Witness Statement: Farah Black
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF FARAH BLACK ON BEHALF OF DISABILITY ACTION NORTHERN IRELAND

I, Farah Black, will say as follows: -

1. I am a member of Disability Action Northern Ireland ('Disability Action') and make this statement on behalf of that organisation. This statement is made in response to the Inquiry's Rule 9 Request for Module 9. This Module examines the economic interventions taken by the UK Government and Devolved Administrations in response to the Covid-19 pandemic. I make this statement on the basis of my own knowledge or belief. Where something is outside of my 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. I have not previously contributed any evidence to the Inquiry nor its listening exercise 'Every Story Matters'.

2. The following includes views and experiences of both myself and those of Disability Action through its contact with Disabled people and other Disabled People's Organisations (DPO) during the pandemic. I have also referred to reports that have been drawn to Disability Action's attention which we think are relevant to Module 9 and will be of assistance to the Inquiry. I have also had sight of the statement prepared by Disability Rights UK for Module 9 and agree with the points made in relation to the wider financial position of Disabled people throughout the UK and the disproportionate economic impact that the pandemic had on them. This statement sets out the specific situation in Northern Ireland.

Disability Action

3. Disability Action is the largest pan-disability Disabled persons led and umbrella organisation in Northern Ireland. We work with people with various disabilities including physical disabilities, learning disabilities, sensory disabilities, hidden disabilities and mental health disabilities. We meet the United Nations definition of a DPO as set out at General Comment No.7 (2018) paragraph 11, as we are majority led, directed, governed and staffed by d/Deaf and Disabled people (hereafter 'Disabled people'). DPOs are distinct from disability charities that represent Disabled people, however well, rather than enabling us to represent ourselves.

4. Disability Action works to promote, protect and uphold the human rights of Disabled people in Northern Ireland. We do this by collating evidence through surveys, publishing reports and engaging with key decision-makers including the Northern Ireland Executive, local authorities and the UK Government where appropriate.

5. Disability Action also provide services including employment support, human rights and independent advocacy, campaigns, community integration and digital connectivity, transport, information and advice, mental health and wellbeing and disability specialist support, and we provided that support throughout the Covid-19 pandemic. During the pandemic, we were funded by the Northern Ireland Department of Health to deliver a mental health support programme and a general information and advice service.

6. An example of the work that Disability Action normally carries out, outside of a pandemic, that falls within the scope of Module 9, is its contribution to research conducted by the All Party Group on Learning Disability (APGLD). This research, completed in September 2019, was supported by an online questionnaire and included constituency workers, Members of the Legislative Assembly, healthcare professionals and those involved in providing care to claimants of Personal Independence Payment (PIP). This work aimed at understanding the experience of individuals claiming PIP and the challenges they face. This APGLD research, which was carried out in partnership with Disability Action and others, was relied upon by Marie Cavanagh when writing her Second Independent Review of the PIP Process in Northern Ireland (FB1/01 – INQ000620353).

Disability in Northern Ireland

7. Disability rates in Northern Ireland have previously been found to be higher than in other countries within the United Kingdom. The 2021 Census found that 24% of the population of Northern Ireland report being limited in their day-to-day activities either 'a little' or 'a

lot' compared to 17% and 22% in England and Wales (FB1/02 – INQ000620355) (FB1/03 - INQ000620356).

8. Many of the issues associated with the financial impact of the pandemic that I will explain in this statement, such as increased costs, also affected myself and my family. As I cover these issues in detail throughout this statement, I will also incorporate how we were affected, as examples of the everyday challenges being faced by Disabled people which we were required to manage under the disproportionate financial pressures caused by the pandemic.

Pre-existing Economic Vulnerabilities

9. In Northern Ireland, as was the case across the UK, Disabled people were already one of the most financially at-risk groups before the pandemic. Prior to the pandemic, Scope had shown that Disabled adults faced extra costs of £583 per month on average (FB1/04 – INQ000620357/2). Disabled people are also more likely than non-Disabled people to live in poverty - research suggests that 57% of Disabled children in Northern Ireland were living in poverty compared to 37% of those without disabilities (FB1/05 – INQ000620358/10).

10. This is compounded by the fact Northern Ireland has the largest gap (42.4%) between the employment rates of Disabled people and non-Disabled people across all regions of the UK (FB1/06 – INQ000620359/5). Even when Disabled people are in employment, they are more likely to be employed in jobs that are more susceptible to the economic cycle and are at greater risk of unequal treatment from employers during an economic downturn (FB1/07 – INQ000620360).

11. For my own part, I had a sudden realisation and appreciation for the increased costs faced by Disabled people. In 2016, as a result of sepsis, my leg had to be amputated. My life changed on that day, I had to give up my work and much of my independence, I could no longer look after my basic needs and became reliant on those around me and social care services for support. I was a foster carer before my operation and had provided foster care for nine years. However, following my amputation, I was eventually told by my agency that I could no longer foster due to my disability. This was despite the fact that we fostered as a couple and a family, and the rest of the family are not disabled.

12. From that day in July 2016, I faced increased costs in all aspects of my life. For example, I rely on specialised taxis for transport which are more expensive. I have to replace my clothing more frequently as a result of being in a wheelchair. Similarly, due to my skin conditions and history of sepsis I have to maintain very high levels of hygiene which requires frequent cleaning and purchasing of clothing, bedding and towels. This leads to higher utility bills. I also pay more for heat and electricity because my condition means that I need to be warmer than I otherwise would, I require access to hot water 24/7 and my medication has to be refrigerated at a certain level. My necessary home adaptions, such as my stairlift, also use a high level of electricity. On top of all this, the chairs and commodes that I rely on to get around my own home cause damage to the floors and furniture, meaning we have higher upkeep costs. As a Disabled person, I am paying costs, that non-Disabled people would never even consider, just to live in my own home.

13. There is more than just a financial impact from these added costs – they take a toll on your self-worth and mental health, especially if you cannot afford to replace or repair what has been damaged by necessary home adaptions. Sometimes when I have a bad day and am struggling to make my budget work, I can get very low as it is so tiring to have to fight for everything I need and I can feel like a burden on my family. It should not be like that. Governments and local authorities should have systems in place to help Disabled people manage these increased costs.

Welfare benefits

14. The foundational system that should be there to support Disabled people in facing these additional costs and inequalities is the welfare benefit system. Sadly, it was Disability Action's experience that this system was failing to meet the needs of Disabled people prior to the pandemic. In respect of how the system worked in Northern Ireland there are two distinct features that it is important to note. The first is the slow transition of individuals from 'Legacy Benefits' to Universal Credit meant that there were higher numbers of legacy benefit claimants in Northern Ireland during the pandemic than in the rest of the UK. Those claimants were then more likely to be disabled.

15. The second distinct feature of the welfare benefit system relevant to Disabled people relates to Personal Independence Payments (PIP) which were first introduced in Northern Ireland on 20 June 2016. PIP began to replace Disability Living Allowance (DLA) for claimants above the age of 16 (FB1/01 – INQ000620353). The policy intent

behind the introduction of PIP was to create a “simpler, fairer, more objective and more transparent assessment of individual need” (FB1/08 – INQ000620361). It was also aimed at reducing working-age expenditure, as part of wider welfare reform savings to cut the budget deficit (FB1/01 – INQ000620353). The transition from DLA to PIP should therefore be seen as an attempt at cost-cutting.

16. The Northern Ireland Executive introduced a series of mitigation measures to support those who would suffer financial loss from the changes to the welfare system – these were introduced as ‘Welfare Supplementary Payments’ (WSP) (FB1/01 – INQ000620353). As a result of these mitigation schemes, around £38 million was paid to DLA claimants transitioning to PIP in 2018/2019 (FB1/01 – INQ000620353).

17. In the Second Independent Review of the PIP Process in Northern Ireland, the Reviewer found that “the vast majority of claimants reported a significant degree of dissatisfaction” with the PIP assessment process, with 84% saying that they were either dissatisfied or very dissatisfied (FB1/01 – INQ000620353). This mirrored the concerns identified by the Independent Reviewer which included the process being stressful and overly long; poor accuracy of reports provided by the Disability Assessor (DA); the general conduct of the DA and their lack of expertise (FB1/01 – INQ000620353). These issues with PIP, and their knock-on effects for the provision of financial support, only exacerbated the pre-existing economic difficulties for Disabled people in Northern Ireland.

18. I have personally experienced challenges in accessing financial support through the welfare benefit system. With regards to PIP and the assessment process, I have experienced a lack of a uniform approach amongst the doctors conducting the assessments. For example, the doctor who initially assessed me felt that it was acceptable for me to crawl up steps and sit on my bottom to descend. That was at the same time that I was experiencing serious ulcers on my right leg before amputation. I was also marked as fit to work, despite the fact that I was not able to drive and that I was taking a large amount of strong medication, including morphine. Receiving the news that I had been denied PIP and the financial support, albeit limited, it would provide, simply caused further emotional and mental distress. It also took two applications before I was accepted as eligible for Disability Living Allowance, and that was only after my doctors and GPs got involved with my application. The entire process took so long and there was no possibility of backdated payments so we were already struggling financially at this point. It was so difficult at that time and the financial challenges affected my whole

family and in particular my husband who had to start caring for me as I could not get any care.

Adult Social Care Sector

19. Northern Ireland is unique in the UK as it has a fully integrated health and social care structure. There were numerous issues and failures within the Care Sector in Northern Ireland prior to the pandemic but they largely could all trace their roots to a lack of funding. The Minister of Health, Robin Swann, in the middle of the pandemic noted that "the social care sector has been struggling for years and as a whole is not fit for purpose… It is beyond doubt that the sector needs much greater resilience. This is essential given the threat that will be posed by Covid-19 in the months and potentially years ahead" (FB1/09 – INQ000620362). Minister Swann went on to say that in order to address these issues the sector needed reform and investment plans with financial support coming from the Northern Ireland Executive. This was later echoed by evidence that he gave to the Inquiry in Module 2C where he stated that the social care sector "had been undervalued, [and] underrepresented in regards to the finance, the input and the support, especially of the key workers in it".[1]

20. The fragility of the care sector in Northern Ireland was not a recent pre-pandemic realisation and had been highlighted in the Power to People Review, published in December 2017 (FB1/10 – INQ000191268). Section 6 of the Power to People Review characterised the state of affairs as "a low paid, high turnover and undervalued workforce" that was in need of reform. The regrettable condition of the adult social care sector in Northern Ireland, as highlighted in Module 6, made it less resistant to the economic challenges brought about by the pandemic.

Personal Data

Unpaid Carers

21. My husband is an unpaid carer. The lack of support and recognition this group received prior to the pandemic was shocking and remains so today. When we married, we did not think that my husband would ever need to become my carer and yet after my leg was amputated, we quickly discovered that spouses are seen as free carers. Instead of providing me with the appropriate care support, the reliance of the Government on my husband to meet my care needs, has restricted both of our abilities to be partners to

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[1] [M2C/T9/24/2-5]

each other and available parents to our son. It is estimated that there are close to 220,000 individuals providing unpaid care in Northern Ireland, roughly one in every eight residents (FB1/11 – INQ000620364). A strict underestimate places the annual value of this unpaid care at close to £1.4 billion (FB1/12 – INQ000620365). This stands in stark contrast to the amount paid out annually by the Department of Communities (DfC) in terms of Carer's Allowance which is around £180 million (FB1/12 – INQ000620365) (FB1/13 – INQ000620366).

22. Unpaid carers were also at acute economic risk before the pandemic. The simple fact is that because carers devote hours of their time to unpaid labour it necessarily impacts upon their financial security. In Northern Ireland, those who provide high levels of unpaid care work fewer hours, get paid less and receive less in employer contributions (FB1/14 – INQ000620368). The State of Caring 2016 survey, carried out by Carers UK, found that 44% of respondents were struggling to make ends meet, with that number rising to 48% of those caring for 35 hours or more per week (FB1/11 – INQ000620364). Additionally, just over a quarter of respondents (26%) to the survey also reported that they were or had been in debt because of their caring responsibilities (FB1/11 – INQ000620364). This economic vulnerability was only exacerbated by the pandemic with 30% of unpaid carers in Northern Ireland living in poverty, compared with 16% of non-carers (FB1/15 – INQ000620369).

23. Carer's Allowance, mentioned above, has a high threshold for eligibility which disqualifies many of those providing unpaid care: it is estimated that only one in five carers receive it (FB1/11 – INQ000620364). Additionally, there have been concerns about the low level of financial support offered under Carer's Allowance. Although that amount has since increased (FB1/16 – INQ000620370), Carers NI labelled the weekly payment of £62.10 a "pittance" in 2016 and relayed the logical proposition that carers should be "getting something equal to the minimum wage" (FB1/17 – INQ000620371).

24. The disproportionate rate of poverty that unpaid carers experience coupled with a lack of adequate financial support meant that they, who are also more likely to identify as disabled than non-carers, were already at heightened economic risk prior to the pandemic.

Wider pre-pandemic context in Northern Ireland

Lack of an Executive

25. In Northern Ireland, between January 2017 and January 2020, there was no Executive which hindered the agreement of a Budget, as well as other long-term financial policies (FB1/18 – INQ000620372). Whilst the UK Parliament did eventually set budgets during that time, they generally took a hands-off approach to legislating in place of the Northern Ireland Executive – only doing so when unavoidable (FB1/19 – INQ000620373) (FB1/20 – INQ000620374).

26. Senior civil servants reported that one of the biggest consequences of not having an executive was the "longer-term inability to develop new policy or change policy direction" (FB1/20 – INQ000620374). This is because, in the absence of ministers, civil servants were unable to take new policy decisions (FB1/19 – INQ000620373). As a result, in the years immediately preceding the pandemic, Northern Ireland was unique among the four nations in the constraints on its decision making (including its economic decision making).

Devolution

27. The Inquiry has already heard evidence in Module 2 and its sub-modules that devolution arrangements, and reliance on the Barnett formula, led to an entrenched and inflexible system that prevented devolved governments from building a reserve that could be deployed in emergencies like a pandemic (See DPO M2A Opening Submissions p.6 §3.5 (Publicly Available) and DPO M2B Opening Submissions p.5 §3.3 (Publicly Available)). This limited the ability of devolved governments to effectively prepare and shield their populations from the brunt of the pandemic's economic impact.

DANI during the pandemic

28. During the pandemic, Disability Action kept its members regularly updated of key developments in policy of both the Northern Ireland Executive and the UK Government via its COVID-19 page (FB1/21 – INQ000620375). As well as policy related to controlling the spread of COVID-19 and vaccination, many of these updates related to financial support packages, furlough and other funding measures.

29. As part of its work, Disability Action regularly operates programs that aim to assist Disabled people economically and financially, many of which continued during the pandemic. Disability Action also launched new schemes during the pandemic in

response to the additional challenges of that time. Work that Disability Action undertook during the pandemic, which is relevant to the scope of this Module, is detailed below:

DPO Covid-19 NET Emergency Fund

30. One particularly successful example of Disability Action's work is the DPO COVID-19 NET Emergency Fund. This Fund was managed and administered by the 'DPO COVID-19 Coalition' which was a partnership of DPOs operating during the pandemic and was led by Disability Action. Other DPO members included Disability Wales, Inclusion Scotland and Inclusion London (FB1/22 – INQ000620376).

31. On 18 March 2020, the National Emergencies Trust (NET) launched an appeal to raise funds to help local charities support individuals suffering hardship as a result of the pandemic (FB1/23 – INQ000620377)(FB1/24 – INQ000620378). The DPO COVID-19 Coalition submitted a proposal to the NET Coronavirus Appeal which was successfully awarded in August 2020 (FB1/22 – INQ000620376). Over £1 million of emergency COVID-19 funding was made available by the NET Coronavirus Appeal to the Coalition. This was then distributed to various regional and local DPOs, in both rural and urban locations, across the UK (FB1/25 – INQ000620379).

32. The areas of work that were supported by the DPO COVID-19 Emergency Fund were as follows (FB1/25 – INQ000620379):
    - Independent living – dealing with issues of how the pandemic has limited Disabled people's autonomy such as newfound difficulties in all areas ranging from transport to employment.
    - Isolation – tackling feelings of isolation and loneliness by facilitating online and other peer support networks.
    - Income – supporting Disabled people in accessing benefits, entitlements and managing debt.

Job Match

33. Another example is the Disability Action Job Match programme. Our Job Match Supported Employment Officers (SEOs) assist Disabled people with finding employment, including help with updating CVs and preparing for interviews (FB1/26 – INQ000620380). In 2020, 102 Disabled people enrolled with Job Match with 42% of

these moving into paid work and 48% progressing into training to pursue their career (FB1/27 – INQ000620381). Similarly, in 2021, our Job Match team exceeded its targets and there was growth in the numbers of people in continued employment six months after leaving the Job Match programme (FB1/28 – INQ000620382).

Workable NI

34. Workable NI is a program run by Disability Action which provides "specific person-centred advice and support to Disabled people and their employers" (FB1/29 – INQ000620383). More specifically, the Workable NI team assists Disabled people who are about to start new jobs or are having difficulties in their existing job by providing advice and support. Workable supports over 200 Disabled people in the workplace in Northern Ireland and over 180 employers. 86% of employers who receive support from Workable NI are more likely to consider Workable NI to retain or recruit a Disabled person. Workable NI operated throughout the pandemic.

Disability Action's Transport Scheme (DATS)

35. Disability Action is responsible for operating a Transport Service throughout Northern Ireland. DATS is a local service for people with disabilities, older people and those who find it difficult using public transport (FB1/30 – INQ000620384). You have to apply to become a member of DATS before using the service, which is free, and then a small fare is charged per trip. DATS is available in 29 urban areas across Northern Ireland and can be used for any reason, including going to work, shopping, and attending health appointments. During the pandemic, DATS adapted their service and were able to continue providing services from July 2020 following approval from the Infrastructure Minister, Nichola Mallon (FB1/31 – INQ000620385).

Consultation and Engagement with the Executive

36. It was the experience of Disability Action that we did not have adequate or substantive consultation with either the UK Government or the Northern Ireland Executive specifically relating to their economic response and/or economic interventions during the pandemic. It was disappointing that we were not appropriately invited to provide input on key economic interventions, considering the fact that these interventions, as set out below, often had a disproportionate impact on Disabled people.

37. Despite repeated calls from DPOs for co-production of economic responses, the Executive did not establish formal mechanisms for consultation. This failure on the part of decision-makers to adequately engage with Disabled voices had the effect of excluding those who were already curtailed from accessing the labour market from the design of economic policies aimed at supporting "recovery". This undermined commitments under Article 27 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which guarantees the right of Disabled people to work on an equal basis with others (FB1/32 - INQ000142173/458-480). As discussed below in 'Analysis and Reflections', this exclusion manifested in economic policies which disadvantaged Disabled people by failing to account for their particular needs/circumstances.

Economic Impact of the Pandemic

38. In September 2020, Disability Action commissioned a report 'The Impact of Covid-19 on Disabled people in Northern Ireland' which collated over 400 responses from Disabled people (FB1/33 – INQ000142172). The conclusions of that report in relation to employment and social security are of particular relevance for Module 9. 4% of respondents indicated that they lost their job as a result of the pandemic (FB1/33 – INQ000142172). The rate of job losses among Disabled people and those with long term health conditions is in line with the UK average for all workers but this should be seen in the context that Disabled people in Northern Ireland are already disproportionately likely to be unemployed (FB1/33 – INQ000142172). For instance, Disabled people tend to disproportionately suffer poor treatment from employers during periods of economic hardship, which only widens the pre-existing pay and job satisfaction gap (FB1/33 – INQ000142172). This effect is only amplified during a health crisis, like a pandemic. The report showed that respondents feared that efforts to cut down on the costs of sickness absence would translate into recruitment and retention policies that would have a disproportionate impact on Disabled people (FB1/33 – INQ000142172). Similarly, a survey undertaken during the pandemic between 10 November and 20 December 2021 (FB1/32 – INQ000142173/10) showed that 89% of respondents felt that Disabled people found it difficult finding and keeping jobs, and that 78% of respondents felt that Disabled people did not have enough money to have a decent life. Again, there is a clear link between these negative outcomes experienced by Disabled people and failures to engage with them: 82% of respondents to this survey reported that there were not enough opportunities for Disabled people to be involved in the planning response to Covid-19 (FB1/32 – INQ000142173/10).

39. Leonard Cheshire, a charity for Disabled people, noted that 58% of Disabled people in Northern Ireland that were employed in March 2020 found that their work had been impacted (FB1/34 – INQ000620388). They also reported that 24% of Disabled people in Northern Ireland worked reduced hours as a result of the pandemic; 51% felt increased anxiety due to concerns about their job being at risk; and 40% felt at greater risk of redundancy due to employers judging them on the basis of their disability (FB1/34 – INQ000620388). Similarly, previous research conducted by Leonard Cheshire shows that just 10% of disabled adults received Access to Work support (FB1/34 – INQ000620388).

40. In relation to social security, 22% of respondents to Disability Action's survey said that they had either had difficulties accessing benefits or anticipated that they would in the future (FB1/33 – INQ000142172). Respondents also highlighted how they were facing additional costs during the pandemic, such as increases in energy usage from shielding at home or paying extra for food deliveries (FB1/33 – INQ000142172).

41. We noted in our report that the UK Government implemented policies and measures to counteract the economic impact of the pandemic, such as the £20 uplift to Universal Credit. However, as a significant proportion of Disabled people in Northern Ireland receive legacy benefits such as Employment and Support Allowance (ESA), they saw no such increase (FB1/33 – INQ000142172). Similarly, throughout the COVID-19 pandemic, the Northern Ireland Executive introduced a range of economic interventions aimed at protecting jobs, businesses, and livelihoods. However, as will be discussed below, these measures were developed and implemented with minimal engagement with Disabled people or DPOs, despite clear evidence that Disabled people were among the most economically vulnerable groups during the crisis. From our case work, we know that many Disabled workers, especially those in precarious, part-time, or self-employed roles, found themselves ineligible for support or deprioritised due to assumptions about productivity and economic contribution. Others experienced difficulties navigating inaccessible application processes or were overlooked in guidance and eligibility criteria.

42. A report from the NIHRC stated that there were even disparities in how the pandemic affected the value of health and social care services received (FB1/35 – INQ000184718). Using the language of the report, it found that benefit units with a higher number of disabilities suffered a disproportionate impact compared to non-disabled benefit units. For example, benefit units with four or more disabilities lost more than

£1,500 per year on average, due to the pandemic, compared with around £250 for non-disabled benefit units (FB1/35 – INQ000184718). Therefore, Disabled people in Northern Ireland were left to bear these extra costs from the pandemic without adequate access to the financial support specifically designed to help.

43. My own personal experiences of the increased costs caused by the pandemic relate to the situation in both England and Northern Ireland. I was living in Shropshire, England at the start of the pandemic with my husband and son. My condition had been worsening and I was informed that I was especially susceptible to infection and, according to an assessment of my needs, I had been awarded 84 hours of care per week. However, during the pandemic, it became very difficult and almost impossible to rely on care providers in my area. As a result, we struggled to fill my hours of caring per week, which increased the stress and responsibility on myself and my husband. During this time, I was living in a three-storey house that I was unable to get around, so I was confined to a 10 x 12ft room. Amidst the stress of the pandemic, we eventually decided to relocate to Northern Ireland in May 2021.

44. The move itself once again highlighted the particular increased costs that Disabled people face. For example, the reduced availability of goods in Northern Ireland, which arose out of a combination of Brexit and the pandemic, meant that specialist equipment suitable for Disabled people was substantially more expensive. Building contractors were also understandably concerned about the risks of Covid-19 and the impact on their workforce and therefore were charging a premium to make adaptions which I had to pay for myself. I did make enquiries about the possibility of receiving a grant for my stair-lift but due to the backlog caused by the pandemic, I had to fund the installation of the stair-lift and ramps myself to ensure my own home was accessible to me. Similarly, to this day, I have struggled to get funding for a wheelchair for use inside my home and have been relying on commodes to move around.

45. I have noticed that, since moving to Northern Ireland, there is a distinct disparity in the social care hours available and healthcare hours available compared to the mainland. By the time we moved, I had found a carer who was able to meet our needs. Having previously relied on constantly changing agency staff, we appreciated the value of having a consistent carer who could support me and my husband. Therefore, once we realised that my carer was also willing to relocate, we financially helped her and her family to move to Northern Ireland as well. After moving, I had a review to calculate my

direct payments from the Southern Trust which was done over the phone and contained multiple errors and omissions. It quickly became clear that less funds were available and this was reflected in a significant reduction in my direct payments. I was informed that I would only receive 40 direct payment hours of care per week. The assessment which led to this reduction was not completed in-person and although I did try to provide explanations and medical evidence to show that I required the full 84 hours I had originally been afforded, these were rejected. It left me feeling as though Northern Ireland is treated as the poor relative to the UK without sufficient financial support to maintain the social care sector. Disabled people within that sector consequently have their needs overlooked and forgotten.

46. I also lost my overnight care after moving to Northern Ireland. Initially I was able to fund the first 11 months through my own savings but after a while I could no longer afford this. That meant that I slept in a shower chair as, without care, it was too difficult for me to get in and out of bed. Being able to afford a night carer allowed me to keep my dignity and sleep in my own bed. Without any overnight care and restricted day time care funded by the local authority, I have been left to try and cover the wages of my carer in order to allow her to provide the support I need. I have to balance these costs along with the increased costs I have for utilities and the general expenses that every family has. This has been exceptionally difficult and despite the cost of living crises increasing costs for my carer, I simply am not able to offer her a pay increase. I estimate that there is a shortfall of £1,100 between the financial support I am provided and what I require to meet my basic care needs. In Northern Ireland, the current cost of a carer is £14.50 per hour and, while the hourly rate has been increased by the Trust, this does not cover pension contributions, tax and holidays. In England, there was a more proactive approach and a premium has helped to recruit and retain carers.

Unpaid carers

47. Research conducted by WPI Economics for the Carer Poverty Commission NI in 2023 suggests that, following the pandemic, one in four unpaid carers in Northern Ireland are living in poverty – roughly 55,000 unpaid carers (FB1/36 – INQ000620390). The increased costs of the pandemic and the increased demand for unpaid care meant that unpaid carers had to do more with less. They struggled to juggle paid work with providing unpaid care and were often compensated poorly by inadequate levels of Carer's Allowance (FB1/36 – INQ000620390). The report noted how insufficient income and

rising costs forced carers to cut back on essentials and rely on emergency help, like food banks.

48. In my own life, due to the disruption to care services, my husband had to provide increased levels of unpaid care at numerous points during the pandemic. Relying on a partner to such an extent in already stressful circumstances such as a pandemic, can cause strain to a relationship and you lose a sacred and special part of your life. As a Disabled person during the pandemic we were not given a choice in this matter – as was the case before the pandemic, unpaid carers were expected to step up in times of crisis and fill in gaps. The fact that they did so brilliantly does not mean that this approach is acceptable. Systems must be in place to ensure funded care remains and when unpaid carers are required, they must be adequately supported to meet the increased costs of a pandemic. By relying so heavily on unpaid carers, difficult times are made even more difficult financially, emotionally and physically.

<u>Wider impact on the Northern Ireland economy</u>

49. Rates of economic inactivity have historically been higher in Northern Ireland than the rest of the UK, and although rates rose during the pandemic in all four nations, the increase was the greatest in Northern Ireland. By December 2022 it was reported that the economic inactivity was markedly higher in Northern Ireland (29%) than it was in the rest of the UK (21%). Inactivity on grounds of sickness/disability is much higher in Northern Ireland and that divergence only increased over the past ten years: in Northern Ireland, rates went from 7.8% in 2012/2013 to 9.8% in 2021/22, a rise of 25%, whereas inactivity on grounds of sickness/disability in the other three nations increased by less than 10% over the same period. Similarly, during the pandemic, the largest increase in the proportion of the working age population inactive due to sickness or disability was in Northern Ireland at 15%. These statistics show that historic economic issues in Northern Ireland were only exacerbated by the pandemic. Disabled people were, and often remain, unable to try and help address these issues because we do not have sufficient access to the labour market, as set out at paragraphs 37 and 38 above. More needs to be done now to improve access to work for Disabled people and enable us to better contribute to the economic recovery in times of crisis (FB1/37 – INQ000620391).

Analysis and Reflections

50. Disability Action produced a report titled 'The Impact of Covid-19 on Disabled people in Northern Ireland' which discusses the impact of the pandemic on employment for Disabled people and social security, as discussed above (FB1/33 – INQ000142172). This was commissioned in September 2020.

51. Disability Action recognises that attempts were made by the Northern Ireland Executive and the UK Government to provide financial support during the pandemic through economic interventions. However, too often these interventions were indiscriminate and did not take account of how they might affect Disabled people and those who care for them. For example, the £20 uplift to Universal Credit was not applied to other legacy benefits which disproportionately impacted Disabled people in Northern Ireland who are largely in receipt of legacy benefits, due to delayed transitional arrangements. Although by long standing convention Northern Ireland retains parity with social security provided by the UK Government, even where the Northern Ireland Executive had greater autonomy, it often failed to provide adequate financial support. This was shown when Scotland and Wales introduced supplementary payments for unpaid carers during the pandemic but similar payments could not be made in Northern Ireland due to outdated administrative systems (FB1/38 – INQ000099707/10).

52. Disabled people in Northern Ireland already faced the lowest employment rate of any group pre-pandemic. According to the Department for Communities, the disability employment gap in Northern Ireland remains one of the widest in the UK. Yet the Executive did not create tailored financial supports to address the disproportionately negative impact of Covid-19 on Disabled workers and entrepreneurs. This failure contributed to increased poverty, social isolation, and economic exclusion for thousands of Disabled people. Already facing one of the lowest employment rates and highest levels of economic inactivity in Northern Ireland, Disabled people were further marginalised by the absence of robust and inclusive economic support mechanisms. Recovery interventions largely focused on general population employment and business recovery schemes, without specific strategies to address the entrenched barriers Disabled people face in the labour market.

53. A human rights-based economic response would have involved active partnership with Disabled people in the design and delivery of financial support schemes. It would have ensured access to income replacement, inclusive skills development, and targeted investment in inclusive employment opportunities. The absence of such engagement

during the pandemic represents a significant policy failure that must be addressed in future crisis planning and economic policymaking.

54. The Northern Ireland Executive's *"Building Forward: Consolidated COVID-19 Recovery Plan"*, published on 2 August 2021, set out a 24-month vision to accelerate recovery across economic, health, and societal domains, with an emphasis on sustainability, tackling inequality, and population wellbeing. While the plan identified "tackling inequalities" as one of four key Recovery Accelerators, the document demonstrated a striking lack of targeted economic measures for Disabled people—despite the disproportionate economic fallout they experienced during the pandemic.

55. The plan made only one reference to Disabled people in its strategic aims, and even this was narrowly framed: a single action aimed at exploring targeted employment support for Disabled young people (FB1/39 – INQ000101002/10). While important, this limited commitment does not reflect the scale of economic disadvantage Disabled people of all ages endured as a result of the pandemic. It also fails to meet the Executive's obligations under Article 27 of the UNCRPD, which guarantees the right to work and employment on an equal basis with others.

56. Crucially, the plan was developed with minimal engagement with DPOs, undermining its stated goal of inclusive recovery. Consultation processes involved only one DPO, and there was no evidence that lived experience shaped the economic policy responses. As Disability Action and other stakeholders have noted, this lack of co-production resulted in economic interventions that neither reflected the realities of Disabled people's lives nor prioritised accessible employment pathways, inclusive entrepreneurship, or social security reform. Moreover, the failure to invest in disaggregated data collection on disability and employment continues to hinder the design of effective, evidence-based economic policy. Without a clearer picture of how Disabled people—particularly women, rural dwellers, and those with complex support needs—fared during the pandemic, the recovery plan risks embedding rather than challenging structural inequalities.

57. To move from recovery to genuine economic inclusion, future strategies must be co-designed with Disabled people and backed by dedicated investment in inclusive employment, accessible skills programmes, and disability entrepreneurship. A rights-based recovery demands more than a token gesture; it requires a structural shift in how Disabled people are recognised, resourced, and represented in economic planning.

58. Disability Action does not have a stance on the specific economic interventions identified by the Inquiry such as the Small Business Support Grant Scheme, the Sector Specific Business Support Grant Scheme, Company Directors Support Scheme etc. However, we do recognise that interventions such as the Large Tourism, Leisure and Hospitality Grant Scheme may have particularly impacted Disabled people, as these are industries in which Disabled people have increased rates of employment.

59. Overall, Disability Action is concerned about the Northern Ireland Executive and UK Government's understanding of how the pandemic disproportionately affected Disabled people and increased their need for support. In large part, I believe that this was due to a lack of consideration of the issues that Disabled people face and how these were exacerbated during the pandemic. Greater co-production and inclusion of Disabled voices and DPOs in all spheres of decision-making, as required by Article 4.3 of the UNCRPD, is needed going forwards to address these shortcomings.

60. For my own part, in order to try and create a more accessible world for Disabled people and consequently reduce the increased costs they face and improve their access to employment, I set up the company Spend-Abled in 2021. Having personally gone from being a non-disabled person and highly active individual to being completely reliant on a wheelchair, following my amputation, I am acutely aware of the barriers placed in front of Disabled people and the negative attitudes that we face. Above all, I want to live in a country where we are all equal, regardless of disabilities. Spend-Abled's aim, therefore, is to create a country of excellence where the disabled have a truly level playing field so that Disabled people can live freely and independently.

61. Reaching complete accessibility will allow Disabled people to participate in all aspects of life, and reduce the costs of doing so, from accessing cheaper transport and social activities to better supporting employers to make the necessary adjustments to allow us to access work. Greater freedom and independence in all areas of life will lead to corresponding benefits not only in Disabled people's financial independence but also our mental health. This would, in turn, reduce the demands through benefits and on mental health services respectively. Improving the extent to which Disabled people can participate in society would also bring wider economic benefits considering it is estimated that the worth of the 'Purple Pound' (i.e. the spending power of Disabled

people and their households in the UK) is approximately £274 billion annually (FB1/40 – INQ000620394/2).

62. Achieving such wide-reaching change will require legislative reform and clear regulation on what will be required of businesses in guaranteeing complete accessibility. Spend-Abled would seek to encourage this process by supporting businesses to work with Disabled employees to understand what adaptions are required and then supporting them through the completion of that work. We have plans to pilot this approach in a local town, Portadown, where some initial surveys have been completed with businesses. However, in order to carry out this work on a much wider scale, governments and local authorities must not only engage Disabled People's Organisations, like Spend-Abled, they must adequately fund them to co-produce policies and provide services.

63. Sadly, despite this work and the fact that almost one in four of our population are disabled, we have found that disability issues are mostly near the bottom of government agendas. It has been difficult to gain traction, especially in the aftermath of the pandemic, where the focus is now on generating as much profit as possible to make up for lost time and minimising cost without considering how to include Disabled people in that recovery process. As a result, there has been a reluctance to listen to disabled issues across both government and the private sector.

Recommendations

64. Disability Action's key recommendations to improve the economic response for future pandemics are as follows:

- **Improved financial support for Disabled people and unpaid carers**: This means accounting for any disparities between benefits in times of financial crisis (like Universal Credit and legacy benefits) and ensuring that any support is applicable to all benefit regimes. Similarly, reviewing the value and eligibility criteria of existing benefits including PIP and Carer's Allowance. This also requires streamlining the procedural aspects of receiving financial support such as the PIP assessment process and direct payments.

- **Improved employment prospects for Disabled people:** This requires all parties making it easier for Disabled people to find and retain jobs, which includes working with DPOs such as Disability Action that have experience in assisting Disabled people in finding employment.

- **Increased funding for the social care sector:** Improving the financial resilience of the care sector so that it is better prepared to withstand future pandemics is essential and this can be done by funding the social care sector to an extent that reflects its importance and a status equal to healthcare.

- **Co-production and increased inclusion of Disabled voices**: DPOs and Disabled people, generally, should be included and consulted as far as possible in decision-making. Many of the substantive issues in policy could have been mitigated or prevented by effective consultation with Disabled people.

Statement of Truth

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

Signed: Personal Data

Dated: Jul 21, 2025