

Social Justice and Social Security Committee

Thursday 25 November 2021

Informal meeting- fuel poverty

The Committee as part of its consideration of the Scottish Government proposed fuel poverty strategy will hold an informal private discussion to gather the views of third sector organisations and those with lived experience of fuel poverty.

Organisations who have been involved in facilitating this session include the following:

- Tighean Innse Gall (TIG)
- Uist Council of Voluntary Organisations (UCVO)
- Inclusion Scotland
- Glasgow Disability Alliance
- Changeworks
- Firsthand Lothian

Some of these organisations have provided written comment in advance. These are attached at **Annexe A**.

Clerk to the Committee
22 November 2021

Annexe A

Tighean Innse Gall (TIG) written briefing

Review of strategy for reaching out and delivering support for the fuel poor – provision of advice for households.

Outer Hebrides context

In Scotland 24.6% of homes (Scottish House Condition Survey 2019) are in fuel poverty with 12.4% in extreme fuel poverty. In the Highlands and Islands of Scotland, these numbers are significantly higher, with the Outer Hebrides **suffering the highest levels of fuel poverty at 43% and extreme fuel poverty at 26%**.

Fundamental response

The strategy fails in its vision for reaching out to fuel poor households. It relies on simplistic analysis of provision of advice services for the fuel poor. This seems based on a principle that Home Energy Scotland can reach and support all fuel poor households or that it is simply available and if only people found out about it.

‘Across all fuel poor households whether renters or owner-occupiers that we spoke to as part of our Lived Experience Research, awareness of the support available from Warmer Homes Scotland or our Area Based Schemes to improve homes was low.’ (FP Strategy November 2021).

At worst the strategy implies local fuel poverty services as a distraction and at best does not build upon the successful work of communities in tackling fuel poverty.

‘This also mirrored the findings in the Evidence Review which showed that households found it difficult to know where to go for energy efficiency information, and where different sources existed found it difficult to know which sources to trust’. (FP Strategy November 2021).

It does not offer solutions to ensure the engagement of fuel poor households in remote rural communities and misses the simple solution of supporting and funding complimentary services to ensure increased participation in delivery of tackling fuel poverty.

The reality local advice provision leading to WHS referrals in the Highlands and Islands.

‘More than 17% of households of the referrals received by Warmer Homes Scotland in the year to date have come from the Highlands and Islands HES Advice Centre. The proportion of households assisted by WHS per 1000 people is higher in the Highlands (0.7) and Islands (1.3) than any other region of Scotland’. (Ross Armstrong, Sutherland Fuel Poverty Conference 15.09.2021).

Local advice provision (with no SG support) in the Outer Hebrides leads to direct referrals for the Area Based Scheme, until recently (when the last PAS requirements

were implemented) the highest draw down per capita for ECO match funding anywhere in Scotland and 4th in the UK.

Local activities supporting fuel poor households in the Outer Hebrides since covid.

Tighean Innse Gall and non HES members of the Outer Hebrides Energy Resilience Group have this year referred more than 200 households for potential WHS support, via the local HES officer, and this is reflected in success rates for the islands figures above. The Energy Resilience Group is made up of Tighean Innse Gall 9TIG), Uist Council for Voluntary Organisations (UCVO) Comhairle nan Eilean Siar (CnES) financial inclusion team, Macmillan Benefits, Western Isles Citizens Advice Service (WICAS) and Home Energy Scotland. This group came out of the Gluasad Comhla (Moving Together) approach of joining local services to support folk in need, which saw linking of energy advice to health and wellbeing and involved the former groups along with NHS Western Isles and local GP partners.

From the outbreak of covid this group provided for those most in need, all of which were in fuel poverty and delivered:

- Food parcels;
- Replacement appliances to store and cook food;
- Financial advice, applications for financial support;
- Debt advice, fuel debt negotiations with utilities, warm home discount applications;
- 1,500 Energy vouchers to ensure cooking and heating via local application to the energy redress fund – two more applications unsuccessful, in the area of highest fuel poverty so hundreds of households lost out;
- Energy advice for every household receiving an energy voucher including referrals for area based scheme and HES / WHS;
- Inter referrals between each agency, working on the principle that if you needed the services of one group then you almost certainly needed the other;
- TIG alone referred over 180 households to the local HES officer for WHS since January 2021 but other partners also referred many;
- Training is conducted between local groups and the local Social Security Scotland outreach team, ensuring cross referrals.

Redress funding

Case Study – HES Energycarers

HES has built partnerships with community-based and third sector organisations to support them to apply for funding from the Scottish Government's Climate Challenge Fund and Ofgem's Energy Redress Fund. These projects are often centred on advice to households to reduce energy use, transition to renewable sources of energy and address fuel poverty. By working with community led organisations to inform the design and delivery of their projects, HES builds partnerships that enable direct referral of householders to and from HES and ensures that the advice provided to householders is consistent and joined-up.

Examples include Greener Kirkcaldy (who lead the cohort of community energy advice projects) and regional equalities councils and other BAME community organisations to support energy advice in community languages to households who don't speak or read English fluently. In 2020-21, these partnerships led to £2.9 million of funding from the Ofgem Redress fund going to a variety Scottish projects. (FP Strategy November 2021).

This support is welcome, and usually comes in the form of a letter of support which goes with an application. In the case of the Outer Hebrides, discussions leading to a bid are deeper than this involving planning between the local HES officer and the group concerned.

Ultimately coordinated activity if funded leads to the numbers of referrals seen in the section above. Of course, this funding is subject to an energy company committing a misdemeanour and making a payment to the energy redress scheme. Potential projects are then subject to the vagaries of application and thus may mean Scottish charities and their beneficiaries lose out to others. The climate challenge fund does not exist for new applicants. Are we really suggesting that we ensure the success of the flagship fuel poverty strategy on the basis of misdemeanours and potluck? How many Scottish charities have been turned down for funding by Redress? Parliamentary questions could find out.

Next steps for the committee to consider

Scottish Government should accept that local provision of advice services leads to an uptake of wider strategic support, through increased referrals to HES / WHS / Area based schemes.

Similarly local provision of advice services sharing of information about Social Security Scotland payments benefits the government agency but people more.

Ultimately the third sector provides high quality, impactful energy advice and ensures significant referrals to HES and WHS. (Parliamentary questions could find numbers of referrals from third party groups to HES / WHS and ABS).

Government should accept this and fund it rather than have a strategy which relies on securing charitable funding.

A modest £55,000 per local authority area would provide the bedrock of a local advice team.

TIG supplied more than 180 referrals to HES since January. Given the strategy itself says:

'This highlights why our approach must include support to improve energy literacy and continue to raise awareness of the support available'.

Which accepts the principle that more must be done, clearly a role for the third sector is absolutely necessary. Given the inevitable rise in referrals to HES, especially if other communities adopted the approach of the Outer Hebrides and were supported by such modest funding, the strategy could work. The funding could demand match funding from local authorities themselves, given they have a pivotal role in tackling

fuel poverty. In the Outer Hebrides seed funding is given, and this new funding could ensure a robust approach to securing success.



Our voices ■ Our choices

Briefing on Fuel Poverty for Social Justice & Social Security Committee Evidence Session:

It is estimated that around 619,000 households in Scotland are in fuel poverty. The people most likely to be affected are disabled people, older people, people on a low income, young families, lone parents and people with health issues (Sources: Changeworks & the Scottish House Conditions Survey)

- Fuel poverty has a strong association with income and households in the lower income bands have the highest rates of fuel poverty: **96%** for the bottom income band.
- Households containing a disabled person are much more likely to be living on a low income/be in poverty.
- Over 100,000 (42%) of all Scots children living in poverty are in a household containing a disabled adult or child.

The Impact of the Pandemic: The pandemic has exposed and deepened existing poverty and inequalities – as Glasgow Disability Alliance has said “supercharging” them¹.

In 2019, before Covid struck, around 2.4 million people in the UK, including over half a million children, experienced “destitution, a 54% increase since 2017. This meant that –

- 76% went without food
- 71% lacked clothing or shoes suitable for the weather
- 56% were unable to heat their homes²

It is very likely that destitution has risen again during the pandemic.

- “Destitution in the UK 2020” (JRF) found that more than a half (54%) of the whole destitute population were sick or disabled people.

¹ “Supercharged: A Human Catastrophe”, Glasgow Disability Alliance, 2020 - <https://gda.scot/resources/supercharged-a-human-catastrophe/>

² Figures derived from “Destitution in the UK, 2018”, JRF - <https://www.jrf.org.uk/report/destitution-uk-2018>

- The majority of children going without food are likely to be found in households containing a disabled person.
- Trussel Trust research³ shows that more than 70% of households referred to them during the pandemic had someone with an impairment or ill health in them, 4 times the rate in the general population.

COVID-19-associated delays in the processing of DLA renewals and PIP claims and appeals had a detrimental effect on the mental health and material wellbeing of people in receipt of or applying for these benefits.

Hundreds of thousands of disabled people on legacy benefits (JSA, ESA and Income Support) were also denied the additional financial assistance provided to households on Universal Credit.

Whilst the UK Government provided Universal Credit claimants with a £20 per week uplift this support was not extended to sick and disabled people on Employment Support Allowance. This injustice continued for more than a year causing disabled people, and their families, additional hardship.

The UK Government's excuse for this? "The computer says no", their computer programmes seemingly could not be adjusted even though they are capable of uprating benefit awards on an annual basis.

Energy/Fuel Costs:

Energy costs are disproportionately high for disabled people and their families. This is partially because the majority of disabled people of working age are not in work and thus spend more of their day at home during the colder months.

Additionally, many disabled people have circulatory co-morbidities associated with their primary health conditions or impairments. This means that they need to maintain a higher ambient temperature to avoid heart attacks and strokes.

Difficulties Accessing Support:

A member of Inclusion Scotland's Poverty & Social Security Lived Experience Group reported that she had been told by her local authority that she couldn't apply for help with heating from the Scottish Welfare Fund, as her heating runs off oil. The local authority told her that if she had an electricity prepaid meter she could apply for help. She pointed out that many properties in rural areas run off oil and that this discriminates. Several months later she spoke to a commissioner at the poverty and inequality commission and they told her that

³ "The State of Hunger 2021", Trussell Trust, 2021 - <https://www.trusselltrust.org/wp-content/uploads/sites/2/2021/05/State-of-Hunger-2021-Report-Final.pdf>

they thought that oil should not automatically be excluded and to ask the ombudsman for an independent review.

She then asked for an independent review but was told that the Ombudsman's office couldn't overturn the original decision, as it was over a year old. However, they did agree with her that oil should not be excluded and that the council was wrong. They also told the council to not automatically exclude this for any future applications by anyone. So, the review did something positive in an equality sense, even if it was too late for herself.

Fuel Poverty's Impact:

The consequences of fuel poverty are misery, discomfort, ill health and debt. Living in a cold, damp environment can also exacerbate health problems such as asthma and heart conditions.

Often people struggling to pay their bills ration their use of energy, perhaps just heating one room or making the choice between cooking a hot meal and turning on a heater. Using appliances such as washing machines and heating water for baths or showers can be a worry too (**Source Energy Action Scotland**).

There is a link between fuel poverty and increased winter mortality or excess winter deaths. Increased winter mortality is associated with low indoor temperatures.

Solutions:

- Additional financial support with heating bills could be provided to households containing disabled parents or children in.

This could be done through extending entitlement to the Winter Heating Payment to adults in receipt of the enhanced daily living component of Adult Disability Payment and to disabled children in receipt of middle rate care.

- Bulk buying of energy supplied to households containing disabled people.

At the time that social security powers were first devolved to Scotland (2016/17) there was talk in the "Future of Social Security in Scotland" of potentially bulk buying energy to reduce the heating and clothes washing costs of disabled people. Since then, nothing has been heard of this proposal).

The Scottish Government should re-examine the energy bulk buying proposal and other initiatives designed to reduce disabled people's living costs (for example suitable continence pads being supplied freely in the same way as sanitary products) should be re-examined).

For further information contact:

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Glasgow Disability Alliance
Confident Connected Contributing

Summary Briefing Aug 2020
For full report visit www.gda.scot
call 0141 556 7103 email info@gdaonline.co.uk

Supercharged: A Human Catastrophe



Inequalities, Participation and Human Rights before, during and beyond COVID19: Summary Briefing



Before COVID-19, disabled people were already facing a ‘Human Catastrophe’: decades of inequality made worse by austerity. The pandemic and responses have **supercharged the inequalities** we already faced, and created new ones, with long-term impacts. **Disabled people’s voices will be vital** to ensure Scotland’s social and economic recovery leave no-one behind.

Over 20 years GDA has built a **disabled people-led community of interest**, connecting 5000 disabled people across Glasgow – we quickly mobilised this infrastructure to engage our members’ lived experience and expertise, and develop a **COVID-response shaped and led by disabled people**.

This summary shares:

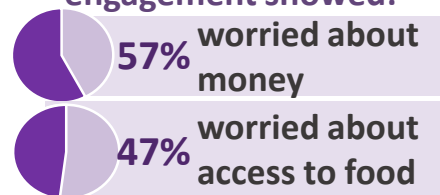
- **Headlines issues** raised by disabled people through this engagement
- Details of **responses we put in place** (16th March - 31st July, and ongoing)
- **Recommendations for actions** our governments and leaders must take, to tackle these Supercharged Inequalities.

Poverty and Food Insecurity

Disabled people already **3 times as likely** to be **living in poverty & facing food insecurity**.

GDA’s COVID

engagement showed:



Supercharged

Cost of living increase	Barriers to food support
Social Security barriers and delays	Shielding entitlement gaps and delays
Employment impacts	Support cut too soon



GDA Rights Now

137 individuals supported through **199** phone/ online appointments
To gain **£191, 115.47** (March-July)

GDA Lifeline

Food, medications and essentials delivered to **1,251 individuals** in **874 households**

Response

Information Gap

Disabled people already face barriers to information and are **4 times more digitally excluded**

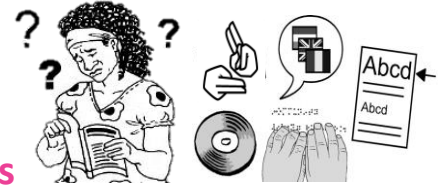
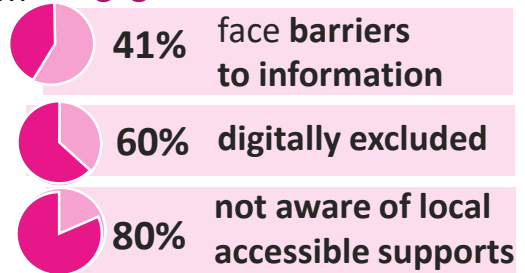
Supercharged

“No-one provides accessible information, so I don’t know what advice to follow or what support is out there”.

“I don’t have internet so it’s GDA that keeps me informed of my rights and what’s happening.”

GDA’s COVID

engagement showed:



GDA Engagement

GDA Connects

Response

8500+ Phone calls made/received
20,000 accessible info mailouts
5000+ signposting referrals

393 digital support calls
200+ devices / equipment provided with coaching & support to get online

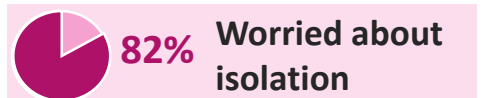


Isolation and Exclusion

Disabled people **twice as likely to face isolation**. **71% have difficulty taking part in things locally** due to lack of access, support, information, or negative attitudes (GDA Action research 2018)

GDA’s COVID

engagement showed:



Supercharged

Vital supports cut or withdrawn

Digital exclusion – no social contact

Increase in barriers, hostility and Hate Crime in public spaces

Virus-fears escalated by treatment rationing and DNARs



GDA Learning

Response

218 online sessions with 200+ learners
188 received digital coaching to access activities
85 peer support group sessions

Sessions have included: local history, recycled crafts, tea and chat, literature appreciation, printmaking, mindful

Mental and Physical Health Inequalities

NHS Scotland cancelled 73% of planned treatment in April, including for heart and respiratory conditions, neurological conditions, and 53% of cancer treatment.

GDA's COVID engagement showed:

90% Worried about mental or physical health



Supercharged

Pain management services curtailed	Rationing of treatment & DNARs threatened basic rights and Equality
Support for long term mental health conditions withdrawn	Lockdown worsening existing conditions: lack of mobility, therapies stopped



GDA Wellbeing: one-to-one support and advice for Health and Wellbeing

Response

676 referrals
563 follow up calls
300+ connected to supports eg befriending, counselling, peer support

86 online Health and Wellbeing sessions including chair-based exercise, tai chi, mindfulness, relaxation, coping with anxiety, healthy cooking

Social Care Crisis

While responses centred on protecting the NHS, our Social Care system all but collapsed. Nearly half of all COVID deaths happened in Care Homes; and many disabled people were left even more vulnerable, with vital support withdrawn when they most needed it.

GDA's COVID engagement showed:

47% Worried about social care support



Supercharged

2000+ care packages cut in Glasgow from 20 March – many with no notice and no follow up	Many left with no support to wash, eat, take medications – or forced to rely on other vulnerable family, friends, neighbours
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GDA Future Visions: holistic support to tackle barriers to choice and control

Response

57 people received tailored support including life coaching, peer support, group CBT, and practical support to cut through barriers and access services e.g. equipment,

918 disabled people supported to share lived experience of Social Care
227 signed up to contribute lived experience to ongoing Social Care Reforms.

GDA's Recommendations

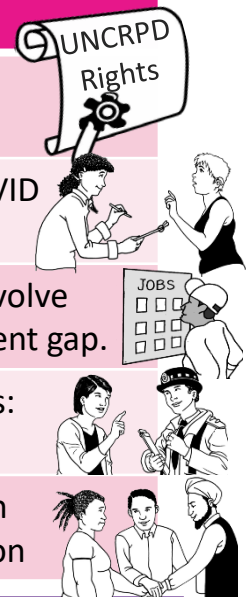
1 Supercharge involvement of disabled people in recovery planning

- a **Embed Lived Experience** in recovery planning locally and nationally, including resilience planning, and redesign of public spaces
- b **Ensure Place-based approaches are Equalities-proofed:** invest in Equalities training, and parallel equalities-led approaches
- c **Embed Participation in National Performance Framework:** capture benefits of participation for democracy, wellbeing, tackling inequalities
- d **Invest in inclusive learning and community development:** build aspirations & participation through online and offline capacity building
- e **Promote inclusive, accessible communication for all,** involving disabled people in communications planning, equal access to information



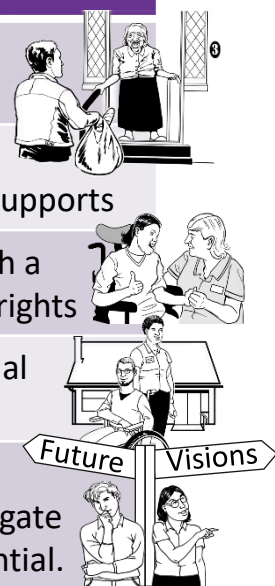
2 Supercharge Rights implementation and monitoring

- a **Embed UNCRPD in Scots Law:** Revoke Coronavirus Act, investigate unequal impacts on disabled people's human rights.
- b **Co-design a Disability Equality Action Plan** with learning from COVID and a Fairer Scotland; including a Disability Poverty Strategy
- c **Reinforce Employment Action Plan** commitments & ambitions: involve disabled people to mitigate COVID-impacts on disability employment gap.
- d **Tackle Rising Hate Crime** improve reporting, responses, awareness: fund and co-design a better Third Party Reporting Scheme.
- e **Empower Public Sector Staff to deliver Human Rights,** cut through bureaucracy, act with kindness: Equalities training and collaboration



3 Supercharge Support existing, emerging and responding to gaps

- a **Extend Shielding list, develop resilience registers for future crises** Informed by lived experience and better data collection
- b **Invest in keeping vital supports** which emerged during COVID but tackle deep inequalities and build resilience: digital, wellbeing, food supports
- c **Elevate Social Care** to protect rights & resilience: re-open ILF, establish a National Social Care Agency, co-designed for dignity, respect, human rights
- d **Fast-track disabled people's access to vital services** to address unequal impacts of lockdown on our mental & physical health: care, housing
- e **Invest in holistic, empowering support to tackle barriers** faced e.g. GDA's Future Visions model - with disabled people in the lead to navigate pathways, unblock barriers, achieve goals, participate and fulfil potential.



COVID-19 Micro Briefing 1: The disproportionate impacts of the COVID-19 pandemic on disabled people. January 2021

INTRODUCTION

History tells us that pandemics do not affect all communities or social groups equally¹. Attention must be paid to the differential impact of COVID-19 on different groups and communities or approaches to social and economic recovery will not only be hindered but will also exacerbate existing inequalities, potentially creating additional burden for healthcare systems and other services.

Disabled people are at increased clinical risk from COVID-19 as they have higher rates of chronic conditions and comorbidities compared to the general population². This makes it more likely that they will become seriously ill or die from COVID-19³. However, clinical risk alone does not fully explain the disproportionate impact of COVID-19 on disabled people; a range of pre-pandemic barriers, inequalities and disadvantage have also been influential.

This micro briefing sets out key evidence relating to existing inequalities endured by disabled people which relate to COVID-19, as well as presenting recent evidence and insights concerning the impacts of the pandemic and its 'lockdown' disease containment policies on disabled people.

KEY POINTS

1. Disabled people are more likely to become seriously ill or die from COVID-19.
2. A variety of mechanisms explain the disproportionate impact of the pandemic among disabled populations - including; elevated clinical risk; the worsening of existing poverty and inequalities; barriers in accessing vital services including COVID-19 testing; and the disruption of vital health, social care and other support services.
3. The unintended impacts of lockdown disease containment policy are more acutely felt by disabled people who have higher rates of existing common mental disorders, are more likely to be socially isolated and to be digitally excluded.
4. Mainstreaming the sustained involvement of disabled people in designing pandemic recovery policy, practice and research at the local and national levels will support the effectiveness of public service responses and the potential to 'build back fairer'.

EVIDENCE REVIEW: MAIN POINTS

- Disability is part of being human. Almost everyone will temporarily or permanently experience disability at some point in their life⁴. The World Health Organisation estimates that over a billion people have some form of disability⁵. Within the UK approximately 1-in-5 people (13.9 million people) are disabled⁶, and this is increasing due to population ageing and rising levels of chronic health conditions, among other causes⁵⁻⁷.
- The Equality Act 2010 defines disability as a long-standing physical or mental impairment which causes substantial difficulty with daily activities⁸. In Glasgow, 28% of the population have a limiting long-term condition or impairment, rising to over 30% in some areas⁹. Almost a third (31%) of all Glasgow residents have one or more health conditions⁹.
- The disabled people's movement defines disability through a 'social model' which makes clear that inequality and exclusion endured by disabled people are caused by a range of complex societal

barriers, and not through individual impairments or conditions¹⁰¹¹. Despite the high prevalence of disability, the societal barriers and issues affecting the lives of disabled people are not well understood among non-disabled populations¹². Discrimination and stigma around disability, either deliberate or sub-conscious, at an individual level or institutional; remain highly pervasive⁷.

- The pandemic has underscored long-established evidence that disabled people have reduced access to health care and other vital services¹³; public health messages¹⁴; cultural activity¹⁵ and green space¹⁶. Furthermore, disabled people are twice as likely to experience social isolation¹⁷, and are considerably more likely to face digital exclusion¹⁸, and to encounter significant barriers in participating in their communities¹⁹, local decision making and civic life²⁰.
- COVID-19 and the unintended impacts of lockdown disease containment policy has increased levels of poverty across the UK and worsened the impacts of poverty for many; with disabled people being especially vulnerable²¹. This is due to long-standing income, educational, health and wellbeing inequalities endured by disabled people before the pandemic^{22 23}. Disabled people are three times as likely to face poverty and food insecurity as non-disabled people^{24 25}; relatedly disabled people face an average of £583 per month additional cost of living²⁶. Barriers cause lower rates of educational attainment and employment, and those in work face underemployment and a 'disability pay gap'²⁷.
- Action research led by Glasgow Disability Alliance (GDA) has identified an enduring 'cycle of exclusion' – where barriers and inequalities prevent disabled people from being involved in local decision making and in service design which affects their lives²⁸. Because the expert views and insights of disabled people are missing in these forums, societal barriers persist, and new ones continue to emerge²⁸.
- Disabled people are at increased risk of poorer outcomes from COVID-19 through a variety of mechanisms, primarily including; elevated clinical risk relating to underlying chronic conditions and co-morbidities²⁹; the exacerbation of the impacts of existing poverty³⁰; encountering barriers in accessing vital services including COVID-19 testing³¹; and the disruption of vital health, social care and other public services during the pandemic³². Service disruption has meant many disabled people have seen their existing health conditions deteriorate – loss of mobility, increased pain and reliance on food aid that has not been able to accommodate dietary needs³³.
- The adverse mental health impacts of the pandemic are widely recognised; again disabled people are especially vulnerable³⁴. This is because disabled populations also have increased existing rates of depression and other common mental disorders and are more likely to live alone³⁵ – further compounding their risk of social isolation and poor mental wellbeing during the pandemic and amid lockdown containment policy³⁶. These risks are further increased by disrupted mental health support services³².
- Self-isolation or social distancing is almost impossible for some disabled people to adhere to as they require close, in-person support from a professional carer or family member in order to meet their daily living, health care, and transport needs; increasing their risk of contracting COVID-19³⁰.
- Disabled people are more likely to be digitally excluded and face difficulties in accessing important and up-to-date COVID-19 public health messaging³⁷. This may mean that disabled people are less able to adhere to evolving disease containment policy and are at higher risk of contracting COVID-19³⁸.

IMPLICATIONS OF THE EVIDENCE REVIEWED

INEQUALITIES

The evidence reviewed in this micro briefing demonstrates that disabled people are at higher risk to COVID-19 and to the unintended consequences of lockdown. The pandemic has worsened the impacts of poverty and widened existing inequalities in health, wellbeing and access to services and support for disabled people. One of the risks inherent in describing the inequalities endured by disabled people in concise, abstract terms is that the human tragedy and suffering experienced can be overlooked. Another risk in discussing inequalities in this way is that we describe and consider 'disability' as a homogenous and static entity, which it is not. Characteristics such as race, gender and sexuality intersect with disability; which can compound the barriers, disadvantage and stigma encountered³⁹. The needs and aspirations of disabled people are diverse and generally not well understood. UK national surveys identify a clear 'disability perception gap' where non-disabled populations consistently underestimate the prevalence of disability, the inequalities and societal barriers disabled people face, and the levels of prejudice they endure¹². Collectively these points underline the urgency of ensuring that the voices of disabled people are clearly heard within all aspects of inequalities-focussed policy, practice and research responses to the pandemic.

POLICY

Recent research has shown that prior to the pandemic, stalling life expectancy and increasing health inequalities were evident across Scotland, and disabled people were among the worst affected⁴⁰. This so called 'crisis before the crisis' includes fragile eco-systems of support for disabled people, driven by over a decade of austerity⁴¹. Entrenched inequalities make these systems – like social care, the economy and disabled people's place in society – vulnerable to pandemics such as COVID-19 or future public health emergencies or environmental disasters⁴².

In the broadest policy terms, ending austerity and increasing levels of social protection and investment in public services would improve population health and reduce inequalities in general⁴³ and would enhance the health, wellbeing and opportunities for disabled people⁴⁴. Mainstreaming the sustained involvement of disabled people in designing policy solutions to these ingrained inequalities at the local and national levels will help ensure public service responses are as effective as possible. Ensuring disabled people are included and help to shape policy approaches to tackling poverty, food insecurity, employability, housing, and in the design of health and social care services will be vital if widening inequalities are to be mitigated in COVID-19 recovery planning³⁰.

PRACTICE

The rebuilding and renewal of public services should prioritise mitigation of the widening health inequalities caused by COVID-19 and lockdown policy⁴⁵. In addition, disabled people must be appropriately prioritised within the COVID-19 vaccination roll-out. Wider services including health, social care, occupational therapy, housing, education, employability and financial inclusion should liaise with disabled community leaders and disabled people led organisations to identify those worst affected by lockdown policy and the impacts of service closures, to fast-track mitigation of increasingly poor outcomes.

FUTURE RESEARCH

The inclusion of disabled people in setting pandemic recovery research priorities and approaches is vital and methods should aim to capture the lived reality of the pandemic for disabled people. A range of metrics should be developed to ensure that the social and economic recovery of disabled people keeps pace with the rest of society. Relatedly, recovery research should be future oriented, seeking to identify policy opportunities to 'build back fairer'⁴⁶ – for example, home working imposed by lockdown restrictions may have become more acceptable to many employers. This could reduce barriers to participation in the labour

market for some disabled people, thus reducing pre-pandemic inequalities in employment and income for disabled people; the impacts of which would be positive across the economy and population health.

USEFUL FURTHER READING

Glasgow Disability Alliance. *Supercharged: A Human Catastrophe. Inequalities, Participation and Human Rights before, during and beyond COVID19*. GDA; Glasgow: 2020. <https://gda.scot/what-we-do-at-gda/resources/publications/supercharged-a-human-catastrophe-inequalities-participation-and-human-rights-before-during-and-beyond-covid19>

CONTACT

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- Chris Harkins, Glasgow Centre for Population Health christopher.harkins@glasgow.ac.uk

MICRO BRIEFINGS: PURPOSE AND APPROACH

The [Glasgow Centre for Population Health](#) and [Policy Scotland](#) have developed a series of COVID-19 ‘micro briefings’ written in collaboration with expert partner agencies. They are intended to support a range of partners and decision makers by providing concise, accessible overviews of current evidence concerning complex and evolving issues relating to the COVID-19 pandemic.

This micro briefing has been written with the Glasgow Disability Alliance (GDA) – a disabled people led organisation with over 5,000 members across Greater Glasgow. GDA provides a range of support programmes and services for disabled people including fully accessible learning, coaching, and capacity building events designed to connect disabled people with each other, with opportunities and with decision makers.

GDA provides welfare rights and representation opportunities through its ‘Rights Now’ project and supports disabled people to effectively address barriers to social care through its ‘Future Visions for Social Care Project’, supporting disabled people to codesign the support they need and share priorities for change within social care reform. GDA has also implemented a range of COVID-19 support services including its ‘Lifeline’ service providing food, medication and resources for disabled people during the pandemic; ‘GDA Wellbeing’ which provides telephone and online support for wellbeing; and ‘GDA Connects’ which promotes digital participation – by providing digital devices, broadband and coaching to boost digital confidence.

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