

Witness Name: Kamran Mallick

Statement No.: 7

Exhibits: 164

Date: 04.09.2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF KAMRAN MALLICK ON BEHALF OF DISABILITY RIGHTS UK

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 DR UK. This statement is made in response to the Rule 9 Request for Evidence, dated 6 March 2025, for Module 9 of the Covid-19 Public Inquiry which is examining the economic impact of the Covid-19 pandemic and financial interventions taken by government across all nations of the UK. 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. If it would be of assistance, I am willing to give oral evidence to the Inquiry in Module 9 to expand upon the matters set out in this statement or address any other issues arising.**
2. **In preparing this statement I have conducted a search of DR UK's server, our current website and also old website pages which are no longer live using the 'Wayback machine' to locate relevant documents and pieces of correspondence. This process has brought up a large number of documents and communications. I have exhibited the key documents but if other relevant documents come to my attention, I will provide them to the Inquiry.**

Information about DR UK and its members

3. **Founded in 2012, DR UK is a leading national Disabled People's Organisation ('DPO') meaning that it is majority led, directed, governed and staffed by d/Deaf and Disabled people (hereafter Disabled people). DPO are defined under paragraph 11 of the United**

Nations General Comment No.7 (2018) paragraph 11 and are distinct from disability charities who speak 'for' Disabled people. Paragraph 13 of the General Comment explains that such charities "provide services and/or advocate on behalf of persons with disabilities, which, in practice, may result in a conflict of interests in which such organisations prioritise their purpose as private entities over the rights of persons with disabilities." (KM7/001 INQ000509813/3) In the UK, many of those charities are part of a group known as the "Disability Charity Consortium" ('DCC') which DR UK was also a member of until we took a decision to leave the group in June 2021.

4. DR UK, along with DPO generally and many Disability Charities, define disability using the social model. Under the social model of disability, a 'Disabled person', is someone who faces disabling social barriers due to their impairments or conditions regardless of their age. Those barriers can be determined by environment, culture, politics and, importantly for this Inquiry module, economics. As a society, through our choices, we can shape, remove or increase those barriers. Therefore, the outcomes Disabled people experience are not simply a matter of difficult resource distribution or charity, they are a choice.
5. Disabled people have a wide range of impairments and/or long-term health conditions. We include autistic people, people with learning disabilities, those with sensory, cognitive, mobility and energy-limiting impairments and people with mental distress. Some of us face multiple discrimination on the basis of disability, race, age, being LGBTQIA+ or other personal characteristics. The latest estimates from the Department for Work and Pensions ('DWP') Family Resources Survey state that there are 16.8 million Disabled people in the UK; we make up 25% of the population. Approximately 45% of adults over state pension age, 24% of working-age adults and 12% of children are disabled (KM7/002 INQ000620396/43).
6. DR UK provides services to and seeks to represent the interests of all Disabled people in the UK. Our work is rooted in the experiences of Disabled people and we aim to give a voice to their interests and concerns by engaging with them directly to gather evidence before campaigning for policies and services. We work with DPOs and government departments across the UK to influence regional and national change for better rights, benefits, quality of life and economic opportunities for Disabled people. We have 105 organisational members, 46 of which are led by Disabled people, that provide services in their local areas.

7. As part of that process, DR UK is also part of the DPO Forum for England, which seeks to represent the views of all DPOs in England. This is separate to the 'DPO Forum' I mention later in this statement, which was a short-lived government initiative during the pandemic. The DPO Forum that DR UK is currently a part of was set up by DPOs after the government initiative stopped convening in November 2020.

Economic vulnerabilities of Disabled people prior to the pandemic

8. Prior to the pandemic it was well publicised that even after accounting for any disability benefits, Disabled adults faced average extra costs of £583 per month (KM7/003 INQ000509877/3). That figure has only increased and now stands at £1,095 per month just for a disabled household to have the same standard of living as an equivalent non-disabled household. The figure is expected to continue rising and is estimated to reach £1,224 a month, or almost £15,000 per year, in the financial year 2024 to 2025 (KM7/004 INQ000650604 /2). The reports that calculated these figures were co-produced by Disabled people and show the shocking financial starting point faced by Disabled people. On average the extra cost of disability is equivalent to 67% of household income after housing costs (KM7/005 INQ000596808).
9. These extra costs are incurred due to a wide variety of circumstances. Disabled people often have to pay for expensive but essential specialist impairment related products and services, such as specific equipment, mobility aids, home adaptations, medicines and therapies. On top of this we often face higher bills for utilities such as heating, electric and water in order to manage our conditions. We also usually incur higher transport costs as we are more likely to need to use private transport and on top of all of this we face higher insurance premiums. Costs that might be categorised as 'optional' for non-disabled people are often essential for Disabled people (KM7/005 INQ000596808/9). Such higher costs make it difficult for Disabled people to build savings which can leave us financially vulnerable to changes in either our own personal circumstances or national economic downturns. That financial vulnerability is perhaps best highlighted by the fact that on the eve of the pandemic, in February 2020, DR UK published that nearly half of all individuals living in poverty in the UK were either a Disabled or lived with a Disabled person (KM7/006 INQ000509880).
10. To compound the weight of these higher costs, Disabled people have lower employment rates and are more likely to be in insecure jobs with often lower salaries (KM7/007 INQ000365999). For Disabled people, work may not be a possibility due to health

reasons, or because employers will not make reasonable adjustments, or because we face hiring discrimination, or because we are more likely to have caring duties that require gaps in employment or we are less likely to have attained higher levels of education because of a lack of support within the education system. When we are able to overcome these barriers and enter employment, we are more likely to spend time doing free labour to fill gaps in our CVs. As a result of all of these barriers, it is unsurprising that (a) Disabled people are over-represented in lower paid jobs and (b) when recessions occur it is Disabled people who are more likely to experience job losses and wage freezes (KM7/008 INQ000620360).

11. It is important to note that workplace discrimination is very often intersectional so Disabled women, ethnic minorities and LGBTQIA+ are particularly likely to face disproportionate outcomes. Interviews of Disabled workers published in 2019 as part of a study by Richards and Sang, described how all participants wanted to work and many reported positive experiences of employment but nearly all reported discriminatory practices, particularly in relation to reasonable adjustments. Disabled people are more likely to lack 'social capital', with employment-enhancing social networks, which is often related to limited family and friendship connections, despite high levels of educational achievement. More than half of participants believed they were in jobs some way below both their educational and employment achievements. The study noted the importance of government policies, which *"feature strongly at the intersection of disability and in-work poverty, and therefore play a critical role in blocking the road out of poverty for disabled workers"* (KM7/009 INQ000620402/19).
12. One example of how these issues affect Disabled people at an individual level is the account of Georgia Bondy, who works closely with DR UK as the founder of Well Adapt. Georgia has been diagnosed with Ehlers-Danlos Syndrome and relapse remitting multiple sclerosis and her experiences show that discrimination and barriers exist for Disabled people throughout education and then continue into employment. While Georgia was at university, she experienced rampant discrimination due to her condition which affects her ability to walk and at the time required her to use crutches almost all of the time. One such incident of discrimination occurred when the university's disability department recommended that Georgia's master's supervisor worked with her on the ground floor because the lifts were broken in the department building and her research group was on the 3rd floor. However, Georgia's supervisor refused this adjustment; insisting that being unable to sit with the research group in-person upstairs would be too detrimental to her studies. Georgia was left with the choice of changing research

supervisor or climbing three flights of stairs on crutches every time she needed help or information. There were no supervisors still available who could provide supervision on a relevant subject, so she climbed the three flights of stairs on crutches every time. It took her 30 minutes each time and by the time she reached the top she was so exhausted that engaging with the supervision or research group was very difficult. The supervisor would then say that the brain fog Georgia would experience as a result of the exertion meant that she did not belong in academia. This example is neither unique or uncommon for Disabled people in education and can prevent us from attaining higher levels of education which in turn impacts our job prospects.

13. Despite these challenges, Georgia went onto graduate from a top ranked Russell Group university with an MSci in Natural Sciences. However, as is sadly often the case for Disabled people, despite this high level of attainment, Georgia was unable to find a full-time job with the flexible working hours she needed after graduation. Flexible working is essential for Georgia as she has variable pain and fatigue that means she cannot predict what times of day she will definitely be able to work. Georgia spent years doing inconsistent freelance work such as tutoring because it was the only kind of work she could find that was flexible enough. However, the time it took to travel between students and advertise her services meant that even if she managed to work close to full-time hours, after including travel, she was still only able to afford to live in London because she could live with her mother. This would not have been manageable if she did not have the privilege of a low-cost London residence. Most Disabled people do not have this privilege. Following these experiences, Georgia, founded Well Adapt, an organisation that supports chronically-ill people manage their health to enable them to build a fulfilling life.
14. **The fact that Georgia's experiences are not unique is demonstrated by ONS statistics in 2019 which recorded the disability employment gap as 28.6 percentage points (ppt). The position varied across the UK with Northern Ireland at 42.3ppt, Scotland at 34.8ppt and Wales at 31.9ppt all higher than the UK average (KM7/010 INQ000620403) (KM7/011 INQ000620404). The disability pay gap was equally concerning going into the pandemic, as it stood at 15.5% in 2019 meaning that on average non-disabled workers earned £1.65 more per hour than disabled workers (KM7/007 INQ000365999). Due to this pay gap, when Disabled people reach pension age, we are likely to have lower pension payments, therefore continuing the financial inequality and instability into later life.**

15. The result of all these statistics relating to higher costs and employment was that prior to the pandemic Disabled people were struggling to afford basic essentials such as food and groceries. **The Trade Union Congress ('TUC') found that in 2019, 34% of Disabled workers had to cut back on food for themselves compared with 18% of non-disabled workers. Further, 35% of Disabled workers had gone without heating on a cold day compared to 17% of non-disabled workers (KM7/012 INQ000119194/18).**
16. **The pressure on Disabled people's finances also contributed to the number living in less secure housing situations.** For example, in Wales, 46% of Disabled people live in rented properties compared with 28% of non-Disabled people (KM7/013 INQ000353433/10). We also often do not have the finances to make necessary adjustments to our homes ourselves and face long delays when relying on local authorities to either complete these adjustments directly or provide the necessary grants. A report by the Equality and Human Rights Commission ('EHRC') in 2018 found that 1 in 5 Disabled people in social housing lived in unsuitable accommodation and this increased to 1 in 3 for those in the private rented sector (KM7/014 INQ000509865/17).
17. Sadly, the position I have set out above was not a recent revelation discovered shortly before the pandemic. It had been well-known throughout a series of governments. **A decade before, the Marmot Review had concluded "*people in poorer areas not only die sooner, but they will also spend more of their shorter lives with a disability.*"** (KM7/015 INQ000620408/11). Despite this knowledge, governments had pursued austerity policies that saw cuts to welfare benefits and critical public services such as adult social care to the point where there was a "*failure to adequately meet the needs of Disabled people.*" (KM7/016 INQ000507846/4) In addition to these cuts, Disabled people could also be disproportionately impacted by austerity taxes such as the bedroom tax which victimised Disabled people for the extra space we require either for equipment, sleeping or personal assistance.¹
18. Successive governments have stated that the purpose of the welfare benefits system is to provide an effective safety net for jobseekers, people on low incomes, carers and Disabled people, to support them and allow them to live with dignity. The fact that Disabled people faced such additional costs before the pandemic, even after benefits had been taken into account, shows that the system was failing. By early 2020, 66% of households referred to a food bank included at least one Disabled person and yet 80%

¹ *Burnip v Birmingham CC* [2012] EWCA Civ 629 at §47.

of all Disabled people referred to a food bank were not in receipt of a disability benefit (Personal Independence Payments or Disability Living Allowance), despite the fact they can be claimed alongside other benefits such as Universal Credit and 41% were actually indebted to the DWP (KM7/017 INQ000620410/64) (KM7/018 INQ000620411/39).

19. Disabled people are also more likely to be unpaid carers, a cohort which, as I will explain further below, has been continually unsupported and underappreciated despite their enormous contribution to the care sector and society as a whole. In order to receive **financial support through Carer's Allowance in 2020, unpaid carers had to provide at least 35 hours unpaid care, often so much they could not hold other jobs, and earn £128 or less a week after tax, National Insurance and expenses. Even after they met these restrictive criteria, £67.25 a week was considered sufficient to support them in undertaking their caring responsibilities** (KM7/019 INQ000620412/9).
20. For Disabled people, calculations showed that a decade of austerity had led to an average annual reduction of £1,200 in benefit payments; £900 more than the reduction faced by non-disabled people, and that disparity only increased for individuals with a higher number of conditions (KM7/020 INQ000620413/3-4). In 2017, the EHRC found that *"Social security reforms have had a particularly disproportionate, cumulative impact on rights to independent living and an adequate standard of living for Disabled people"* (KM7/021 INQ000182679/9) and that situation had only deteriorated by 2020.
21. I have provided evidence in previous Modules on the vulnerable pre-pandemic state of the social care sector but it is important to realise that that vulnerability was tightly linked to financial decisions. Local councils had cut spending on adult social care by nearly 9.3% in real terms between 2009/10 and 2014/15. Although by 2019 spending had increased, it was still 2% less in real terms than what it was in 2009/10. These cuts reflected a major shift to the trend which had seen spending on adult social care increase by an average of 5.7% in real terms each year between 2001/02 and 2009/10 (KM7/022 00062041544). These cuts led to a care sector, which many Disabled people rely on, **being described by The Health Foundation as "underfunded, understaffed, and undervalued."** (KM7/023 INQ000509825/3)
22. Although this was the economic situation many Disabled people found themselves in prior to the pandemic, it was not inevitable. Article 4(3) of the United Nations Convention on the Rights of People with Disabilities ('UNCRPD'), of which the UK is a signatory, **requires state parties to "closely consult with and actively involve persons with**

disabilities, including children disabilities, through their representative organisations” in decision making processes concerning issues relating to Disabled people (KM7/024 **INQ000279959**). Clearly, financial decisions around meeting the needs of Disabled people affect them and DPO should be consulted at each stage of the decision-making process.

23. If successive UK government had properly taken this approach, DPO would have helped them design schemes to meet the financial needs of Disabled people through access to work programmes or welfare benefits. In turn, these schemes would have helped unlock the significant economic boost that Disabled people can provide. Disabled people now account for 25% of the population and our spending power has previously been estimated to be worth £274 billion per year to UK businesses. The Purple Pound refers to the spending power of Disabled households and its untapped potential is demonstrated in a graphic published in February 2022 which estimated that UK businesses lost approximately £2 billion a month by ignoring the needs of Disabled people. For example, 73% of potential Disabled customers experienced barriers on more than a quarter of commercial websites they visited, limiting their ability to contribute through online purchases (KM7/025 INQ000620417).

DR UK during the pandemic

24. **DR UK’s broad reach and ability to hear the experiences of Disabled people indicates** the quality of the service we could have provided, as a consulting partner on financial policies and their impact during the pandemic. I have already set out our wide membership and throughout the pandemic, we engaged with thousands of Disabled people, unpaid carers and voluntary organisations before distilling the evidence they provided into published reports, letters to key decision makers within government and representations at the limited forums we were invited to as set out at paragraphs 31-60 below. Frustratingly, it was our experience that the evidence and information we provided very rarely resulted in policy changes.
25. Our Independent Living Helpline, which provides support for people who have personal care budgets and our Student Helpline were both active throughout the pandemic **allowing us to hear from and advise individuals directly. We also helped set up the ‘Our Voices’ group in April 2020, which allowed us to engage and share experiences with DPOs across England. Similarly, we were a member of the Disability Benefits Consortium (‘DBC’) from before the pandemic. The DBC is a national coalition of over**

100 different charities and other organisations committed to working towards a fair benefits system by using their combined knowledge, experience with disabled individuals and carers to seek to ensure government policy reflects and meets the needs of all Disabled people.

26. DR UK also sought to provide information, advice and links to the latest guidance on the key issues that we heard Disabled people were experiencing. We did this by having a dedicated page on our website and a sample of this page taken from 12 May 2020 (KM7/026 INQ000620418) shows that we provided information on changes to welfare benefits through our own benefits and welfare reform factsheets (KM7/027 INQ000620419). The benefits section also provided up to date news – for example, on the suspension of **face-to-face benefits assessments, changes to Carer's Allowance** which allowed carers to continue claiming even if they had to take a temporary break due to contracting Covid-19. The 12 May 2020 snapshot also shows our updates on government packages to protect renters, measures energy companies took to ensure **people did not get cut off and guidance on how individuals classed as 'extremely vulnerable' could self-register for food parcels. Under the 'Employment' section, in light** of the fact that Disabled people are more likely to be self-employed and on lower income, we advertised the scheme to self-employed people who earn less than £50,000 per year, that allowed them to receive a one-off payment in June 2020, representing 3 months of average earnings, with a ceiling of £2,500 per month. This page was updated throughout the pandemic as financial interventions developed.
27. DR UK also contributed and, in some cases, published a series of reports that touched upon the financial impact of the pandemic, which I will discuss further below. For **example, we published our 'We Belong' report in January 2021 which, amongst other** points, called on the Government to implement a strategy to fund DPO across the country; develop a social care system with appropriate funding to enable Disabled people of all ages to live with dignity choice and control; reform the benefits system to ensure that payment levels meet the costs of disability; introduce targeted impairment-specific employment programmes; introduce mandatory reporting of the number of Disabled people employed, satisfaction levels and the pay gap; and, make all new build homes accessible to Disabled people, with a minimum percentage built to meet the needs of wheelchair users (KM7/028 INQ000511434/4, 9-13).
28. As a member of the DBC, we also supported the publication of their Pandemic Poverty report in February 2021 (KM7/029 INQ000509881). The aim of that report was to

demonstrate the stark choices facing Disabled people on legacy benefits as a result of the pandemic and I will discuss some of its key findings below. It was prepared following a series of surveys of Disabled people during the pandemic up to that date.

29. I also discuss reports prepared by other DPO throughout the UK, highlighting that we were not alone in our efforts and DPO at all levels were seeking to gather evidence, provide services and advice, and advocate for Disabled people as they sought to manage the financial impact of the pandemic. To take just a couple of examples which I cite in this statement, Inclusion Scotland conducted surveys and published its 'Rights at Risk' report (KM7/030 INQ000142277/20) which looked at the situation in Scotland. The report 'Supercharged: A Human Catastrophe' (KM7/031 INQ000184668) explained how the Glasgow Disability Alliance worked to address exacerbated poverty levels, food insecurity, and isolation and exclusion. Disability Wales contributed to the 'Locked Out' report which set out the impact on work and employment in Wales and stressed the importance of funding for community organisations to acknowledge their contributions and enable them to continue to provide vital services (KM7/032 INQ000353434/17-18, 20 & 59-76). The work of Disability Action Northern Ireland and the economic impact on Disabled people in Northern Ireland, is set out in a separate witness statement on behalf of that organisation. The importance of funding DPO to provide services, represent the voices of Disabled people and participate in co-production and co-design, is a theme that runs throughout these reports.
30. There were also a number of international reports setting out financial initiatives on how governments should guide Disabled people through the pandemic which DR UK promoted but were disappointed to see did not receive proper consideration and/or implementation by UK decision makers. The first was the WHO Guidance 'Disability Considerations during the Covid-19 Outbreak' of 26 March 2020 which called for measures such as financial compensation for families and caregivers who needed to take time off work to care for loved ones, funding for the technology required for work-from-home policies, lump sum payments and allowable deferral for common disabilities expenses, and short term financial support for disability services (KM7/033 INQ000279961/6). Another report was the United Nations Secretary General's policy brief 'A Disability-Inclusive Response to COVID-19' (May 2020) which stated "*National and sub-national economic models and assumptions need to be critically reviewed to identify gaps that disproportionately impact persons with disabilities and take into account the cost of under-investment in disability-inclusion.*" (KM7/034 INQ000184685/16)

DR UK's engagement with the UK Government and Devolved Administrations

31. I have been asked to what extent DR UK was consulted by the UK Government and **specifically His Majesty's Treasury ('HMT')** or asked to advise on the design, implementation and then monitoring of key economic interventions. It is the experience of DR UK that we were not sufficiently consulted. I have set out below the limited opportunities we had for such engagement but these amounted to little more than direct correspondence of our own initiative which resulted in often delayed and generic responses and forums that struggled to meet consistently. When forums did meet they largely constituted briefing sessions where we were updated on progress rather than having meaningful input on policies. The lack of faith Disabled people had in consultation leading to change of financial policies was expressed by a Z2K survey in April 2021 which found that 88% of respondents were not confident that the Government would use feedback on the Green Paper consultation to make changes to the assessment process for benefits (KM7/035 INQ000620427/2).

32. As representatives of those who were financially vulnerable before the pandemic and then disproportionately impacted by the pandemic itself, it was critical that DPO were consulted on economic measures. That is not only based on the principal that Disabled people and their representatives should be consulted on policies that will directly affect them, it also makes sense practically. Disabled people, through our lived experiences can help explain what the central issues are, what measures will efficiently address those issues and then act as communicators to the Disabled community to ensure they are fully understood and incorporated. To unlock the economic potential of Disabled people and the purple pound we must be seen as valuable partners and not charity cases viewed as a burden. During the pandemic we did not experience that partnership, instead we had limited opportunities and a lack of funding to participate in advocacy and representation.

33. The lack of funding for DPO is a long-standing issue which had restricted our ability to represent the interests of Disabled people prior to 2020 and the challenges this brought only continued into the pandemic itself. DPO used to receive core grants from local authorities but they were cut in the early 2000s reducing our capacity and meaning we often find ourselves spending a considerable amount of our time just preparing applications for funding and then investing our resources in specifically funded service

delivery projects rather than advocacy on broader issues. That was not what was envisaged under Article 4(3) of the UNCRPD.

34. At the outset of the pandemic, on 16 March 2020, DR UK wrote to the Minister for Disabled people and the Minister for Care to identify a number of issues that we considered required urgent financial intervention by the Government. We called for greater funds to care homes to allow them to implement robust isolation areas for those who contracted the virus, as well as funding to support frontline organisations who were assisting individuals receiving care in the community when their caring arrangements broke down due to the pandemic. In particular, we stated that welfare benefits were a key area affecting Disabled people and we requested a moratorium on benefit assessments until vaccines were developed. We also noted the importance of reducing financial anxiety and suggested that the entire system should be accelerated so that those transferring onto benefits received them within one week as the current system was too slow to meet the needs of people with serious or terminal illness or who were unable to work due to being told to self-isolate. We invited the Government to realise **that the pandemic actually represented an opportunity to “press pause on that anxiety – to test how new, less intrusive systems might work, for universal benefit.”** (KM7/036 INQ000238504) Within the care settings, our letter explained that there are many people **who are not on the radar of care provider networks and that DPO’s grassroots and communication networks** are often strong at disseminating information at a time when speed and trusted sources matter. We therefore requested funding for such groups in order that they may effectively identify vulnerable people, whether clinically or otherwise, in their areas and link them to support.
35. We did not receive a response to this letter until 9 April 2020 and when it did arrive it failed to address the vast majority of the points raised. Rather than plans to co-produce policies that would address the issues we raised (particularly in relation to the benefits system), the response focused on actions that had already been taken (KM7/037 INQ000238515). I note from my calendar that I also had a short telephone conversation with the Minister for Disabled people, Justin Tomlinson, on 16 March 2023. Although I **do not have a record of that meeting**, I note that **Mr Tomlinson’s own publicly available diary** describes it as a meeting where he informed DR UK about the suspension of face-to-face benefits assessments.
36. On 23 March 2020, DR UK were a signatory to a letter to the Secretary of State for Health and Social Care and the Minister for Care (KM7/038 INQ000238526). In that

letter we set out the risks of diminishing the rights of Disabled people to social care protections and called for investment to mitigate the need for local authorities to use any emergency powers under the proposed Coronavirus Bill. Again, the response that we received did not contain a detailed plan on how Disabled people's rights would be protected nor any information as to whether there was planned investment to safeguard those rights by alleviating the financial pressures on local authorities (KM7/039 INQ000643717).

37. As a member of the DBC, DR UK also contributed to their letter to the Department of Work and Pensions ('DWP') on 27 March 2020 which reminded the Government that *"people living with a disability and those with long-term health conditions tend to have lower real incomes and higher costs than the general population and we are calling on the Government to produce a more comprehensive package of support, to better protect these individuals and their families at this difficult time."* (KM7/040 INQ000238540) As part of that package we called on the DWP to:

- (a) Resolve technical and capacity issues with the benefit application system to reduce waiting times and enable it to cope with the increased demand.
- (b) Apply an uplift to legacy benefits, including Employment and Support Allowance, as had been done to Universal Credit.
- (c) **Suspend the benefit cap and the 'two-child policy'**.
- (d) Ensure that claimants did not lose transitional protections, particularly if they were on Working Tax Credit and then lost their job and consequently had to claim Universal Credit without formally transitioning.
- (e) Remove the 5-week waiting period to receive a first payment of Universal Credit by offering all advances as non-repayable grants.
- (f) Explicitly suspend work-related conditionality and associated sanctions.
- (g) Suspend all debt repayment deductions from Universal Credit that were affecting 1.3 million claimants at the time with over half of them losing 20% or more of their basic allowance through repayments.
- (h) Ensure that people with a terminal illness have swift access to all relevant benefits via the Special Rules for Terminal Illness.
- (i) Extend time requirements for claimants to return paperwork and gather medical evidence where necessary.
- (j) Pay the basic/standard rate to claimants whose benefit is suspended pending Mandatory Reconsideration until that process is completed and fully reinstate any

benefit that had been wholly or partly withdrawn and was awaiting Mandatory Reconsideration or an appeal.

- (k) Encourage local authorities to remove features related to council tax such as the two-child policy and the self-employed claimants' Minimum Income Floor from their local Council Tax/Reduction schemes.

38. Considering the financial challenges that many Disabled people faced in accessing and purchasing essential items such as food even before the pandemic, we were particularly keen to ensure that Disabled people could access these items without incurring substantial or prohibitive costs. To that end, we engaged in several pieces of correspondence with key decision makers as well as directly with supermarkets themselves. On 27 March 2020, we wrote to Secretary of State Hancock, Minister Tomlinson and Minister Whately (KM7/041 INQ000238539) asking them to reconsider strategies at the time on the delivery of essential groceries and supplies to Disabled people. We were concerned that Disabled people were not only spending more on delivery services without equivalent financial support but were at times simply going without. Sadly this letter did not lead to active consultation on the matter but if it had, we would have pointed out that the Government provision of food box services needed to extend not only to those who were shielding but also Disabled people who were unable to access food without support, whether that was due to carers isolating, a reduction in public transport or any other factor. DPOs across the country, who were often already supporting such individuals, could have assisted the government scheme by linking individuals to the programme.

39. On 7 April 2020, we wrote to representatives of major supermarkets alerting them to the **fact that many Disabled people were "finding it extremely difficult to buy food during the coronavirus crisis."** We asked how customers could let supermarkets know they were Disabled, how they could get priority for online shopping slots, and how they could put in orders over the telephone if they could not access online ordering. We encouraged supermarkets to work with DPOs to provide further support (KM7/042 INQ000238496). Although we received some replies which highlighted commendable work in food donations to food banks and fundraising initiatives, the replies in general were limited and often failed to directly address our questions (KM7/043 INQ000238497). This was an issue that sadly persisted throughout the various lockdowns and we wrote again to **supermarkets in October 2020 to ask "are you offering any assistance to those who identify as shielders during the lockdown"** including food box deliveries, free delivery slots and priority shopping (KM7/044 INQ000238502).

40. We also wrote to the Secretary of State at the Department for Environment Food & Rural Affairs on 8 April 2020 to ensure access to food for Disabled people who had not, at that stage, been identified as requiring such support (KM7/045 INQ000238503). We followed this up by signing a letter prepared by the MS Society on behalf of Disabled, older **people's and unpaid carers' charities again on the need to improve food distribution** (KM7/046 INQ000238505). We received a response to our own original letter on 11 May 2020 from Victoria Prentis MP (KM7/047 INQ000238506) providing an update on both the standard food boxes delivered through the programme and alternative commercial options. This was followed by a half hour phone call with Victoria Prentis the following day. From mid-April 2020, DR UK, along with numerous other organisations had started **to receive briefings from DEFRA about access to food, but these were 'briefings' rather than two-way conversations.** DR UK also gave evidence in May 2020 to the **Environment, Food and Rural Affairs Committee's consultation** about the access to food for Disabled people during the pandemic (KM7/048 INQ000620444) and Ms Hadi provided oral evidence on 15 May 2020 to the same committee (KM7/049 INQ000509864).
41. We contributed to various other select committees throughout the pandemic, for example, we provided evidence in April 2020 to the Women & Equalities Select Committee (KM7/050 INQ000509876). Our concerns at that time included that even before the Covid-19 pandemic, as set out above, cuts to welfare benefits and austerity policies had hit Disabled people the hardest and the failure to apply the £20 uplift to legacy benefits had only exacerbated those financial inequalities. We called for a strengthening of discretionary funds such as the restoration of the central Discretionary Social Fund but invited it to provide grants rather than loans and Discretionary Housing Payments. We also highlighted that many Disabled people found themselves unable to access digital communications during lockdown as they had previously used computers and Wi-Fi in public spaces and this was contributing to loneliness and isolation. Finally, we explained that many Disabled employees had found themselves without necessary adjustments to enable them to work from home and that this may have resulted in Disabled people being disproportionately furloughed or losing employment, whilst the **Government's Access to Work Scheme** was slow to adjust its claim procedures and support Disabled people who needed to work from home. Ms Hadi went on to provide oral evidence to the committee on 24 June 2020 (KM7/051 INQ000509846).

42. In May 2020, the DBC set up the 'Don't Leave Disabled People Behind' campaign and petition. This called on the Government to extend the £20 uplift that had been applied to Universal Credit to legacy benefits as well and by 3 June 2020, the petition had over 115,000 signatures. Disappointingly, this did not lead to active engagement on a key policy that could have assisted thousands of Disabled people meet the increased costs caused by the pandemic. Instead, the DBC were left to continue the campaign and repeat the request throughout the pandemic, including in further letters to the Chancellor on 30 September 2020 and 3 February 2021, but to no success (KM7/052 INQ000620448) (KM7/053 INQ000620449) (KM7/054 INQ000620450). I will discuss this decision and the impact that it had further at paragraphs 103-111 below.
43. On 15 June 2020, DR UK wrote again to the Minister for Disabled people (KM7/055 INQ000238509) following a roundtable with the Minister on 20 May 2020. I have not been able to locate the minutes from that roundtable and previously requested that the Inquiry do so. I now repeat that request in Module 9, particularly because, as shown by our letter, the roundtable considered the recovery phase of the pandemic after wave one by reference to the employment and welfare benefits and called for continuing engagement on these matters.
44. Our letter of 15 June 2020 letter itself called for the £20 uplift to Universal Credit to be extended to Employment and **Support Allowance ('ESA')**. **We repeated many of the concerns and arguments that had previously been put to government by the DBC such as that the decision to restrict the uplift only to Universal Credit risked discriminating against Disabled people who were more likely to be in receipt of legacy benefits and who were "experiencing additional costs and risks as a result of COVID-19 but are without the extra support they need to manage these."** Ultimately, we asked why ESA had not been increased in line with Universal Credit and whether Government had undertaken any monitoring of ESA claimants to review if the increase was required.
45. We also highlighted concerns that prior to the pandemic, new Personal Independence Payment ('PIP') claims were already taking 12 weeks to be cleared and this increased to 15 weeks for reassessed claims. We were concerned that these delays had only increased during the pandemic, noting that the DWP figures on 27 April 2020 stated there were 166,630 PIP claimants with either an assessment scheduled or awaiting scheduling. Although we welcomed DWP automatically extending by 6 months fixed-term awards of PIP that were due to expire during the pandemic, we noted this would not help individuals making new PIP claims. This was an example not of DR UK trying

to criticise the system but instead trying to assist the DWP by noting gaps and shortcomings that may have been missed so that the system could be adapted to meet the needs of Disabled people. Of course, we would have rather been included as a co-production partner so we did not have to raise these issues in formal correspondence and in our letter we stated that areas for such future engagement could include **addressing** *“the digital divide and its impact on disabled people”*; *“accessing and returning to work for those disabled people who may have to shield for longer”*; and the impact of the pandemic on job security.

46. In September 2020, DR UK wrote an open letter to all MPs signed by a number of DPOs, noting that eight councils had applied easements under the Coronavirus Act 2020 to their Care Act 2014 duties (KM7/056 INQ000238517). Although we explained in more detail in Module 6 the impact decisions to withdraw care had at an individual level, as noted in our letter, decisions to withdraw care largely resulted from limited funding **restricting a local authority’s care** capacity. We therefore called on the national government to provide emergency funding to prevent the need for such easements.
47. Our letter dated 22 October 2020 asked that the Secretary of State for Health protected the income of those who were shielding as the UK entered the second wave (KM7/057 INQ000238519) and we wrote again on 5 November 2020 specifically calling for financial protection for workers and their families who were shielding. We were disappointed by the very late announcement that some shielders could continue to access the furlough scheme and the delay in sending out notification letters that were required for some shielders to claim Statutory Sick Pay or benefits (KM7/058 INQ000238520).
48. Another select committee we provided evidence to was the Work and Pensions Committee which we provided written evidence to in December 2020 (KM7/059 INQ000176334) and oral evidence to in February 2021 (KM7/060 INQ000620456). In December 2020, we were anxious that there had been inadequate progress in closing the disability employment gap at a time when improving the employment rate of Disabled people would have been particularly beneficial. In addition, statistics based on the Labour Force survey only provided a pan-disability figure and consequently masked larger employment gaps for particular impairment groups. For example, RNIB figures at the time revealed that only 1 in 10 blind people were in work.

49. We were also concerned that the benefits system was failing to enable people to meet the minimum costs of living. For many Disabled people, living on benefits is not a temporary measure, pending them finding a job, it is a long-term existence. Different impairment groups can have greater challenges in securing employment, whether they are caused by a lack of reasonable adjustments or societal barriers. Even by December 2020, the pandemic had had a particularly negative impact on young Disabled people trying to enter employment, a group for whom the DWP had significantly cut access to work support for prior to the pandemic. The DWP had preferred to recruit generic work coaches for job centres and commissioned generic employment programmes rather than ones that could help Disabled people with the specific challenges they face. **We were keen that the Government's Disability Strategy which was still being drafted in December 2020 should include:** (1) Targeted employment schemes for supporting specific impairment groups into work, commissioned from disability organisations; (2) An extension of the Access to Work Scheme, to support people seeking work, with accessible equipment; (3) Disability specific work coaches in every Job Centre; (4) Mandatory monitoring of Disabled employees and the Disability pay gap; (5) A Disability Confident Scheme based on employment outcomes; (6) A mechanism to enforce reasonable adjustments; and, (7) A legal right to flexible and home working.
50. **On 21 January 2021, we sent the Minister for Disabled people DR UK's 'We Belong'** report (KM7/061 INQ000509889). This was followed up by a further letter on 1 February 2021 (KM7/062 INQ000238524) **which introduced the 'Our Voices' group and highlighted concerns with the Government's engagement on the proposed National Strategy for Disabled people and, in particular, the cancellation of DPO forum meetings** which I discuss further at paragraph 52-56 below. Due to this lack of engagement and noting that the same was not true for the DCC, we offered to meet the Government every two months but sadly that offer was not accepted. Instead, we received an email confirming that the DPO Forum meeting due to take place on 18 February 2021 was being replaced by a series of structured conversations which themselves ultimately never took place (KM7/063 INQ000620459).
51. On 19 April 2021, we wrote again to the Minister for Disabled people explaining the differences between DPOs and disabilities charities and noted that the Department for **Health and Social Care ('DHSC') had awarded a large sum of funding in March 2021 to the national disability charities.** We expressed disappointment that this funding had not been offered more widely through due procurement processes (KM7/064 INQ000238530). No DPOs had been given the opportunity to bid for a grant nor were

the Regional Stakeholder Networks which had been established by the Government itself and we invited the Minister to meet with the Our Voices group to discuss the topic further. We did not receive a response to that letter until 30 June 2021 and even then it was generic and stated that because the Minister was already meeting with a group regarding the Health and Disability Green paper, he would be unable to meet us but that he would ask the head of the Disability Unit to arrange a meeting instead (KM7/065 INQ000238531).

Forums for engagement with the UK Government.

52. There were a series of forums that ought to have been vehicles for co-production and co-design on economic policies between the UK Government and DPO during the pandemic. The most obvious candidate was the DPO forum which was established by the Equality Hub within Cabinet Office. Prior to its establishment there were two generic meetings held on 20 July 2020 (KM7/066 INQ000187666) and 21 July 2020 (KM7/67 INQ000238511) which were attended by a number of disability charities as well as DPO.
53. The first DPO forum meeting took place on 22 July 2020 (KM7/068 INQ000187650) where DPO members fed back on a number of issues and priorities that our networks had been raising with us. These included the fact that there was no increase in benefits for carers despite the pandemic causing them to undertake further caring responsibilities and that individuals who employed their own carers either through direct payments or otherwise, were struggling to afford PPE and care services. Members emphasised the need to support smaller local organisations to be a part of services such as employment support as the contracting process favoured larger organisations which were less likely to provide tailored local services.
54. At the meeting on 27 August 2020 (KM7/069 INQ000238513) members suggested measures to counter the digital divide experienced by many Disabled people and was **proving to be a barrier to employment. It was noted that “access to kit is vital and there should be funding for assistive technology and broadband that can’t be purchased in other ways.”** Members also called for greater support for young Disabled people moving from education into employment observing that the Access to Work scheme was not addressing this issue and needed to be improved to ensure Disabled people could thrive in the workplace. Frustratingly, that particular meeting concluded before a discussion on economic recovery and employment could take place and instead members were asked to provide responses on this topic after the meeting. From a review of our records, I

cannot see that we received any such responses and I would invite the Inquiry to request any directly from the Disability Hub given the likely relevance of such responses to Module 9.

55. A further meeting of the DPO Forum took place on 17 September 2020 which I was unfortunately unable to attend due to ill-health and the meeting that was scheduled for 13 October 2020 was then cancelled by the Government. At the meeting on 12 November 2020 (KM7/070 INQ000187651), Inclusion London raised the topic of **'Creating inclusive workplaces'** which was followed by a discussion on why the Access to Work scheme required an overhaul. In response, the Minister for Disabled people stated that the Covid-19 adaption to Access to Work enabling funding for home working **would be kept permanently. In general, however, the Minister noted, "he was aware that the system was still awkward to use and was awaiting the outcome of a bid to the Spending Review for funding to overhaul the digital system and reduce the application time."** DPO forum meetings planned for 8 December 2020, 15 January 2021 and 18 February 2021 were all cancelled by the Government, usually at short notice.
56. The engagement through the DPO forum that I have set out above, amounts to little more than the raising of discrete concerns often with brief, generic and delayed updates. It certainly does not amount to close consultation and active involvement in decision making affecting Disabled people as envisaged by the UNCRPD. It is disappointing, because the DPO Forum could have been the vehicle for such consultation but ultimately it was short-lived and disbanded even before Terms of Reference could be agreed (KM7/071 INQ000238516). After November 2020, the next DPO forum with government did not take place until May 2022 meaning there was no line of communication between the DPO Forum and central government for approximately 18 months.
57. **Although the Regional Stakeholder Network's main focus was on the DWP Green Paper and the National Disability strategy, it too could have been used as a forum for engagement on financial interventions and, perhaps due to the limited alternatives, members did try to provide feedback on economic measures at a number of meetings. I was not personally involved in those meetings but I had regular contact with Lynne Turnbull (former Chair of the North West Region) and Liz Leach Murphy (former Chair of the Yorkshire & Humber Region).**

58. The first meeting took place on 4 March 2020 (KM7/072 INQ000283608) followed by one on 23 July 2020 (KM7/073 INQ000283609) where the regional chair for the North East raised concerns around the funding of third sector organisations many of which *“may shut down due to lack of funding/equipment during the pandemic”* causing *“Long lasting effects [which] will be devastating for [the] area.”* The regional chair went on to explain that the *“NE feels ignored”* and *“NE organisations do not have the expertise to apply for funding. Just see bigger organisations getting the money in London and the SE.”* On 26 August 2020 (KM7/074 INQ000283610) the chair for the North West region stressed the importance of changing the perception *“that Disabled people are a drain on society”* by promoting *“inclusive education”* and encouraging the *“DWP to fund DPOs.”*
59. Further meetings of the Regional Stakeholder Network took place on 30 September 2020 (KM7/075 INQ000187667); 28 October 2020 (KM7/076 INQ000283611); and 24 February 2021 (KM7/077 INQ000283612), before the South West regional chair raised concerns about financial measures that were failing to mitigate the impact of the pandemic, including, *“council tax reductions being withdrawn once some money is earned, causing hardship when intermittent income ceases,”* on 31 March 2021 (KM7/078 INQ000283613). The pandemic’s impact on third sector funding was again raised by the North East chair on 28 April 2021 highlighting that members of the regional group were now facing redundancies (KM7/079 INQ000283614). I understand that further meetings were held on 26 May 2021 (KM7/080 INQ000283616) and 30 June 2021 before the meeting on 28 July 2021 was cancelled (KM7/081 INQ000283615).
60. The DCC was a forum that appeared to receive more government attention and consequently greater input on policies but, as explained before, it was primarily made up of disability charities speaking for Disabled people rather than allowing us to communicate with government directly ourselves or through representative organisations. Although DR UK was previously a member of the DCC, it was not common for DPO to be included. I have not listed all of the meetings that took place during the pandemic, but based on the minutes available to us, it is important to highlight discussions at the following meetings relevant to the economic impact of the pandemic. On 27 April 2020, Leonard Cheshire and Mencap noted that they were spending *“more money on PPE than ever before”* and yet were having requests to local authorities for increased funding either declined or simply ignored (KM7/082 INQ000187628/1). At the DCC meeting on 23 March 2021, there was a discussion on addressing digital exclusion experienced by many Disabled people and how this would have a positive impact both on loneliness and the economic recovery (KM7/083 INQ000187654).

61. As DPO were not involved in designing, implementing and monitoring government economic interventions, we are left wondering who was? The Institute For Government's report 'The Treasury during Covid – What lessons can be learned from the pandemic?' published in April 2023 paints a concerning picture that advice on economic policies was considered an internal exercise for HMT. The report notes that unlike the DHSC which stood up SAGE to invite external voices to consider health impacts and, to a lesser extent social impacts of policies, HMT did not consider it necessary to set up a similar body to consider the impact of economic interventions. DPO are particularly discouraged to read that proposals from other government departments to establish a cross-departmental group to discuss economic impacts were vetoed by senior HMT officials (KM7/084 INQ000226497/6). This meant that HMT officials would not have received input from other government departments, in particular the DWP, on schemes such as furlough.
62. The evidence appears to be that HMT turned to its own narrow pool of internal advisers and to the extent that they sought external voices, we are concerned that this was only with individuals and organisations who already had a relationship with HMT, which did not include the DPO, and there was no procedure to ensure all necessary voices were being heard. This narrow approach to advice indicated a reluctance to hear potentially opposing opinions and the DPO are concerned it could have encouraged an attitude that any request for additional funding, including support for Disabled people, was a burden without fully considering the benefits of any such request. The approach also meant that HMT often suffered from what the Institute for Government called 'optimism bias', particularly during the summer and autumn of 2020 in relation to interventions such as 'Eat Out to Help Out' (KM7/084 INQ000226497/15).
63. The Institute for Government emphasises that *"There was a stark contrast in the transparency of economic evidence informing ministers' decisions compared with the scientific evidence. Very little of the social and economic evidence that informed ministers' decisions was published, particularly before 2021, and the Treasury shared almost none of its analysis externally, even with trusted experts."* (KM7/084 INQ000226497/6) The DPO are concerned that by failing to share the economic evidence they were relying on, HMT prevented external bodies such as the DPO from conducting their own analysis and stepping in to alert officials to any optimism bias, ensure any calculations of impact were based on real life experiences of Disabled people and that the appropriate factors were being considered and given weight. It

appears the Institute for Government shared these concerns when they recommended *“The Treasury and the rest of the centre of government should ensure that there is a more organised process to draw in socio-economic advice from outside government during crises.”* (KM7/084 INQ000226497/15)

The Economic Impact of the Pandemic

Cost of essentials

64. When the DBC conducted a survey in April 2020, 95% of respondents said their costs had increased as a result of the Covid-19 pandemic (KM7/085 INQ000508218). This statistic shows the almost universally negative impact that the pandemic had on **Disabled people’s finances, which were already stretched by the substantial additional costs set out at paragraphs 8-9 above.** Not only did Disabled people enter the pandemic at a less financially secure starting point, but the financial impact itself was also disproportionately felt by Disabled people. A Joseph Rowntree Foundation survey conducted in 2020 found that of those who said their finances had been affected by the pandemic, 24.6% of Disabled people had reported having less money available to spend on food compared with 12.2% of non-disabled people. Disabled people were also more likely to have experienced difficulty paying household bills as a result of the pandemic; 22.1% of Disabled people compared with 15.5% of non-disabled people, and were more likely to be unable to withstand a sudden, significant emergency bill, 43.7% of Disabled people compared with 29.7% of non-Disabled people (KM7/086 INQ000620481/2). It was therefore unsurprising that also by September 2020, Disabled people were more likely to be in deficit, significantly more likely to run out of money, and less likely to cope if they lost their main source of income (KM7/087 INQ000620482/39-40). Without the necessary financial security or support many Disabled people relied upon credit and foodbanks (KM7/029 INQ000509881/6).
65. Food was one of the most commonly cited reasons for increased costs, many Disabled people who had previously relied on routine food deliveries or care networks for groceries suddenly found themselves without those systems and instead struggled to access in-demand and expensive delivery slots. For those that had previously attended supermarkets in-person but were now required to shield they missed out on often cheaper deals only available at supermarkets themselves. Many Disabled people also have strict and complex dietary requirements meaning that options such as cheaper pre-selected food packages, or even relying on food banks, are not appropriate for them as

they are provided on a 'take it or leave it' basis. Disabled people with these requirements were left out of decision making and support.

66. Increased utility bills were also an issue as Disabled people were spending more time at home, leading to higher heating, water and electric bills and, as explained above, Disabled people often require higher levels of these utilities to manage conditions. Many also had to purchase more expensive WiFi services as employment, entertainment and social engagement moved online (KM7/088 INQ000620483/38). Statistics also showed that Disabled people faced challenges meeting housing costs with over 4 in 10 Disabled people in arrears with housing payments (KM7/016 INQ000620410/12). Motability also noted how the Covid-19 pandemic has exacerbated many previously existing challenges with transport for Disabled people. With social distancing measures, reduction in staff and unreliable information all having an impact and often causing Disabled people to rely more heavily on expensive private transport (KM7/089 INQ000620484/5).

Employment

67. During periods of economic growth Disabled people are the last to feel the benefits by gaining employment, but during periods of economic reduction we are the first to be made unemployed. That was the pattern from previous financial crises and the Covid-19 pandemic was no different. Early reports estimated that Disabled people accounted for 65% of the fall in employment during the first and second quarters of 2020 despite only accounting for 13% of those in employment. It appeared that young Disabled people were most likely to be affected by job losses and by the end of 2020 Disabled people were almost three times more likely to be economically inactive (KM7/088 INQ000620483/20). Research from Citizens Advice found that not only were Disabled people generally more likely to be facing redundancy as a result of the pandemic (27% compared with 17% of general working population) but that disparity only increased for those living with an impairment that had a significant impact on their life (KM7/090 INQ000279958/3). It has also long been known that once out of work Disabled people are more likely to struggle to return to the workplace and twice as likely to remain unemployed after an absence of a year (KM7/088 INQ000620483/20) (KM7/091 INQ000620486/95).
68. For those who did remain in work, pre-existing inequalities were also exacerbated with the Disability Pay Gap increasing from £1.65 per hour in 2019 to £2.10 by the end of 2020 and even peaking at £2.70 per hour between April and June 2020 (KM7/007

INQ000365999) (KM7/088 INQ000620483/37) (KM7/092 **INQ000650641**). When Leonard Cheshire published their 'Locked Out of Labour' report it found that 71% of Disabled people who were employed in March 2020 said that the pandemic had had an impact on their work. The findings also showed that the impact was not felt evenly throughout the pandemic as the percentage of Disabled people who lost out on income was reported at 25% in Scotland and Wales which was the above UK average of 20%. This also led to higher levels of anxiety due to concerns about their job in Scotland and Wales than the UK on average (KM7/093 INQ000596809/6). A report commissioned by the Welsh Government also showed that employed Disabled people were disproportionately represented in both the critical workers group and in industries told to close due to lockdown measures (KM7/013 INQ000353433/6-7 & 10).

69. What is particularly concerning for DPO is that part of the reason for these poorer outcomes for Disabled people was that embedded prejudices in the workplace flared up. Whereas in 2018, 49% of employers told Leonard Cheshire that they had employed a Disabled person in their staff, this had decreased to 33% in 2020. 20% of employers in the UK told the report that they were less likely to employ a Disabled person and 42% said that not being able to support a Disabled person during the pandemic presented a barrier to employing them (KM7/093 INQ000596809/15). These prejudices no doubt led to individuals trying to hide they were Disabled with one in eight respondents to a TUC survey in 2021 saying that they had not told their employer they were Disabled. Over a quarter of those individuals said the reason **was** *"I do not think they will support me so there is no point,"* and over a third said *"I'm worried they will think I cannot do my job."* (KM7/012 INQ000119194/14) The fact that people were discouraged from disclosing that they were a Disabled person worryingly meant that no reasonable adjustments were being made.
70. Inclusion Scotland in their Rights at Risk report set out in detail the specific impact on **Disabled people's employment in Scotland. They reported that Disabled people and those in their household were more likely to work in careers that brought them into contact with the virus leading to understandable concerns that continuing to work might put their health at risk** (KM7/030 INQ000142277). Academic studies have reported that this position existed for Disabled people in employment throughout the UK (KM7/094 **INQ000652426**). Respondents to Inclusion Scotland's survey also reported a reduction in care services and support caused by the pandemic having an impact on their employment with one example being, *"all my support and treatment got stopped because of Covid-19, my health significantly worsened as a result to the point where I*

was hospitalised and my manager has informed me my job is now at risk due to the length of my sickness absence.” (KM7/030 INQ000142277/22) The Locked Out report found a similar story in Wales and noted that “a pandemic-related recession will have a disproportionately negative impact on Disabled people’s employment.” (KM7/032 INQ000353434/17-18).

71. These statistics are particularly disappointing in light of the fact that the pandemic resulted in an upheaval of traditional working practices that had proved so discriminatory to Disabled people for so long and therefore could and should have been an opportunity to develop new working practices that would better meet the needs of Disabled people. Changes which did bring benefits included the increased ability to work from home and flexible hours (KM7/093 INQ000596809/16). These were adjustments that Disabled people had campaigned for years for but sadly it took a pandemic and for the needs of non-disabled people to be affected before changes were made. Once they were made, many employers discovered that their previous concerns about a reduction in output had been poorly placed. However, despite these positive changes to the sector, there is evidence that Disabled people were disproportionately unable to access them. This was partly due to the fact we are less likely to work in the types of office jobs that enabled working from home but also because our requests were simply refused. Shockingly, Scope reported that 18% of Disabled workers faced having to choose between going to their place of work and quitting their job due to their request to work from home being refused (KM7/095 INQ000620489). DR UK tried to raise awareness of such issues by releasing press statements, for example in June 2021 when we highlighted that nearly one in three Disabled workers said they had been treated unfairly at work during the pandemic (KM7/096 **INQ000652763**).
72. Similarly, longstanding issues with the official shielding list, whereby many Disabled people who had conditions which put them at risk of contracting Covid-19 but were not formally placed on the list, led to circumstances where key workers had to continue to work in high-risk settings or risk dismissal as they were unable to show proof of their clinical vulnerability. One example was a man with primary progressive multiple sclerosis who had to return to work as a petrol station attendant with little social distancing safeguards in place (KM7/097 **INQ000652764**). Again, DR UK tried to raise awareness and help mitigate risks where possible. For example, we shared specialist legal guidance on returning to the workplace in May 2020 which included advice for Disabled people (KM7/098 **INQ000652765**).

Financial impact on unpaid carers

73. Carers UK reported an increase of 4.5 million new carers due to the pandemic by October 2020. The impact on them was not only the physical and mental impact brought about by the increase in hours spent caring for friends and family, it was also often a financial impact. 2.8 million carers were juggling work and care with 9% of carers having to give up paid employment altogether and 11% having to reduce their hours (KM7/099 INQ000239445/7). A Welsh report on unpaid carers highlighted that paid employment outside the home for carers is often not only of great financial value but also beneficial **to the carer's wellbeing** (KM7/100 INQ000614367/38-47).
74. A report on the impact on family carers in the community specifically, explained how a lack of replacement care and the inaccessible costs of the options that did exist, resulted in carers giving up paid employment, leaving some in debt and unable to provide for basic needs (KM7/101 INQ000620492). In the early days of the pandemic more than 100,000 unpaid carers were using foodbanks and 229,000 had someone in their household go hungry during lockdown (KM7/102 INQ000620493). **Carers UK's survey** in April 2020 found that 81% of carers were spending more money due to the pandemic and 38% stated that they were worried about their financial situation (KM7/103 INQ000176237/6). A survey in Wales in October 2020 painted a similar picture where more than a quarter of carers were struggling to make ends meet (KM7/104 INQ000620495). Disabled people themselves also faced increased costs in providing PPE for their carers (KM7/017 INQ000620410/64).

Social Care

75. It is important to note that the increased financial pressure on unpaid carers was, to a very large degree, caused by a reduction in care services which often stemmed from a lack of funding to the sector. As explained above, the care sector that entered the pandemic was underfunded and it was largely inevitable that when faced with the increased strain of the pandemic, many care services closed not only due to social isolation policies but also because limited funding meant resources had to be reprioritised. By September 2020 only 4% of social care directors were confident that budgets would cover their statutory duties and the Social Care Institute of Excellence explained their concerns in January 2021 that pandemic-related costs to local authorities **and providers were predicted to "far exceed" the Government Emergency Funding** (KM7/105 INQ000509826/4). The Health and Social Care Committee published a report

looking at the financial support to the care sector on 22 October 2020 (KM7/106 INQ000509828).

76. For the over 70,000 people in England alone who use direct payments or a personal health budget to employ a personal assistant, they faced delays in receiving guidance on how to use those payments when caring networks broke down due to illness or self-isolation policies (KM7/107 INQ000509859/22) (KM7/108 INQ000509860)(KM7/109 INQ000620500). Disabled people then faced increased costs when having to pay extra **for privately sourced care to fill gaps and DR UK's helpline even heard accounts of overcharging** where specific care services were withdrawn or postponed but individuals still received bills for these services. In particular, the helpline heard cases where the **'socialising element' of an individual's care package was removed without any assessment having taken place.** The socialising element of a care package refers to support provided to help people engage in social activities and avoid isolation. This is not simply an added luxury to a care package and Disabled people may rely on this element as their only means to access human interaction outside of their carers and reduce loneliness which research has shown to be associated with poorer health outcomes (KM7/1010 INQ000620502). The removal of the socialising element was based simply on the assumption that because the service they had previously accessed was unavailable, they would not benefit from making use of the socialising element of the payment in some other way. There should have been consideration of how the eligible social needs of the individual, including their needs in relation to maintaining personal relationships and accessing facilities or services in the local community, had been affected by the pandemic and whether they could be met in alternative ways, before deciding whether a reduction in support was justified.
77. Another issue faced by direct payment recipients was accessing PPE, particularly before advice was provided to them on 21 April 2020 (KM7/109 INQ000620500). Despite being individuals rather than companies, direct payment recipients were often left to source PPE for their PAs themselves when the Local Authority was either not obliged to provide PPE or nevertheless unable to provide it due to capacity or supply issues. Many found that exercise incredibly challenging as they had no contacts with suppliers and purchasing PPE as an individual in a time of shortages was expensive. It was often left to local DPOs to step in and assist that process when guidance or local authorities were silent.

78. Statutory reviews of direct payments are required to take place every year, however, DR UK and our members were aware of long delays in that process even before the pandemic and they continued throughout it. These delays meant that individuals whose care needs increased during the pandemic did not receive any corresponding increase to their direct payments in a timely manner. One of the advisers on the DR UK helpline, Banane Nafeh, has already provided evidence to the Inquiry that in her case a timely review was important not because her care needs had changed but because she needed to increase the amount she paid to her PAs due to inflation and the increases to the National Minimum Wage which took place on 1 April 2020 and 1 April 2021. **Banane's last review** before the pandemic was in December 2019 and it was not until May 2021 that another took place allowing these uplifts to be applied. Before that second review, the direct payments Banane received did not cover the appropriate payment of her PAs for the same number of hours. She therefore told her PAs to leave early so she could pay them at an appropriate hourly rate. Through her role as a Helpline adviser, Banane, is aware that her experience was not unique and she received two calls regarding the same issue.
79. **DR UK's helpline received accounts of local authorities being inflexible on how direct payments could be used, for example, individuals told us they could not use funds to pay for transport costs to access community and day centres in other towns if their own local centre had closed. Many individuals were also confused as to whether direct payments could be used to pay for taxis and 'ride hailing apps' for PAs to travel when they could not access public transport. Generally, however, there was increased flexibility for the use of direct payments which, although it took time to secure and was inconsistent across the country, was very beneficial. DR UK's helpline advisers were able to advise some callers that they could seek agreement from their local authority to use the 'socialising element' of their direct payments to purchase digital devices such as tablets and laptops when other opportunities for social contact were not possible. These devices were a vital lifeline to aid social contact for those who were otherwise isolated.**
80. Other examples of flexibility included using a direct payment to pay a neighbour or friend to cook meals for someone who could not cook for themselves in circumstances where their PA could not attend. Such flexibility is possible as confirmed by the Care and Support Statutory Guidance and in particular Chapters 1.1 and 12.35. That latter chapter, although under the heading of *'paying family members'* is generally applicable to the Direct Payment Scheme and states *"The direct payment is designed to be used flexibly and innovatively and there should be no unreasonable restriction placed on the*

use of the payment, as long as it is being used to meet eligible care and support needs.”²

However, when Disabled people wanted to secure agreement from a Local Authority to use their direct payment in a new way, they often found it difficult to get through to anyone who could authorise it in advance. This caused anxiety that Local Authorities would later seek to recoup money if they disagreed with how the direct payments had been used, and in some cases social workers did question Disabled people who had used their direct payments flexibly but nevertheless in a way necessary to meet their needs based on their changing circumstances. When that happened, DR UK would advise that the individual ask the social worker to set out in writing the legal basis upon which the payment could not be used in such a manner. DR UK are not aware of an example where they provided that advice and the social worker went on to provide written reasons.

81. **DR UK has had contact with West of England Centre for Inclusive Living (‘WECIL’), who worked with an individual with mosaic Down’s Syndrome. When he was no longer able to access a personal assistant, he innovatively chose to use his payments to buy technology that allowed him to meet his social needs through online communications. He continues to have his social needs met through that technology and as a result he no longer requires the same number of care hours as before the pandemic and has consequently agreed to reduce his direct payments. This is an important example of a Disabled person knowing how to use their direct payments in a cost-efficient manner to manage their own care.**
82. Another issue DR UK received calls about on the Helpline during the pandemic was where a person in receipt of a Direct Payment had been hospitalised with Covid-19 and then, because they had been in hospital for more than 28 days, their Local Authority decided to terminate their Direct Payment altogether. It was then incredibly difficult for them to get it reinstated after being discharged including because they could not get through to anyone at the Local Authority to review the decision. This led to people’s essential needs not being met and considerable hardship, particularly, in cases where funding had included meal preparation or caring support with personal hygiene.
83. Non-residential community care charges are a payment made by Disabled people who use non-residential community care services. They are financially assessed to **determine the level of those charges depending on an individual’s disability related**

² Care and Support Statutory Guidance (Version updated 2 March 2020)

expenditure, use of services and ability to pay. An issue with this process that was compounded during the pandemic related to inaccurate financial assessments which were common and left Disabled people overpaying with the subsequent impact on their income. The reduced availability of Local Authority financial assessors limited the ability of Disabled people to be reassessed or challenge the charges. This led to many Disabled people being overcharged, particularly when services they had used previously, such as day centres, were closed but they continued to be charged for them because there was no reassessment.

84. During the pandemic a lot of NHS funded allied health support was reduced or stopped entirely. Many Disabled people rely on such support to receive services, including physiotherapy, to help manage their conditions. For some Disabled people, not being able to access this support can lead to a permanent loss of function and therefore the pandemic presented the difficult choice of either trying to pay for what limited private services remained or suffering a permanent deterioration in their condition. For many, it was no choice at all because, with all the other increased demands on their finances, they simply did not have the money to pay for private treatment.

Welfare Benefits

85. The failure of the benefits system to rise to meet these additional costs at an individual level is perhaps best captured by the DBC's survey in April 2020. Although the Government had increased the standard allowance element of Universal Credit and Working Tax Credits by £20 a week at the start of the pandemic, this was not done for legacy benefits, including Employment and Support Allowance, Income Support and Jobseeker's Allowance. The number of Disabled people in receipt of legacy benefits as a proportion of persons still receiving those benefits is greater than the number of Disabled people receiving Universal Credit as a proportion of the total number of those claimants. The DBC survey asked individuals in receipt of legacy benefits what an uplift of £20 a week would mean for them. The responses received emphasised the essential items individuals had to go without during the pandemic despite being in receipt of legacy benefits. One individual stated *"I could put the heating on for a start. I've had to choose between heating or medication,"* and another explained *"It would mean I wouldn't have to worry about buying food and paying the delivery charge as there has been a few times I have waited and gone without because of this".* A further respondent said simply *"an extra £20 a week would mean the difference between debt or no debt, having to cut back on essentials to survive or being able to have all my basic needs covered. At the*

moment, I am already having to cut back on necessary things like heating and food.”
(KM7/085 INQ000508218)

86. In terms of the impact on the access to benefits themselves, individuals reported that whilst the move to remote assessments had brought some benefits, such as greater flexibility and removing the need for individuals to travel, they also brought challenges as some individuals found it difficult to convey the impact of an impairment when an assessor could not physically see them. There were also long delays with the **Work Capability Assessments ('WCAs')**. **WCAs are used to determine what somebody is required to do to prepare or look for work, and also affects people's entitlement to Employment and Support Allowance and some elements of Universal Credit.** Between July and September 2020, just 37,000 WCAs were carried out, down from 170,000 in the same period in the previous year. In some cases, individuals had to wait several months for a WCA and even when it did take place, individuals could be told that the outcome was inconclusive and that they would need to wait for the resumption of face-to-face assessments to be assessed again. This meant waiting for a potential additional **entitlement worth up to £343.63 per month. For those on a 'New Style' Employment and Support Allowance Award, this award could expire after 365 days where it could have been extended following a WCA.** For some individuals, waiting for a WCA also meant they were asked to look for, or prepare for, work despite having an impairment that made this unsafe or unreasonable (KM7/111 INQ000620503).
87. Even after assessments are finally completed, they often result in incorrect decisions requiring an individual to appeal. This was an issue prior to the pandemic in relation to **both WCA and Personal Independence Payment ('PIP') assessments, and it remained a major issue throughout the pandemic.** Figures published by Citizens Advice in May 2021 were that 74% of PIP cases that went to tribunal resulted in the original DWP decision being overturned, and for Employment and Support Allowance it was 67%. In times of financial hardship it should not be left to the individual not only to apply for financial support but then to advocate for themselves and face the anxiety, stress and delay of legal proceedings in order to receive financial support which ultimately, as explained above, is unlikely to be enough to meet their basic needs (KM7/101 INQ000620503).

Mental and Physical Impact

88. The financial and employment struggles endured by Disabled people during the pandemic not only had an impact on their ability to access essential items and services, **they also often had a major impact on an individual's mental and physical health.** One academic study into this issue found that *"working age adults with disability, a group who are generally more likely to be exposed to financial stressors that are detrimental to health and wellbeing, were being particularly disadvantaged by the financial impact of lockdown."* (KM7/102 INQ000620504) It is well known that the experience of debt is strongly associated with poorer mental health outcomes (KM7/103 INQ000620505). What this meant at a personal level during the pandemic was described by a respondent to a DBC survey: *"Heating is off, night time I use candles, I can honestly say I have never been so unhappy. None of this is helping my mental health and severe PTSD."* (KM7/029 INQ000509881/9) Both Inclusion London and Scope have prepared reports setting out the psychological distress felt by many Disabled people who did not have enough money to put food on the table or heat their home (KM7/114 INQ000474761/4 and 14-15)(KM7/115 INQ000620507/21).
89. As set out above, for many Disabled people, costs relating to the type of food we eat or how much we heat our homes are not a luxury expense but rather a necessity to manage our conditions. Having to go without such essentials therefore had a negative effect on **people's physical health, for example, many physical conditions need to be kept at a constant temperature otherwise the individual will feel pain and the condition could deteriorate reducing an individual's mobility long term** (KM7/005 INQ000596808/17).

Long Covid

90. During the pandemic, DR UK published a number of articles relating to the impact of Long Covid. On 8 April 2021, we noted the overall rise in the number of Disabled people during the pandemic and referred to statistics showing that 122,000 NHS staff, 114,000 teachers and 30,000 social workers were amongst the 1.1 million people in the UK suffering from Long Covid. I was quoted at the end of that article stating: *"Not only is Covid causing mass Disability, but the profession which has been hardest hit by the virus, healthcare, is the one most often so critically needed by Disabled people. For too long Government has ignored Disabled people's voices. It has not been ignoring Covid. As part of that, Government needs to recognise what it means that Long Covid is part of the UK's mix of Disabilities, and use its understanding of how it is affecting lives and*

livelihoods to gain a deeper understanding of how Disabled people live across the board. Now is the time for deep listening, deep learning, deep research, and action." (KM7/116 INQ000238535).

91. By February 2022, an estimated 2.9 million people of working age had Long Covid and it was estimated 80,000 had left employment. Part of the reason for its enduring impact is that double-vaccination is only reported to reduce the chances of contracting Long Covid by less than half (KM7/117 INQ000620509). **A study conducted by King's College London** found an association between Long Covid and reduced subjective financial well-being after adjustment for pre-pandemic factors and went on to recommend extending employment protection and financial support to such individuals (KM7/118 INQ000620510/4).
92. The correlation between Long Covid poor financial outcomes was also an issue DR UK heard when speaking to our networks, this was mainly because Long Covid was shown to reduce working capacity with the consequent impact on income, living conditions and physical and mental health (KM7/119 INQ000609924). The need to support these individuals to maintain their livelihoods and employment was clear but we were concerned that a delay in recognising Long Covid as a condition by doctors, politicians and society as a whole resulted in employers refusing to make reasonable adjustments requiring people to quit their jobs. The NHS itself had pre-existing issues with supporting individuals with chronic fatigue and brain fog, with an ME Association survey in 2016 reporting that 19% of respondents waited more than 5 years to receive a formal diagnosis, with 62% waiting over a year [KM7/120 INQ000620512]. Delays in diagnosing Long Covid meant many individuals felt they did not receive the necessary medical support to make a prompt recovery and return to work.
93. The issues identified above clearly impacted Disabled people in different ways and to greater and lesser extents depending on their individual circumstances. However, as was the case before the pandemic, DR UK is aware of very limited data and analysis of the specific financial impact for Disabled people disaggregated by impairment. The personal accounts we heard through our engagement with Disabled people highlighted that Disabled people with certain physical conditions were more susceptible to rising heating costs due to a need to keep their homes at specific temperatures. Similarly, mental health and behavioural conditions are the most common conditions of Disability benefit claimants, meaning they were more likely to be affected by the welfare benefit issues described above. I have also identified specific issues faced by those with Long

Covid. DPO continue to try to identify and raise awareness of trends based on our own research and experiences, but it is difficult when the reports published by independent researchers, academics and charities, many of which I have referred to in this statement, do not disaggregate their data by impairment type. Of course, these reports help in raising awareness of broader issues, but in order to identify and apply bespoke solutions, the DPO call for more detailed and disaggregated data collection on the issues raised above.

Analysis and Reflections

94. In July 2020, I was part of a group of authors who argued that the Government's policymaking with respect to Disabled people represented a dereliction of its Public Sector Equality Duty under the Equality Act 2010. Sadly the policymaking around financial interventions was no exception to that conclusion and one of the key recommendations from the article was, *"the Government must put in place a disability inclusive Covid-19 response and recovery action plan, for the immediate and long-term economic and social consequences of the pandemic, that reflects the multiple and intersecting identities of, and forms of discrimination faced by, persons with disabilities."* (KM7/121 INQ000148326) At no point during the time period being considered by the Inquiry did we receive an invitation to work with government on a strategy that would achieve those aims.
95. When considering the effectiveness of financial interventions for Disabled people, before even considering the financial numbers and calculations behind it, any scheme itself must be accessible. Regardless of the type of intervention all consultation processes and communications around it must be accessible along with any application procedures to receive funding. Although not directly applicable to government and financial settings, the NHS Accessible Information Standard Implementation Guidance sets out many good practices that could be applied when engaging with Disabled people, in the consultation, communication and roll-out phases of an economic measure to support their needs. For example, the Standard sets out how to identify communication needs and then what types of adjustments and/or professionals can help meet those needs (KM7/122 INQ000510569).
96. When considering accessibility generally, it is imperative that governments understand that from before the pandemic, Disabled people were more likely to be digitally excluded or non-regular internet users (KM7/123 INQ000509869/14). Data from 2019 showed that

Disabled people were 2.4 times more likely to be offline. 21% said there was no suitable assistive technology for their condition (KM7/124 INQ000489462/24). The situation had not improved by the pandemic with data in 2020 indicating that 42% of people with an impairment had low or very low digital engagement (KM7/125 INQ000620518/23). Therefore, when public announcements about financial interventions, benefit applications, banking and employment all moved online, it was Disabled people who often lacked the skills and equipment to participate in this digital world. Any government actions should have actively tried to address this inequality.

97. There needed to be financial support not only for Disabled people to purchase the necessary devices and WiFi but also to receive digital training. Without this support Disabled people could be denied the opportunity to contribute to the economic recovery of the country through employment. One respondent to qualitative research conducted **by the Learning and Work Institute stated, “I’ve had a lot of people ask about Zoom but I haven’t got a laptop or anything like that, so that makes it a bit difficult. So, I haven’t got the right equipment for stuff like that... I’ve had an interview over the phone but I find in the past when I’ve had interviews you can come across a little bit better face-to-face rather than on the phone. I think it’s harder that way because you’re not showing your true self over the phone.”** (KM7/088 INQ000620483/29)

Coronavirus Job Retention Scheme

98. The Coronavirus Job Retention Scheme, or furlough as it was commonly called, was one of the key economic interventions across the UK and it benefitted many Disabled people by continuing to provide them with an income when their job may not have been possible due to lockdown measures. Disabled people were more likely to be furloughed and generally spoke positively of the scheme, particularly when it allowed clinically vulnerable individuals to shield, however, there was anxiety as to what would happen to **a person’s employment when the scheme ended** (KM7/088 INQ000620483/31). As the **scheme paid out a flat rate of 80% of an individual’s income it is also arguable that it prevented an even greater increase to the Disability Pay Gap** described at paragraph 68 above (KM7/088 INQ000620483/37). Disabled people campaigned at several stages to stress the importance of the scheme and the risks that ending it during the pandemic could force Disabled people to return to work when it was not safe for them to do so. The Greater Manchester Disabled **People’s Panel provided written evidence to the Women and Equalities Committee** on this point in July 2020 (KM7/126 INQ000620519).

99. The scheme did not however, entirely prevent job losses and it is concerning that Disabled people were overrepresented in the cohort that did lose employment (KM7/007 INQ000365999). The fact that Disabled people were more likely to be furloughed may also indicate underlying prejudices within workplaces, such as a frustrating perception that we would be less able to adapt to new working practices or were generally among the less productive staff members. By June 2020, 40% of Disabled employees were either furloughed or had their hours reduced compared to only 30% of non-Disabled employees (KM7/093 INQ000596809/7). Looking across the UK as a whole, it is also worrying that the rigidity of the Barnett Formula, which allocates money to the devolved nations as a proportion of money spent by the Westminster government in England, prevented devolved nations from extending the scheme of their own volition to address the situation in each nation.

Access to Work Scheme

100. The Access to Work scheme was initially set up in 1994. It is a discretionary grant scheme that provides personalised support for Disabled people at all stages of employment from job interview to apprenticeships and employment or self-employment. The scheme is not proactive and you need to put in an application, but it can assist by **supporting a wide range of interventions beyond 'reasonable adjustments' required** under the Equality Act 2010. The types of support it can provide include a communicator or BSL interpreter for a job interview or a reader for somebody with a visual impairment or specialist equipment. In 2020 the annual individual cap on Access to Work was £60,700.³ The scheme is available for those who live in England, Scotland or Wales and there is similar system in Northern Ireland.

101. During the pandemic we welcomed the extension of the Access to Work scheme to also support disabled workers who switched to working from home; however, despite these adaptations, we were concerned that scheme ultimately failed to meet the needs of Disabled people during the pandemic. A UNISON survey of Disabled people working from home in June 2020 showed that only 5% of participants had received help from the scheme and 41% did not know that it existed (KM7/127 INQ000620520). Business Disability Forum research also found that there were long delays between the application and support being provided with delays of 3 to 6 months being common

³ www.gov.uk/government/publications/access-to-work-factsheet/access-to-work-factsheet-for-customers

(KM7/128 INQ000620521). The DPO were also concerned that the Access to Work scheme was, and remains, only available to those who are either in or about to start employment. For many young Disabled people who finished education during the pandemic, they were not able to access relevant job training and equipment that would have assisted them in applying for first time jobs. The rigidity of the Access to Work scheme did not address that gap. In a fast-developing pandemic where previous support networks change and individuals can suddenly be required to work from home, it is essential that support schemes are efficient and flexible.

Kickstart Scheme

102. The Kickstart Scheme was a government employment programme open between September 2020 and March 2022 for 16-24 year-olds on Universal Credit who were at risk of long-term unemployment. Employers could apply for funding for 100% of the national minimum wage for 25 hours per week for a total of 6 months. Overall, the Government committed £2 billion to this scheme. Although DPO welcomed the intentions of this scheme, considering the challenges Disabled young people in particular were facing to enter employment, we were concerned that it was not suitably tailored to their needs. To start with, it only applied to recipients of Universal Credit and not those on legacy benefits who are more likely to be Disabled. The scheme also required employers to be able to take on 30 placements which precluded smaller community businesses that often already have links with Disabled young people (KM7/129 INQ000620522).

Uplift to Universal Credit and Working Tax Credits

103. The £20 uplift to Universal Credit introduced at the start of the pandemic was a vital lifeline for those who received it. It helped alleviate the spiralling costs set out above and allowed individuals to live with dignity. The value of the uplift is why it was so important that it was also applied to legacy benefits but sadly it never was. The Disability Benefits Consortium calculated that the decision not to apply the uplift to legacy benefits such as Employment and Support Allowance affected 2.4 million people, the vast majority of whom were Disabled (KM7/130 INQ000620523)(KM7/131 INQ000596841).

104. Universal Credit was brought in to replace legacy benefits and indeed there is a slow **procedure in place for individuals to 'migrate' from legacy benefits onto Universal Credit.** The benefits are aimed at the same category of person and an individual on legacy

benefits would be eligible for Universal Credit. It therefore did not make sense to only apply the uplift to the one type of benefit. Individual claimants did bring a judicial review of the decision which, although was ultimately unsuccessful, revealed that the **Government's underlying reason for applying the uplift only to Universal Credit was because they wanted to support those who had had to claim benefits for the first time during the pandemic, particularly as a result of loss of employment.**⁴ This reasoning reflected comments of Neil Couling, Director of Universal Credit, on 2 December 2020 **when he stated, "I wanted to help people affected by the pandemic and what I said was that meant I couldn't create a new class of benefit claimants pre-covid and post-covid on Universal Credit, so for want of a better phrase, there was a kind of windfall gain for existing Universal Credit claimants."** (KM7/130 INQ000620523)

105. **The Government's explanation is troubling for a number of reasons. First, it appears to be based on an individual's pre-pandemic economic position, for example if they were in employment, rather than their actual financial need. It suggests that the financial support you receive should be based on what you have contributed to the economy in the past and indicates that those who were unable to work due to an impairment should not receive the same financial support in times of crisis.**
106. **Second, the Government's approach entirely ignores the greater economic vulnerabilities of those who were in receipt of benefits prior to the pandemic. I have explained how such individuals were struggling to afford basic essentials prior to the pandemic and were less likely to have built up savings and be able to cope with economic turbulence. The pandemic only exacerbated those hardships and yet in this decision the Government decided they did not need support and indeed any additional support they did receive was simply a 'windfall', as if it was only an added luxury. At paragraph 85 above, I provided responses to DBC's survey which set out what an additional £20 a week would have meant for Disabled claimants. In summary, it would have meant that individuals did not have to go without essential items such as heating and food. The DBC's Pandemic Poverty report published in February 2021, clearly evidenced that the financial challenges of the pandemic were not only felt by those on Universal Credit, as it stated 82% of Disabled claimants of legacy benefits had to spend more money than they normally would during the pandemic and two thirds had to go without essential items at some point during the pandemic. 44% reported being unable**

⁴ *R(T and others) v Secretary of State for Work and Pensions* [2022] EWHC 351 (Admin); and *R(T and others) v Secretary of State for Work and Pensions* [2023] EWCA Civ 24.

to meet financial commitments such as rent and household bills (KM7/029 INQ000509881/3). Financial hardship was therefore not only felt by those who lost employment as a result of the pandemic but also those who were economically vulnerable prior to the pandemic and helping mitigate that hardship through financial support should have been a priority of the Government.

107. It was the Government's failure to provide for such financially vulnerable individuals that no doubt caused the Social Security Advisory Committee ('SSAC') to write to the Secretary of State for Work and Pensions on 27 May 2020. In that letter the SSAC stated they were "*of the strong view that it is increasingly untenable for this group of claimants to be excluded and to continue to have a lower level of income than those in receipt of Universal Credit and Working Tax Credit*" and went on to highlight that the excluded claimants "*includes some of the least well off.*" (KM7/132 INQ000620525)
108. Third, the argument relied on by the Government not to apply the uplift to legacy benefits also contradicted their overt messaging. To hear the Chancellor repeatedly state, as he did when announcing an extension to the uplift in March 2021, that the Government's response to the pandemic had been "*fair, with the poorest households benefitting the most,*" only contributed to the feeling that Disabled people had been forgotten about (KM7/133 INQ000620526). Disabled people were disproportionately amongst the poorest households and yet this critical financial lifeline did not apply to many of us on legacy benefits. The DBC report entitled 'The Millions Missing Out' highlighted the continuing negative impact of the decision for those on legacy benefits and the perception of 43% of respondents that the Government's approach was actually discriminatory against them rather than 'benefitting them the most' (KM7/131 INQ000596841/5).
109. When the DBC complained early in the pandemic to the DWP directly about the decision, they were informed that it was too risky or difficult for the legacy benefit IT software to be changed mid-year to incorporate the uplift but when the DWP had the opportunity to include an uplift as part of the annual benefit uprating in November 2020 an increase of only 37p per week was made.(KM7/130 INQ000620523). For those on legacy benefits this decision did not amount to "*unprecedented measures, for unprecedented times*", and a country standing together.⁵

⁵ See Rishi Sunak's statement on Coronavirus on 20 March 2020 (<https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>)

110. **The Government's other response to the difficulties faced by recipients of legacy benefits was often that they could simply opt to move onto Universal Credit but this failed to acknowledge that by opting to move over rather than transitioning through the DWP's 'managed migration' after receiving a Migration Notice letter, individuals would not receive the transitional protection payments they are entitled to. Transitional protection payments are an additional amount to make up the difference if a person's Universal Credit entitlement ends up being less than their previous benefits. It was therefore unsurprising that many claimants decided to stick with the benefit they knew rather than risk the complexities of changing benefit in a time of financial uncertainty, and also risk losing out on transitional protection payments.**
111. **The uplift to Universal Credit was removed in October 2021. Based on 2020 calculations, cutting off this valuable source of financial support was estimated to affect approximately 16 million people, almost half of which were said to be living in families where at least one person was Disabled (KM7/134 INQ000620527). As with the furlough scheme, Devolved Administrations were tied into the Westminster Government's decision making and on 30 August 2021, the Scottish Government's Cabinet Secretary for Social Justice, Housing and Local Government, alongside the Welsh Government's Minister for Social Justice and the Northern Ireland Executive's Minister for Communities wrote to the UK Government to express grave concerns about the plans to end the uplift (KM7/135 INQ000620528). DR UK shared those concerns.**

Statutory Sick Pay 'SSP'

112. **National and local lockdowns were often announced with very little notice leaving Disabled people, whether in employment or not, with very little guidance and sometimes even that was provided in inaccessible formats. This was particularly the case for the November 2020 lockdown where Disabled people, who were clinically vulnerable to the virus but not furloughed or able to work from home, were unclear as to what actions they should take and whether they would be entitled to statutory sick pay. Disabled campaigners, including DR UK, raised awareness of this issue in November 2020 noting that government guidance for Clinically Extremely Vulnerable ('CEV') individuals published less than 24 hours before the lockdown 'strongly' advised all those in the CEV cohort to stay at home but at the same time stated they could still attend work if they could not work from home (KM7/136 INQ000620529).**

113. DR UK would also invite the Inquiry to consider the role that statutory sick pay, and extensions of the entitlement, should have played in limiting the devastating spread of Covid-19 in the social care sector. It is important to Disabled people and the DPO that the financial considerations at the centre of this issue are analysed and learned from considering that almost all recipients of social care are Disabled under the social model of Disability. In July 2020 the Vivaldi study found that care homes that did not pay staff during periods of sickness absence and/or had high numbers of agency staff, who are more likely to work at multiple settings, had a higher risk of Covid-19 outbreaks (KM7/137 INQ000346701/6). The risks of staff moving between care settings and transmitting the virus were foreseeable and should have been addressed. We have been deeply disappointed to hear the evidence already presented to the Inquiry on this issue.
114. From September to December 2020, as part of the Winter Plan, the DHSC worked on Regulations to prevent care workers moving between settings. To support that work the Minister for Care, Helen Whately, recommended a furlough-type scheme that would directly compensate workers for lost earnings as a result of no longer being able to work in two places.⁶ Sadly, HMT did not accept that proposal.⁷ DHSC then proposed a compensation scheme that involved a ringfenced fund for care home providers to be administered by local authorities which would pay 100% of the salary of care workers who had to stop work to comply with the proposed regulations.⁸ Again this did not get HMT approval.⁹ Eventually a fund of £120 million to supply additional labour force was established but DR UK are not aware of any payment for care workers specifically for them to reduce the number of settings they worked in.¹⁰

Financial support to the Care Sector

115. As well as considering the impact of insufficient sick pay to prevent care workers moving between settings, it is also necessary to consider funding to the care sector generally. The financial vulnerability of the care sector meant that when Care Act easements were introduced, there were concerns that they would all too readily be applied by local authorities due to a lack of funding (KM7/056 INQ000238517). Although the Government did provide £3.2 billion and £2.2 billion in emergency Covid-19 related funding to the sector in 2020/21 and 2021/22 respectively, it is estimated that the actual 'core' social

⁶ Whately [INQ000273897/54-55 §§236 to 239]

⁷ Whately [INQ000273897/55 §237]

⁸ Module 2 Ex. HW/300 30.12.20 [INQ000328028/3 §8]

⁹ Module 2 Ex. HW/301 05.01.21 [INQ000328028/3 §5]

¹⁰ Whately [INQ000273897/56 §243]

care funding – excluding the additional pandemic-related funds – declined by over £2.5 billion between 2019/20 and 2020/21 (KM7/138 INQ000509827/3).

116. Throughout the pandemic, limited funding of the care sector resulted in an overreliance on voluntary organisations without the appropriate financial support themselves. Of course, third sector organisations and DPO should play a central role in the care sector by providing bespoke services and helping individuals advocate for independent living and care packages that meet their needs, but they must be adequately funded to do so. Too often, as was the case during the pandemic, the voluntary sector is treated as a free service that can be relied upon to step up and fill gaps caused when statutory services are reduced.

Financial support to Unpaid Carers

117. As with voluntary organisations, unpaid carers are consistently taken for granted and under-supported. This is all the more disheartening considering the service they provide not just to the care sector but to society as a whole. In England and Wales alone, unpaid care is valued at £162 billion per year or £445 million per day. With these figures, it is perhaps unsurprising that over two thirds of the public do not think that unpaid carers were appropriately supported by the UK Government during the pandemic (KM7/139 INQ000509824)(KM7/140 INQ000516851).
118. Despite their service and the extra financial pressures felt by unpaid carers, as with **legacy benefits, there was no £20 uplift to Carer's Allowance (KM7/141 INQ000511431)**. Instead, each devolved nation took different approaches to try to financially support **unpaid carers but this led to unequal treatment which left Carers UK "deeply concerned about the inequity across the different nations for unpaid carers."** (KM7/142 INQ000099707/9-10) Prior to the pandemic, the Scottish Government had set up the **Carer's Allowance Supplement in 2018 and this was paid to carers in receipt of Carer's Allowance twice a year**. In 2020/2021 this supplement amounted to a six-monthly payment of approximately £230 but at times during the pandemic the payment was doubled (KM7/143 INQ000620536)(KM7/144 **INQ000650627**). During the pandemic, **the Welsh Government also introduced a £500 payment for carers in receipt of Carer's Allowance**. In Northern Ireland, a payment of £500 was announced but it was later said not to be possible to deliver due to outdated and unresponsive administrative systems. England made no such promise of any additional payments for unpaid carers to

specifically recognise their increased costs as a result of the pandemic (KM7/142 INQ000099707/9-10).

119. **One report summarised the position on support for unpaid carers as follows:** *“although local initiatives to target carer needs such as the purchase of technology or individual cash grants were available and undoubtedly benefited carers, they exist sporadically and fall short of a policy-led proactive and integrated approach that is needed in order to sustain carers in their role over the longer term. Funding, specifically in the areas of social care, state benefits for carers, improved access to breaks and improvements to flexible working hours for working carers is urgently needed.”* (KM7/101 INQ000620492/8) Disabled people are more likely to be unpaid carers than their non-Disabled counterparts and therefore such individuals experienced the exacerbated financial impact of the pandemic as both a Disabled person and as an unpaid carer. Future governments must learn from the essential and often underappreciated role that unpaid carers played during the pandemic and ensure that systems are in place to promptly provide the resources and equipment they need in any future emergency.

Specific financial interventions of the Scottish Government

120. **At the outset of the pandemic the Scottish Government announced its ‘Framework for Decision Making’ that set out the four harms caused by the pandemic. The fourth harm** was described as the enormous impact on the economy with an acknowledgement that the damaging effect on poverty rates and inequality may be profound, with closures and job losses inevitable (KM7/145 **INQ000369689**). Although this policy document did not specifically refer to the financial impact on Disabled people, its acknowledgement of the wide range of harms the pandemic would cause was considered a sensible starting point by the DPO.
121. As previously explained, through the Barnett formula, Scotland was largely dependent on UK economic packages to mitigate the impact of the lockdowns but it still had some autonomy on how to spend that money. For example, on 12 May 2020, the Scottish Government announced that £50 million funding was to be allocated to the social care sector to *“help address immediate challenges faced in the social care sector and support ongoing provision of social care”* (KM7/146 INQ000507858) with a further £50 million announced in August 2020 (KM7/147 INQ000507859). The funding was to be allocated to Integration Joint Boards across Scotland to support social care providers with Covid-19 related costs. However, despite the good intentions of these grants to the care sector

it was clear to DPO, such as Inclusion Scotland, that Disabled people continued to have their social care withdrawn or reduced.

122. To the DPO, there did not appear to be sufficient guidance to accompany these significant sums to channel it to everyone who needed it and to transparently audit its effectiveness (KM7/148 INQ000366049)(KM7/149 INQ000366050). The co-convenor of Inclusion Scotland, Dr Jim Elder-Woodward has already provided evidence to the Inquiry **on this issue**: *“There were one or two instances, my Lady, when we could see the outcome [of our engagement], and that was in the £100m to restart care packages. But there was no audit of where that money went to, there was no transparency about where that money went to, because we didn’t see any care packages being reopened.”*¹¹
123. To help mitigate the reduction in care services for Disabled people in Scotland, Inclusion Scotland in their Rights at Risk report, called for the Scottish Government to reopen the Independent Living Fund (‘ILF’). The ILF would have enabled individuals to pay for care so that they could be supported in their homes and within their local communities, however, it was closed to new applications in 2010 (KM7/030 INQ000142277/9-10) and only reopened in April 2024 after years of campaigning by Inclusion Scotland (KM7/150 INQ000620543).
124. In relation to employment support in Scotland, the Scottish Government announced £100 million of additional funding for employability work to support people to move into work or to retrain, with at least £50 million set aside to help young people get into work. Although this was appreciated, Inclusion Scotland noted that in order for it to be fully effective for Disabled people, improvements needed to be made to the accessibility and **communications around the Scottish Government’s ‘Fairer Scotland for Disabled People Employment Action Plan’ originally published in 2018 and resulting in the Fair Start Scotland service** (KM7/030 INQ000142277/20)(KM7/151 INQ000546945). This request was supported by the Glasgow Disability Alliance (KM7/031 INQ000184668/29). Inclusion Scotland explained that the leaders of the programme and individual providers needed to work in partnership with DPOs and that such partnership must be properly resourced and funded.

Specific financial interventions of the Welsh Government

¹¹ [M2A/T2/72/23-73/5]

125. As in all of the devolved nations, the most significant financial weakness for the Welsh Government was a systemic one caused by the financial arrangements of devolution. The rigid and retrospective qualities of the Barnett formula did not permit the Welsh Government to build up a significant reserve to respond to unforeseen events such as a pandemic. The Inquiry has already heard evidence that during the pandemic such **funding arrangements limited Wales’s ability to implement actions it thought necessary or required it to make announcements ‘at risk’ without clarity as to whether measures could be funded.** In Module 2B the former First Minister for Wales, Mark Drakeford, said *“the single most damaging decision during the whole Covid-19 experience, was the explicit refusal of the Treasury to make funds available to Wales when public conditions here required action to be taken... all nations must be treated equally, each able to make a case for funding on the same basis as any other. Only in that way can the Treasury genuinely act as a Treasury for the whole of the United Kingdom rather than, as was transparently the case during the Covid pandemic, a Treasury for England, with all other nations funded as a consequence of those made-for-England determinations.”*¹²
126. When they were not restricted by limited funding, the DPO did appreciate efforts made to fund DPO and other voluntary organisations providing vital services to Disabled people. For example, Disability Wales distributed Covid-19 Emergency Grants on behalf of the National Emergency Trust and Welsh Government to DPO in Wales. These grants enabled grassroots DPO to provide information, advice and peer support to local Disabled people and provided a valuable source of intelligence regarding how the pandemic was impacting Disabled people and the role of DPO in tackling these issues.¹³

Preparing for the next pandemic

127. Since the pandemic, DR UK, along with numerous other DPO, have contributed to several reports that have considered the economic impact of the pandemic on Disabled people and made recommendations for the future. The UNCRPD Westminster Government Civil Society Shadow Report published in March 2022 set out the impact of the pandemic and the actions of the UK Government against the rights of Disabled people under the UNCRPD (KM7/152 INQ000279965). For example, it noted that the lack of funding for social care, as discussed at 115-116 **above, was impacting the UK’s**

¹² Drakeford [M2B/[INQ000371209/70](#) §§227 & 299]

¹³ Davies [M2B/[INQ000410946/2](#) §6]

ability to meet Article 19 – Living independently and being included in the community.¹⁴ It also reported that increasing barriers to both finding and sustaining employment were **limiting the UK’s ability to realise the rights of Disabled people to Work and Employment** under Article 27¹⁵ and reduced financial support through welfare benefits was inhibiting rights under Article 28 to an adequate standard of living and social protection.¹⁶

128. The Alternative report from Civil Society published in August 2023 was prepared by DPO and Disabled people (KM7/107 INQ000509859). We pointed out that the Access to Work Scheme had become in many respects unfit for purpose and that a review of the Disability Confident Employment Scheme was needed urgently.¹⁷ Again, we raised **concerns about the impact of cuts on Disabled people’s rights to Independent Living** in each of the four nations and continuing barriers for Disabled people in the workplace.¹⁸
129. In 2023, DR UK also worked with People’s Voice Media to prepare a report on Disabled people’s experiences during the pandemic. A series of short video interviews prepared in connection with that report are available at www.communityreporter.net/disrupt-covid-19-enquiry. In the report, I explained that *“COVID shone a light on the inequalities we always said existed and how frail some of the systems in place are, whether they are at breaking point or just not there at all... It’s highlighted the inadequacies of the welfare benefit system to a wider range of people who had never had to engage with it.”* (KM7/153 INQ000279970/10)
130. In order to prepare for the next pandemic, we must ensure that the necessary systems are in place, that they are robust and provide financial support to the people who need it. We must take steps to put those structures in place in now, before the next pandemic, as one lesson we learned from the Covid-19 pandemic is that because Disabled people were economically vulnerable going into the pandemic, we did not have the financial reserves, income and support networks to cope with the economic crisis that followed. Pre-existing inequalities were only exacerbated and we were reliant on rushed and reactive Government interventions that failed to adequately mitigate the impact. To build these structures and systems, decision makers must work with DPO and Disabled

¹⁴ See pages 25-33

¹⁵ See pages 48-51

¹⁶ See pages 52-62

¹⁷ See page 24

¹⁸ See pages 27-31 and 47-58

people to hear our experiences and make sure the systems not only work for us but are also as efficient as possible in relation to costs and to generate growth.

131. With that clear lesson from the Covid-19 pandemic, Disabled people consider their current financial situation with despair. Our economic vulnerabilities are greater than they were in 2019 and there is every likelihood that if a pandemic was to hit now, the economic outcomes for Disabled people would be even worse. Starting simply with poverty rates, now over half of all families in poverty contain someone who is disabled and 7 in 10 low-income households with a Disabled person are going without essentials (KM7/154 INQ000620547/67-68). The cost-of-living crisis which the UK has experienced since 2021 according to Crisis, has undoubtedly contributed to these demoralising figures as the cost of everyday essentials like food and utility bills have increased more quickly than the average household income (KM7/155 INQ000620548).

132. Any support for unpaid carers has also been ineffective with an estimated 100,000 unpaid carers living in poverty in Scotland and Wales respectively in 2021/22; a figure that increased to 1,000,000 in England (KM7/156 INQ000620549/8). Despite this the demands on unpaid carers remain as the care sector which they support shows little sign of recovery. In particular, respite care which many Disabled people relied on prior to the pandemic, has failed to recover due to a lack of funding and recently Revitalise, **the UK's only specialist respite holiday provider for Disabled people and their carers**, closed due to the "*critical state of affairs*" in social care and particularly the lack of funding for respite care (KM7/157 INQ000509830). The tendency of the cost-of-living crisis to maintain negative outcomes caused by the pandemic was also detailed by Inclusion Scotland in their '**Stacked Against Us – Disabled people's poverty and the cost of living crisis**' report (KM7/158 INQ000507864).

133. In relation to the impact of the pandemic on Disabled people in employment, sadly, as feared, the effects have proved long-lasting with little sign of recovery. The Disability Employment Gap stubbornly remains at 28.4% and the Disability Pay Gap actually increased to £2.35 per hour in 2023/24 after having made some recovery in previous years (KM7/159 INQ000620552). Disabled people continue to face difficulties in receiving reasonable adjustments that they are entitled to. A report by the Business Disability Forum found that 1 in 8 Disabled people were still waiting over a year to get the adjustments they needed and 38% reported having been bullied, harassed or discriminated against at work (KM7/160 INQ000620553). These statistics sadly confirm **DR UK's experiences that there has been little effort made by governments since the**

pandemic to address the employer prejudices set out at paragraph 69 above and the emphasis continues to be placed on the Disabled person to adapt rather than on their employer. Reasonable adjustments should be an excellent way of teaching employers to unlock the strengths of their employees instead of trying to force everyone to work in the same ways.

134. Key general adjustments that benefitted Disabled people during the pandemic included home working and flexible hours. These must be maintained but also monitored appropriately to ensure that Disabled people working from home are provided with the equipment they need and do not feel less visible within organisations. Employers must be held to account to provide all reasonable adjustments required under the Equality Act 2010. Delays with the Access to Work scheme, which only appear to have increased since the pandemic, must also be addressed. For example, one member of DR UK has now been waiting 13 months for their Access to Work application to be approved.
135. As was the case before and during the pandemic, the foundational structure to support Disabled people when necessary and to meet their basic needs was the welfare benefits system. It is the current state of that system, which is in a poorer state than it was in 2020, that perhaps leaves DPO most concerned about the economic impact of a future pandemic. Insufficient income-replacement and extra cost benefits, year-on-year benefit freezes and a system that leaves many out of pocket for extended periods has left individuals in a financially worse position than they were in during 2019. Over 4 in 10 PIP claimants are in the poorest 20% of income distribution (KM7/161 INQ000620554/6). There are also concerns that due to the inaccessibility of application processes not everyone who is eligible for benefits are in receipt of them, with Scope **estimating that only 43.3% of Disabled people who report that their condition 'impacts them a lot' claim either PIP or Disability Living Allowance (KM7/005 INQ000596808/11).**
136. To solve these issues with the benefits system before the next pandemic it must be made fairer, more transparent and provide greater support. The answer is not sweeping cuts and restrictions that will only lead to hundreds of thousands of people being pushed into poverty (KM7/162 INQ000620555). In fact, 92% of the public consider that the benefits system should keep people out of poverty (KM7/163 INQ000620556/13). Such cuts, which include restrictions to PIP eligibility and a freeze on the health component of **Universal Credit, would be a catastrophe for Disabled people's living standards and independence and would leave them more economically vulnerable to any future pandemic than they were in 2020.**

137. The answer instead is to increase support – not only because it will ensure Disabled people are able to live independently and meet their basic needs but because it will boost the economy generally and place the whole of society in a stronger position. One report observed that, using HMT’s own guidance from 2023, the boost in wellbeing for Disabled people in receipt of disability benefits as they then were, translated to “an average annual wellbeing improvement valued at £12,300 per person, and a potential £42 billion in annual economic benefits if support [was] maintained for the 3.5 million Disabled people” in receipt of support at the time of the report. Crucially, the annual cost of providing that support was only estimated to be £28 billion meaning the benefits of providing this support outweighed the costs by as much as £14 billion (KM7/164 INQ000620557/16).

138. I have sought to explain in this statement the major contribution Disabled people can and do provide to workplaces, the care sector and the economy generally. Through effective co-production and co-design that contribution can be greatly enhanced. Such co-production and co-design will not only find ways to allow Disabled people to thrive but also demonstrate that, by putting effective financial support systems in place, the overall benefits far outweigh any costs. Only by developing these systems can we put Disabled people and consequently the UK in a better position to meet the economic challenges of any future pandemic.

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: 04/09/2025