**Anger after watchdog appears to back away from inquiry into DWP deaths**

The equality and human rights watchdog appears to have backed away from holding a wide-ranging statutory inquiry into links between the Department for Work and Pensions (DWP) and the deaths of disabled benefit claimants.

The Equality and Human Rights Commission (EHRC) confirmed this week that it will use its powers this year to address the “systemic barriers” facing disabled claimants in the benefits system.

But it refused to confirm the suggestion in papers considered by the EHRC board in January – secured by Disability News Service (DNS) through a freedom of information request – that there would be a formal statutory inquiry into these barriers.

Even if it did carry out such an inquiry, the commission appears to be edging away from demands for it to hold a full inquiry into the links between DWP and the deaths of countless benefit claimants over the last decade.

This week, the commission refused to provide any details about the work it will be doing on the barriers in the benefit system.

Instead, an EHRC spokesperson said: “As outlined in our [business plan for the year](https://www.equalityhumanrights.com/en/what-we-do/our-business-plan/business-plan-2021-2022), we will be using our powers, including strategic enforcement action, to address systemic barriers to benefits systems for disabled claimants as well as conduct an inquiry on social care [*see separate story*] and will publish the terms of reference for this in due course.”

It has since refused to provide any further clarity.

Linda Burnip, co-founder of [Disabled People Against Cuts](https://dpac.uk.net/), said: “This is typical of EHRC unfortunately and they seem to ignore even policies and behaviours of government departments that lead to the unnecessary deaths of disabled people.

“It really is time for EHRC to start doing their jobs effectively.”

Labour’s Debbie Abrahams has been trying to persuade the EHRC to hold an inquiry into deaths linked to DWP for the last two years, following years of campaigning on the issue in parliament.

Abrahams, the MP for Oldham East and Saddleworth and a former shadow work and pensions secretary, said it was “unclear” what DWP’s work in 2021-22 would involve.

She said: “Whilst I support the EHRC’s broad objective – who wouldn’t? – it doesn’t address the issues I have raised with them about the deaths of disabled social security claimants.

“It doesn’t say if there will be any inquiry and whether this will assess the full scale of the deaths of disabled claimants and the factors that have contributed to these deaths.

“As [the National Audit Office said in 2020](https://www.nao.org.uk/report/information-held-by-the-department-for-work-pensions-on-deaths-by-suicide-of-benefit-claimants/), the DWP does not have this information.

“As such, we need a full independent inquiry to explore this in detail.”

Ian Jones, from [WOWcampaign](https://twitter.com/WOWpetition), said: “The EHRC continues to act as though it is an arm of government whose job is to cover up that thousands of disabled people have died as a direct result of government policy.

“The WOWcampaign have discussed this at length with Debbie Abrahams, are confident she will force the issue, and are ready to help her in any way she asks.”

John McArdle, co-founder of [Black Triangle](https://blacktrianglecampaign.org/), said the EHRC’s apparent decision to back away from an inquiry into the links between DWP and the deaths of claimants was a “disgrace”.

He said disabled activists had spent 11 years “campaigning for justice for the victims, families, friends and communities of those who have passed tragically – and completely avoidably – as a direct result of this government’s barbaric work capability assessment and personal independence payment disability assessment regimes.

“What we demand is a truly independent, judge-led public inquiry.”

DWP declined to comment on the EHRC’s actions, but a spokesperson said it would “continue to work with the EHRC in a constructive and collaborative way”.

Meanwhile, there appears to be no sign of an end to the series of tragedies that have been linked to DWP’s failings over the last decade.

One of the latest deaths was that of 27-year-old Philippa Day, from Nottingham. [In January](https://www.disabilitynewsservice.com/philippa-day-flawed-pip-system-led-to-young-mums-death-says-coroner/), a coroner highlighted 28 separate “problems” with the administration of the personal independence payment system that helped cause her death, after a nine-day inquest uncovered multiple failings by both DWP and its private sector contractor Capita in the 11 months that led up to her death in October 2019.

In June, the high court in London [will be asked to order a second inquest](https://www.disabilitynewsservice.com/high-court-is-asked-to-order-fresh-inquest-into-death-of-jodey-whiting/) into the death of Jodey Whiting, a mother-of-nine and grandmother from Stockton-on-Tees, who took her own life in February 2017, 15 days after she had her employment and support allowance mistakenly stopped for missing a work capability assessment (WCA).

The family of Errol Graham are still seeking justice for the DWP failings that led to [him starving to death](https://www.disabilitynewsservice.com/the-death-of-errol-graham-man-starved-to-death-after-dwp-wrongly-stopped-his-benefits/) in 2018 after his benefits were wrongly removed, leaving him without any income.

And [late last year](https://www.disabilitynewsservice.com/roy-curtis-autistic-man-killed-himself-six-days-after-latest-fitness-for-work-demand/), an inquest heard how 27-year-old Roy Curtis (previously known as Ayman Habayeb) had taken his own life in November 2018, six days after being told to attend a WCA, despite DWP being repeatedly warned that its actions had made him suicidal.

**29 April 2021**

**Coalition calls for halt to use of ‘unethical and unsafe’ mental distress emergency scheme**

Disabled activists are calling for an immediate halt to the use of a multi-agency scheme that they believe is unethical, unlawful and unsafe, and which they say puts people in severe mental distress at risk of being denied vital support.

Under the leadership of a police officer and a mental health professional, Serenity Integrated Mentoring (SIM) puts pressure on users of mental health services – often those at high risk of suicide and self-harm – who have not committed a crime but are seen as “high intensity users” of emergency services.

There are concerns that this can involve withholding assessment and treatment, and gives police officers a key role in making clinical decisions when service-users are in crisis.

The new [StopSIM Coalition](https://www.stopsim.co.uk) has warned that the system is being rolled out across NHS England, despite the lack of high-quality research into its impact on service-users.

The coalition of service-users and allies says it has “grave concerns” about SIM and wants to see the use of the scheme halted while an independent review is carried out into its “evidence base, safety, legality, ethics, governance and acceptability to service users”.

SIM is supported by the [High Intensity Network](https://highintensitynetwork.org/), which is led by director [Paul Jennings](https://highintensitynetwork.org/contact), the founder of SIM and himself a former police officer with experience of mental distress and using mental health services.

He says his network is already working with 23 of 57 mental health trusts in England.

This week, he told Disability News Service (DNS) that some of the criticism of SIM was unfair, but he admitted there was a need for an independent review of the programme.

He claims that there are good reasons for putting pressure on service-users through “positive risk management”, which he said was a well-known principle in mental health care.

He added: “All we have done is expand the knowledge and confident use of positive risk management through a centralised crisis plan.”

He said it was “not oppressive pressure” or “heartless”, but a “well thought-through, well-intentioned, good balance of risk management”, while he claimed the crisis plans were always co-produced and signed off by the service-user.

Jennings said: “All we are doing is providing high-quality information to police officers and paramedics so they can… make a higher-quality decision in the moment of distress.”

But the coalition’s concerns and its calls for a halt to the use of SIM-type programmes and an independent review have already been backed by the [National Survivor User Network (NSUN)](https://www.nsun.org.uk/).

NSUN warned this week that there did not seem to be a sound evidence base for the intervention or much oversight of service-user outcomes not relating to cost, demand and staff time.

And it said there had been “little to no involvement of service-users or ‘experts by experience’ in the development of the model or feedback on experiences of being under it”.

Jennings said the criticisms of a lack of high-quality research were “absolutely true and fair because of the difficulty of securing high-quality data from multiple teams across the NHS and police and because the number of service-users nationally was naturally very small”.

He added: “We are continuously in the process of improving our research methodology but our teams are telling us they are confident that the data they already have, clearly shows really strong qualitative and quantitative outcomes.”

His work has been backed and funded by the NHS through its “Innovation Accelerator Fellowship”.

But one of the pieces of evidence the coalition points to that highlight its concerns is [an NHS England report](https://nhsaccelerator.com/wp-content/uploads/2018/11/NHS-Innovation-Accelerator-Understanding-how-and-why-the-NHS-adopts-innovation.pdf) (PDF) on innovation within the NHS.

The report says that SIM schemes can prevent the “revolving door” of service-users repeatedly “moving in and out of police custody and mental health wards”.

It also describes how professionals engaged with a service-user who was being dealt with through a version of the SIM scheme being run in Surrey.

Police officers in Surrey had been briefed about the scheme and, the NHS report said, “had started to understand that over-reactive decisions, made in fear, did not help the patient but actually gave the message that high-risk behaviours would be ‘positively reinforced’ by 999 teams (meaning that it would encourage the patient to repeat the high-risk behaviour)”.

As a result, she was not detained under the Mental Health Act and the police took her home and left her there.

Soon afterwards, she intentionally overdosed and had to be admitted to an accident and emergency department for treatment.

According to the NHS report, the Independent Office for Police Conduct concluded that the officers had no case to answer for misconduct “because they followed due procedure according to the clinically endorsed care plan”.

Jennings defended the police action, and said it “was not an autocratic decision, in this case, it was police and clinicians and the service-user working through an opportunity to build emotional resilience”.

He said the police officers had followed a “co-produced plan” and that the service-user subsequently “found safer ways of going into crisis”.

The StopSIM Coalition says it has concerns about the evidence NHS trusts and police forces are relying on to justify adopting the scheme, the risks to service-users who have SIM imposed upon them, and potential breaches of human rights.

In a statement, the coalition said: “To our knowledge, no robust, high-quality research has been conducted, which would justify such a rapid implementation of this novel, complex and high-risk intervention.

“There is also a wider absence of evidence that attests to the safety, efficacy and acceptability of interventions that involve withholding potentially lifesaving assessment and treatment across multiple agencies, which also utilises police officers as interventionists.”

Jennings told DNS that police officers do not take control of the crisis situation, but play a joint role with the mental health professional and the service-user “to see if we can help the service-user much more effectively when they are in crisis”.

The StopSIM Coalition also says that the little research that has been carried out has failed to measure the experience of the service-users themselves, focusing instead on how heavily services are being used and how much they cost.

It also believes there is a risk that suicides could increase if service-users are forced to hide their self-harm and suicide attempts from services.

They say SIM treats service-users’ behaviour as attention-seeking and manipulative when research on self-harm and suicide attempts shows they are usually driven by an attempt to manage acute distress.

Jennings said this was “deeply unfair” and that SIM was “exactly the opposite” and was “trying to challenge the labels, challenge the stereotypes”.

The coalition has now [launched a petition](https://www.change.org/p/nhs-england-stopsim-halt-the-rollout-and-delivery-of-sim-and-conduct-an-independent-review) that calls for SIM’s rollout and delivery to be halted and for an independent review.

In a statement supporting the coalition’s campaign, NSUN said: “We know that forced police contact can already be part of the response you receive if you ‘repeatedly’ reach out for help when deeply distressed.

“This risks exacerbating this, particularly for those from minoritised or racialised communities for whom the possibility of police brutality and discrimination is a very real fear.

**“**NSUN supports the #StopSIM Coalition and together we call for the delivery of this intervention to be halted and independently reviewed with regards to its evidence base, legality, ethics, governance, and acceptability to service-users.”

Jennings said he would “totally and utterly welcome” an independent review of SIM.

He said: “We know we are not a gold standard model yet. We know this whole health and justice movement is in its first decade of something probably like 70 or 80 years of evolution before you get close to it, so we totally welcome any review.”

He added: “It is my wife [a former police member of staff] and I running this network, with the sporadic support of some NHS teams, and it is a major weakness of the programme that we are not supported more by NHS England.

“Why is a care programme for the most traumatised patients in the NHS being run by two ex-cops from their spare room on the Isle of Wight?”

By noon today (Thursday), Surrey and Borders Partnership NHS Foundation Trust, Surrey Police and NHS England had all failed to respond to the concerns about the SIM programme, despite being approached by DNS last Friday (23 April).

**29 April 2021**

**Watchdog’s ‘invaluable’ inquiry set to expose ‘fragility’ of social care system**

The Equality and Human Rights Commission (EHRC) is to launch an “invaluable” and “long-overdue” inquiry into whether the social care system breaches equality and human rights laws.

The formal statutory inquiry will examine the system of assessing needs and making decisions on social care packages, and how they uphold equality and human rights laws for those who need social care.

Brief details of the inquiry [were published quietly](https://www.equalityhumanrights.com/en/what-we-do/our-business-plan/business-plan-2021-2022) by EHRC earlier this month, but apparently without alerting the media.

But documents obtained by Disability News Service through a freedom of information request suggest that the commission hopes the inquiry will help to embed equality and human rights, including the right to independent living, in social care policy and reform.

February’s health and social care white paper said the government would bring forward “proposals” for social care reform later this year, although it has been making such pledges since 2017.

Disabled people’s organisations this week welcomed the EHRC inquiry.

Professor Peter Beresford, co-chair of the disabled people’s and service-user network [Shaping Our Lives](https://www.shapingourlives.org.uk/), said the inquiry would be “invaluable” because “we know that we have few rights under existing Westminster social care policy”.

He contrasted the principles of needs- and means-testing in social care with the “essentially universalist” principles of the NHS.

He said: “Shaping Our Lives offers the warmest of welcomes to something so long overdue.

“The EHRC’s emphasis on embedding equality, human rights and independent living in social care policy reform is vital and sadly not to be found in most other social care policy discussions outside of those of disabled people themselves.”

He said he hoped the inquiry would lead to inspections of local authorities by the Care Quality Commission, which currently does not happen “despite the work of councils being the very nerve centre of the whole system”.

But he said such inspections would “only be a good thing if they inspect against the right standards”.

He added: “Councils have been getting away with practices at both the individual and strategic levels that fall way below human rights standards for years.

“Their part in the weakness and fragility of services as exposed by COVID has gone completely under the radar.

“This inquiry by the EHRC will be a good thing if it provides the basis for getting the right standards against which councils should be held to account.”

Kamran Mallick, chief executive of [Disability Rights UK](https://www.disabilityrightsuk.org/), said: “We welcome the inquiry into social care.

“We have grave concerns about recent reports that care plans are not covering disabled people’s needs, and that local authorities are increasing charges leaving disabled people with a pittance to live on.

“We hope the inquiry will focus on why local authorities are not fully implementing the Care Act.

“Disabled people need to be given the means to live full, productive, socially inclusive lives.

“Doing so is right for disabled people and good for our country.”

An EHRC spokesperson said the commission would publish terms of reference for the inquiry “in due course”.

A Department of Health and Social Care spokesperson had declined by noon today (Thursday) to say whether the government believed the inquiry was necessary.

But she said in a statement: “The government continually ensure people who receive care get the support they need through the pandemic as set out in the [Ethical Framework for Adult Social Care](https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care).

“With lessons learnt from the pandemic, the government’s [health and social care bill](https://www.disabilitynewsservice.com/guarded-response-to-health-and-social-care-white-paper/)will put in place targeted improvements for the delivery of health and social care to ensure it is fit for the future.

“Separate proposals on social care reform, due later this year, will set out further plans for a system.”

**29 April 2021**

**Ministers agree to carer abuse review after refusing to include disability rights in new bill**

The government has agreed to launch a year-long review into the protection and support available to disabled people who are abused by their carers.

The review will examine the protections and support currently available, and the barriers to access to justice, and will include the Department of Health and Social Care, the Home Office, the Disability Unit and the Ministry of Justice.

Ministers also say it will look at existing criminal laws, safeguarding legislation, regulation by the Care Quality Commission, the protections available for those using non-regulated care and the support available for survivors of abuse by carers.

The disabled crossbench peer Baroness [Jane] Campbell welcomed the announcement and said it was a “good concession” and a “small achievement”.

The government only agreed to carry out the review after refusing to extend protections included in their domestic abuse bill to disabled people abused in their homes by paid care workers and personal assistants, and friends and neighbours who carry out unpaid caring duties.

Attempts to extend those protections had been led in the Lords by Baroness Campbell and another disabled crossbench peer, Baroness [Tanni] Grey-Thompson.

But after securing cross-party support in the Lords, their amendments were overturned by MPs, with the junior Home Office minister Victoria Atkins [promising instead](https://hansard.parliament.uk/Commons/2021-04-15/debates/0E322BD7-571C-4DC5-A8C8-7B29806DE067/DomesticAbuseBill#contribution-6AA59206-06A3-4DA5-A897-088D4BFE729D) “a review of the protections for people at risk of carer abuse”.

Another Home Office minister, Baroness Williams, then met with Baroness Campbell and Baroness Grey-Thompson, telling them that their work had led the government “to think long and hard about disabled people being at the mercy of their carers”.

Baroness Campbell told Disability News Service (DNS) afterwards: “I stressed the need for this to start without delay and for disabled people to be involved throughout the process.

“There had to be solutions, particularly in the light of the pandemic.

“It was agreed that the review would be evidence-based and, importantly, that legislation would be considered if the review demonstrated a need.

“The minister accepted it must also be mindful of disabled people’s difficulties in reporting abuse.”

Following the meeting, Baroness Campbell [told fellow peers](https://hansard.parliament.uk/lords/2021-04-21/debates/99B0FAAA-A5C5-41A1-94CC-F1FB0299C9C3/DomesticAbuseBill) that she now accepted that the bill could not be extended to cover abuse by paid care workers and personal assistants, and friends and neighbours who carry out unpaid caring duties.

But she told them she was “currently confident” that the government had “taken on board the deep concerns… at the exclusion of disabled people from the bill.

“I believe that they are committed to finding alternative means to address carer abuse, as the current protections are clearly inadequate.”

She added: “Carer abuse – as evidenced throughout the pandemic and during earlier debates and pre-legislative scrutiny – must not continue unchecked.

“Disabled people deserve to have equivalent protection – no less.”

She told DNS that the review was a “good concession” as there had been little hope of extending the legislation to cover carer abuse.

She added: “I pushed for the amendment largely to shine a light on this very hidden menace, which blights the lives of disabled people.”

She also praised the support and advice through the course of the bill from the user-led organisation [Stay Safe East](http://staysafe-east.org.uk/), which works with disabled survivors of domestic and sexual abuse, hate crime and other forms of abuse, and [its former chief executive Ruth Bashall](https://www.disabilitynewsservice.com/four-key-changes-to-domestic-violence-bill-could-make-crucial-difference/).

**29 April 2021**

**Chronic illness community faces culture of disbelief and rigid jobs policies, says report**

Millions of people with energy-limiting chronic illness (ELCI) are being failed by both employers and the Department for Work and Pensions (DWP), according to a new user-led report.

The study found that the flaws within the disability benefits system create a “a deep-seated social insecurity” for people with ELCI, largely because of a “culture of disbelief” which undermines and hampers their efforts to engage with society.

But it also found that “inflexible, performance-based and rigid” employment policies created barriers for those who were able to do some work.

[The report](https://chronicillnessinclusion.org.uk/i-already-have-a-job-getting-through-the-day/) – I Already Have A Job… – is based on focus group discussions with people with ELCI, and has been published by the disabled people’s organisation [Chronic Illness Inclusion](https://inclusionproject.org.uk/) and Leeds University Business School.

The report concludes that work can harm the health of people with ELCI, and that their primary limitations are the amount of work they are able to carry out, and their fluctuating capability to carry out work from day to day.

This means that the most critical adjustments that could allow them to work are changes such as cutting working hours, being allowed to work from home, and ensuring flexibility over their working week.

The report is particularly critical of the work capability assessment, which it says fails to take any account of how many hours a benefit claimant might be able to work and how that might fluctuate.

This leads to “incorrect decisions, disentitlement to support and a distressing appeals process”, with the system causing a “deterioration in health and a pervasive sense of insecurity”.

The culture of disbelief which people with ELCI face has left them in “constant fear of suspicion, judgement and hostility from the public, as well as from benefit assessors and even medical professionals”, says the report.

It found that the benefits system “undermined and hampered” efforts to engage with society, by viewing such activity with suspicion or as evidence that they could work and so could have their benefits cut or removed.

One of the focus group participants, George\*, said DWP’s attitude was “largely to disregard the fact that for some people work is genuinely impossible” which “enables them to construct the benefits system to literally design us out of it”.

He added: “Our lives don’t fit their questions, and the system is deliberately constructed that way.”

Those members of the focus groups who were able to work all relied on either a partner or a social care package for cooking and managing the household, and sometimes for personal care, to allow them to free up energy for employment.

Another of those who took part in the research, Charlotte\*, said: “The more I’ve recovered and tried to interact with society, the more walls I run into that are there because government and society don’t understand chronic illness.

“So many of those walls seem to be there just because no one ever thought about us.”

George said: “To sum it up I’d need the following: flexible working hours, a flexible workload, telecommuting facilities and most crucially, an understanding and sympathetic employer.”

The focus groups told the researchers that the government’s belief that work was fundamentally good for health and promoted recovery “shows how little policy makers understand of the reality of ELCI”.

Charlotte added: “Work can catastrophically damage health and worsen quality of life which is not helpful and branding all work as ‘good for health’ is reducing the issue to absurdity.”

She said the assessment process, both for employment and support allowance and personal independence payment, appeared to be “luck based”, with success dependent “on what assessor you get and whether they’re competent or honest or know anything about your condition”.

She said: “That makes reassessment terrifying. I’m going through PIP assessment now and looking back, I think just getting the form caused a medium sized relapse that’s lasted a couple of months so far.”

Among the report’s recommendations is for employers to understand ELCI as a form of impairment for which they have a legal duty to make reasonable adjustments.

It also calls on the government to redesign the WCA in partnership with disabled people, reduce the “unnecessary frequency of reassessments”, increase funding for advice and advocacy services, and simplify the appeals process.

And it says that the impact of “Long COVID” on those who have become ill during the pandemic could create a sizeable new group of people with ELCI who have particular employment and social security needs.

The report was written by disabled activist and researcher Catherine Hale, founder and director of Chronic Illness Inclusion; disabled author and researcher Stef Benstead; and academics Dr Kate Hardy, from Leeds University Business School, and Dr Jo Ingold, from Deakin Business School in Australia.

Hale, who this week [gave evidence to the Commons work and pensions committee](https://www.parliamentlive.tv/Event/Index/b9e518b0-493c-4969-88fc-7a76112aadcb) about some of the issues raised in the report, said: “The government has created a ‘hostile environment’ for people living with chronically low energy who are often desperate to enjoy the sense of fulfilment and social inclusion that comes with paid work.

“We face a culture of disbelief from the moment we seek support from the state.

“Work capability assessments for benefits are based on a flawed and discredited model that says our inability to work is down to personal failings.

“As a result, [people with ELCI] live in constant fear of suspicion, judgement and hostility from the public, as well as from benefit assessors and even medical professionals.”

Hardy added: “Although the COVID-19 pandemic has been a catastrophe for millions of individuals and the country it has shown us that rapid change in working practices and in support for disabled people is possible.

“Employers and the government now need to respond to the needs of people with ELCI in that spirit.”

The report is the latest piece of research to come out of the five-year, £5 million DRILL research programme, which is funded by the National Lottery Community Fund, and has been delivered by [Disability Rights UK](http://www.disabilityrightsuk.org/), [Disability Action](http://www.disabilityaction.org/) (in Northern Ireland), [Inclusion Scotland](http://inclusionscotland.org/) and [Disability Wales](http://www.disabilitywales.org/).

Further funding for the report came from Leeds University Business School and Leeds Social Science Institute.

*\*Not their real name*

**29 April 2021**

**Disabled people ‘treated as afterthought throughout pandemic’, says academic**

Disabled people have often been treated as “an afterthought” throughout the coronavirus pandemic, according to a leading disabled academic.

Professor Tom Shakespeare [told a webinar on Tuesday](https://www.lshtm.ac.uk/newsevents/events/disabled-people-uk-and-impact-covid-19) that disabled people had been disproportionately affected in multiple ways, including the disruption to day-to-day NHS services, the impact of lockdown measures, and the isolation and anxiety that lockdown has caused.

Shakespeare told the webinar that many routine NHS appointments, for example for speech and language therapy or for assistive technology, such as repairs to wheelchairs or prosthetics, had been cancelled or postponed during the pandemic.

He said: “That’s been difficult for many, many disabled people who rely on these sorts of helps, particularly young disabled people.

“Lots of check-ups missed, lots of preventable medical problems missed for everybody, but particularly for people with disabilities.”

Shakespeare, a director of the [International Centre for Evidence in Disability](https://www.lshtm.ac.uk/research/centres/international-centre-evidence-disability) at the London School of Hygiene and Tropical Medicine, has been working with other academics on a study examining the impact of the pandemic on disabled people in England and Scotland.

The research is based on interviews with almost 70 disabled people with a range of impairments, as well as voluntary and statutory organisations.

He said researchers had spoken to a disabled man in Scotland who had been “marooned” on the top floor of his house for 14 weeks because his stairlift had broken and the maintenance company could not send anyone to fix it, because of the pandemic.

Shakespeare pointed to delays in supporting children with special education needs, and in providing personal protective equipment (PPE) to disabled people who receive support in their own homes.

He said it had often been voluntary organisations – particularly disabled people’s organisations – that had filled this gap.

In social care, many services and contracts had been cancelled or put on hold.

He said: “The suspension of social care makes people dependent on their family, and it excludes them from participation in society.

“Many people are worried that they may never get their services back.”

He added: “There have been many cuts… It’s been extremely hard to get social work, to get social support, and [for] many people their social care packages have been either cut down, reduced to telephone [support] or stopped completely.”

Researchers on the study have spoken to people with dementia who had been participating in mainstream activities at the start of the pandemic but had now “lost confidence” and were not sure they would be able to re-engage once it was over.

Other disabled people they spoke to described how they were missing the physical contact with others that they relied on before the pandemic because of social distancing.

Blind people spoke of no longer being able to shop because they had previously relied on being able to handle items in the supermarket, which was no longer acceptable.

Many disabled people in the last year, he said, had been “excluded from public life, excluded from participation in society, reduced to television and being on their own, a great deal of isolation”.

Shakespeare said their research had shown that third sector organisations – because they can “move fast” and “fill gaps” and “change the way they work” – had “made a big difference to people’s mental health and wellbeing” during the crisis, for example by delivering food or PPE, or providing social or emergency support.

He also said that disabled interviewees believed Nicola Sturgeon, the first minister of Scotland, had performed “much better” at delivering clear public health messages during the pandemic than Boris Johnson, the UK prime minister.

He said: “It is an emerging, developing science… but we need clarity in a public health crisis and there has been a lack of clarity.

“The changes to rules have not been clear, and particularly for people with intellectual disabilities, families have had to explain what this means, what they are now allowed to do, or how they should behave.”

Shakespeare said the “messaging” from the government at the start of the pandemic had almost suggested that COVID-related deaths were “justified” because “these people had pre-existing conditions”.

He said: “The messaging was that this didn’t really matter and this was… very scary for disabled people.”

Shakespeare said the pandemic had “exposed and magnified the inequalities that disabled people face”.

He said: “Both because you’re more vulnerable, and because you’re more likely to die, and because of the social arrangements, the afterthought, the existing problems of the social care system have been exposed by the pandemic.”

Meanwhile, the Commons Treasury committee [has launched an inquiry](https://committees.parliament.uk/work/1218/an-equal-recovery/) into the “different forms of inequality that have emerged or that may have been exacerbated by the coronavirus pandemic”, and what the Treasury can do to address them.

The areas of inequality the inquiry will focus on include disability, gender and race.

The deadline for submitting written evidence is 5pm on 28 June.

\**For sources of information and support during the coronavirus crisis, visit the*[*DNS advice and information page*](https://www.disabilitynewsservice.com/advice-and-information/)

**29 April 2021**

**FA joins list of organisations discriminating in government COVID test programme**

The Football Association (FA) has become the latest organisation to discriminate against disabled people taking part in a government programme of events that is testing how post-lockdown crowds can safely return to sports and cultural venues.

At least two of the events – the world snooker championships and [a live music event](https://www.gov.uk/government/news/festival-republic-joins-government-pilot-programme-with-a-live-gig-to-trial-the-safe-return-of-fans) organised by Festival Republic – [have already banned](https://www.disabilitynewsservice.com/confusion-as-government-and-covid-test-event-organisers-disagree-over-entry-bans/) anyone who is clinically extremely vulnerable (CEV) to COVID-19, in breach of government guidance.

But disabled campaigners now say the FA also discriminated against disabled people in advance of last weekend’s Carabao Cup final at Wembley Stadium.

The FA made it clear in advance of the event that all fans had to wear face coverings, and that those who were exempt were required to provide evidence from a “GP or suitable medical practitioner”.

This is a clear breach of [government guidance](https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own), which states that those exempt from having to wear a face covering “do not need to seek advice or request a letter from a medical professional about your reason for not wearing a face covering”.

The disabled-led campaigning charity [Level Playing Field (LPF)](https://www.levelplayingfield.org.uk/), which represents disabled sports fans, said it was “disappointed that, yet again, disabled fans and clinically extremely vulnerable fans are not having a fair and equal experience during these event research programmes, despite clear guidance which has been in place throughout this pandemic”.

LPF pointed out that securing evidence letters from GPs often costs money, while it also takes time to obtain, and this “puts at risk the ability to attend if a fan doesn’t receive the evidence in time”.

It added: “The additional strain that this measure puts on medical surgeries and practices is entirely unnecessary, inconsiderate and reckless.”

The FA has been unable to explain this week why it went ahead with such discriminatory actions.

But it said in a statement: “Nobody was prevented from attending the fixture and our priority at all times is to protect the health and safety of all attendees visiting Wembley Stadium.”

It claims that there was a medical professional at the stadium on Sunday to help fans who were not wearing a face covering “to find a solution so they were able to enter the stadium”.

But it has refused to state what those solutions might have been, or to say if the government gave it permission to breach the guidelines on face coverings.

In an earlier statement, the FA said: “For events being hosted by Wembley Stadium as part of the government’s Events Research Programme, our priority remains the health and safety of all attendees.

“With this in mind, we are asking all attendees to wear a face covering, or to provide evidence from a relevant medical practitioner that they are exempt from wearing one.

“We appreciate that this may be an additional challenge for those attending, but our priority remains keeping visitors to Wembley Stadium as safe as possible during medical test events amidst the global pandemic.

“We continue to invite fans to engage with us so we can ensure their experiences at Wembley Stadium are wholly positive and safe.”

The Department for Digital, Culture, Media and Sport (DCMS), which is overseeing the Events Research Programme, had not responded to a request to comment by noon today (Thursday).

Meanwhile, the British Phonographic Industry (BPI), which organises the BRIT music awards, another part of the Events Research Programme, has made a change to its website to make it clear that CEV people are not banned from its event.

The “what should I do if I require an accessible ticket” section of the website had originally stated: “Please be reminded that anyone that is Clinically Extremely Vulnerable is unable to attend the Event.”

But after being asked about the statement by Disability News Service, BPI apologised for the error, [which has now been corrected](https://www.brits.co.uk/terms-and-conditions), and made it clear that CEV people were advised not to attend – which follows government guidance – but were not banned.

A BPI spokesperson said it would be left to those attending to decide if it was appropriate to do so, based on their health status and susceptibility to infection, and that of members of their family, social bubble or support bubble, and their attitude to the potential risks.

\**For sources of information and support during the coronavirus crisis, visit the*[*DNS advice and information page*](https://www.disabilitynewsservice.com/advice-and-information/)

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