only be available *"during periods of high prevalence"*.
56. Many Disabled people felt that they had again been *"forgotten"* by the Government and that, despite the sacrifices they had made over the previous two years, and for many their increased clinical vulnerability to the virus, they had to *"roll the dice"* when leaving their homes [KM/41 – INQ000510597].
57. Although free LFTs remain in place in some cases for people who have a health condition which means they are eligible for Covid-19 treatment and for people who work in healthcare settings or hospices [KM/42 – INQ000510598], the end of universal free mass testing meant that people who were not Disabled and/or clinically vulnerable were less likely to test themselves for Covid-19. This meant that Disabled people were placed at higher risk and, in some cases, endangered their lives. A carer for her Disabled daughter who requires 24-hour care and is classed as clinically extremely vulnerable said *"Out and about in the community, if people aren't going to test themselves and buy the tests then there's going to be more [virus] out there, and how are we to know whether she's going to be more at risk?"* [KM/43 – INQ000510599].

Lessons learned and recommendations

58. In line with Article 4(3) UNCRPD, proper mechanisms should be established to consult and actively engage with Disabled people in the planning and delivery of TTI systems. There should be co-production with DPOs and Disabled people to ensure that TTI systems are designed with the needs of Disabled people at the centre.
59. DPOs should be properly funded to ensure that they are able to support Disabled people in accessing the TTI system, for example through provision of transport services and accessible information. DPOs should be properly resourced to become partners in the rollout of information campaigns relating to the TTI system, so that vital public health information can reach the most marginalised populations and ensure the messages are clear, inclusive and accessibility.
60. Strategies and policies relating to the TTI system should reflect the risk to Disabled and/or clinically vulnerable individuals of transmission and infection.
61. Free and universal testing should be made available even outside of “periods of high prevalence”.
62. Testing centres must be made accessible for a range of disabilities. Disability accessibility audits should be undertaken to ensure that all testing centres have ramps or step free access and are fully accessible.
63. Outreach should be undertaken to enable Disabled people, in particular those with sensory or learning disabilities, to access testing. This should include transportation services and home visits for those unable to reach testing centres.
64. Proper contingency plans should be put in place to ensure that Disabled social care users are not left without care when their carers or personal assistants have to self-isolate.
65. Tests should be sent directly to Disabled people who employ personal assistants so they can provide these to their personal assistants who can then test themselves before they are due on shift.

66. There should be better funding within the care system, including higher rates of statutory sick pay and adequate staffing, to ensure that carers and personal assistants do not feel forced to work when they feel unwell and better protect care users themselves, including Disabled people.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated: 25th April 2025