Disability Summit

7 December 2022

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#DisabilitySummit22

NHS Employers

Event partners:

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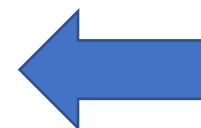
People with disabilities at higher risk of COVID-19

Case fatality ratio

Age

80+	
70-79	
60-69	
50-59	
40-49	
30-39	
20-29	
10-19	
0-9	
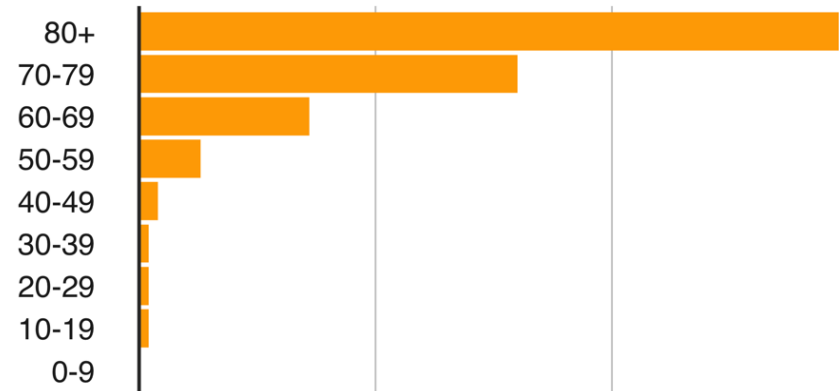
1 in 3 people aged 60+ are disabled

Health condition

Cardiovascular	
Diabetes	
Respiratory disease	
Hypertension	
None	

Chinese Centre for Disease Control and Prevention
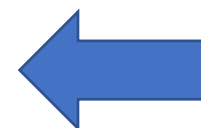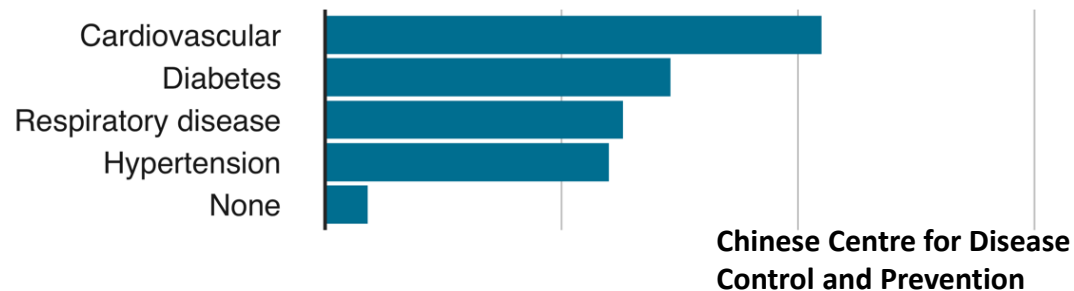
Disabled people at higher risk of these conditions

ONS data 2 March – 14 July 2020

59% of all Covid-19 deaths were disabled people (16% of population)

- A lot of this was to do with age 65+:
  - 12,609 males;
  - 13,048 females died

- Age-group 9-64:
  - 1066 males (38.5% of total Covid-19 deaths),
  - 808 females died (67.2% of total Covid-19 deaths)
  - Low overall numbers, but very high proportion of deaths were disabled people.

People with intellectual disabilities had more deaths from Covid-19

- LEDER census of deaths among 206 adults with LD: 79% attributable to Covid-19

- 35% lived in residential care settings; 25% lived in supported living settings: half were thought to have contracted because reliance on care workers, contagion from other residents (lack of PPE?).

- Those who died from Covid-19 were 50% more likely to be obese and have hypertension, and 72% had pre-existing respiratory conditions.

Mental health impacts from Covid-19

- Otu et al that 55% of Americans feel the Coronavirus epidemic has had negative impacts on their mental health.

- UK ONS data from June 2020 found almost one in five adults (19.2%) were likely to be experiencing some form of depression during the coronavirus (COVID-19) pandemic in June 2020; this had almost doubled from around 1 in 10 (9.7%)before the pandemic (July 2019 to March 2020).

- One in eight adults (12.9%) developed moderate to severe depressive symptoms during the pandemic, while a further 6.2% of the population continued to experience this level of depressive symptoms; around 1in 25 adults (3.5%) saw an improvement over this period. Adults who were aged 16 to 39 years old, female, unable to afford an unexpected expense, or disabled were the most likely to experience some form of depression during the pandemic.

- Feeling stressed or anxious was the most common symptom, with 84.9% stating this. Over two in five (42.2%) adults experiencing depression during the pandemic said their relationships were being affected, compared with one in five (20.7%) adults with no or mild depressive symptoms…**…cont**

Mental health impacts from Covid-19

Why might the Covid-19 pandemic particularly exacerbate difficulties for all people with disabilities, particularly those with mental health conditions?

- Poverty and isolation are central to these mechanisms.

- If people are social distancing, if they are worried about being seen as vulnerable, if they are reliant on others and unable to access water and sanitation, then they will have more anxiety and trauma.

- If they see friends and family dying as a result of the pandemic, they are likely to suffer grief and loss, as well as fear for themselves.

- Finally, based on research into the consequences of MERS and SARS by Rogers et al in *Lancet Psychiatry*, it is likely that having had COvid-19 could expose individuals to the risk of depression, anxiety, insomnia, and post-traumatic stress disorder.

Disabled people in Britain and Covid-19 (ESRC)

Two rounds of qualitative interviews

We talked to 69 disabled people in England and Scotland in June-August 2020

We also talked to 28 people in England and Scotland who worked for disability organisations, or worked in education or health or social services.

COVID-19 had a huge impact on people and organisations we talked to. Measures to respond to COVID-19 also had a huge impact. A CEO of a large disability organisation put this succinctly:

'I mean without being dramatic I think it's been catastrophic. I think it has taken existing inequalities that disabled people experience and it has magnified them and exaggerated them'. (SO12)

Every day life was disrupted

- People described how their health care and support had changed significantly. Routine physiotherapy, speech and language therapy and occupational therapy were cancelled. Attempts to replicate these therapies either via video conference or phone were not perceived to be particularly successful. Many routine annual check-ups were cancelled, raising the risk of preventable medical problems being missed. Provision and servicing of assistive products and aids to daily living was severely affected.

- All this may lead to lack of functioning and increased dependency, with potential negative impacts on caregivers. Caregivers expressed concerns about long-term negative impacts for disabled children, affecting their health, development and education.

- People were fearful about the virus. They were anxious about going out. Many found it impossible to practise proper social distancing. Alan said: *' it's…like, missing out the shaking hands with people and giving them a hug and things like that. As a blind person I'm missing out on the whole lot because of social distancing.' (S15)* **Cont…..**

Every day life was disrupted

- People who were deafened or hard of hearing talked abut the problems facemasks caused and the abuse they received if they asked people to remove them to help understanding: transparent masks for lipreading have been in very short supply, leaving people excluded from the spoken world.

- Disabled people appear to have been an afterthought in the response to COVID-19. For example, we heard how provision was often made for non-disabled children who were learning from home, but not, at first, for children with special educational needs and disabilities, and learning materials were often inaccessible or inappropriate.

- Personal Protective Equipment (PPE) was provided for hospitals, but not for care homes, and then in care homes, but not for homecarers and personal assistants. Some disabled people's organisations had to step in and source PPE for their members.

Social care failed to respond effectively

Our research participants described how the pandemic and protective measures to avert contagion had led to increased reliance on their family and other informal carers. First was the closure, or suspension of day centres, day services and large sections of the social care system, large numbers of social care contracts were cancelled, put on hold, or severely limited.   Second, some of our participants were anxious about having too many people coming into their own homes and wanted to reduce contact. As a result, where it was possible, they preferred using family members who were already part of 'their social bubble'.

- If new needs arose it was often hard to get support and in some areas social care assessments were suspended for up to four months, leaving those with newly acquired impairments or where support needs increased, without the help they required. **Cont....**

Social care failed to respond effectively

- Social services appear to have been largely absent in some authorities where we conducted interviews. People told us how for some funding for their normal support services had been stopped completely and they had been left without any other alternative. Others had been offered phone support, one person we spoke to for example described how his support had been reduced from 12 hours a week to one short phone call a week.

- Many families are struggling, both financially and emotionally. And for many, it has caused deep stress, when juggling caregiving and working from home, and for parents of young children, schooling also thrown in the mix. A mother of a young man with profound learning disabilities described how the normal respite and short break support she received had been stopped completely and she had not been contacted by social care for over four months.

- The pandemic illuminated the fragility of social bonds for disabled people, particularly people with intellectual disabilities. Once funding and staffing are withdrawn, a person with autism or intellectual disability or a mental health condition might be isolated, spending most of the day alone or inside, and with no meaningful activity.

- There was increased anxiety and loss of confidence. For people with existing mental health issues the pandemic has made things worse and there has been limited access to specialised services. For many we spoke to, with limited social options, boredom was one of the key features of the lockdown period: **Cont...**

- *'There's nothing I can do to make my day shorter. At the moment I'm trying to sleep to get rid of some of the day.'* (Megan, S10)

- These issues would have been much worse but for the role played by the third sector. At the start of the pandemic many organisations completely changed the way they work, filling in the gaps left by social care and helping people's mental health and wellbeing. The third sector not only acted to bring people together, they also provided direct services: PPE, food, digital devices.

Zoom and other digital technologies became very important

- The pandemic was a moment when online communications became more important than at perhaps any time in their history. Many areas of life – health, education, employment, retail, entertainment – were largely and sometimes exclusively accessed via the internet. This benefitted many disabled people, because it removed access barriers, as long as they had internet access (disabled people face a digital divide which more than twice as bad as that faced by non-disabled people). The best disability organisations understood the threat of a digital divide, and moved fast to prevent it.

- Entirely new online networks, such as "The Staying Inn" were established for people with learning disabilities and organisations have used social media to bring disabled people together. **Cont….**

Zoom and other digital technologies became very important

- Online access can do many things. But it cannot replace human touch and connection, which is central to the work of primary care doctors and health workers, rehabilitation therapists, and social care workers.   Children crave to be in school with their peers. Adults want to go to work, or to day centres, to see their friends. This highlights the value of being together in real life, and of human touch.

Participants felt there had been failures of communication and leadership

- Clear communication in a health emergency is indispensable (Goggin and Ellis, 2020). But there was frustration over the actions of the UK government. Communication was badly handled. Many people were also unsure about how to protect themselves.

- The science about COVID-19 has been evolving, which cannot be blamed on anyone, but the messaging as to which people needed to shield and which did not have to continued to be unclear. Voluntary organisations and schools received conflicting information, often at the very last minute. Nevertheless, our evidence is that many disabled people's organisations and other community groups have played a key role in getting the right information across. **Cont....**

Participants felt there had been failures of communication and leadership

- Government daily briefings highlighted the general public health significance of COVID-19, but were not sufficient to help people with learning difficulties in particular to understand what they should do differently. Nor was there been routine sign language interpretation of UK government briefings, which sent a very negative message. The Scottish Government did better.

Recommendations: short term

- The needs of disabled people have to be fully considered in COVID responses.   Assessments need to consider the implications of decisions on different impairment groups and those with combined impairments. Decisions should be communicated in accessible formats.

- Local authorities should make it clear that social care packages will be fully reinstated and resources will be invested to address the backlog in social care assessments.   Social care is central to enabling disabled people to live independently in society.

- The reestablishment of social supports and services, including day centres and other activities, is urgently needed. COVID-19-safe alternatives need to be developed and health and social care funders and providers must work with disabled people and their organisations to develop new ways of delivering support. **Cont….**

Recommendations: short term

- Measures need to be taken to ensure that disabled children receive support to 'catch up' on the educational provision that they were excluded from during the pandemic.

- Health and rehabilitation services need to urgently address the physical health needs of disabled people.

- The third sector need to be supported, to ensure it can continue to provide help to disabled people and their families. Three ways to achieve this are: to work with the sector as equal partners rather than contractors; to reduce unnecessary reporting and administration; and to provide fair and longer-term funding.

Medium to long term

The social care system has been broken for some time; its vulnerability has been exposed by the pandemic.   An overhaul of the system is required that places the individual and their care at the centre.   In order to achieve good quality social care provision, secure funding is required.

Policymakers and social care providers must work collaboratively with disabled people and their organisations to address their needs during the rest of this pandemic and after and in anticipation of comparable future crises. **Cont….**

Medium to long term

Post-pandemic social change is required to enable disabled people not only to regain what has been lost through the pandemic, but also to gain full citizenship rights in the United Kingdom.

In conclusion, our data suggest that many disabled people and their families have felt abandoned and forgotten during the pandemic. For disabled people it has exposed magnified existing structural failings and inequalities. In many cases their needs were not protected and the response of the state has compromised their human rights.

Panel session - The lived experiences of NHS Disabled staff

Panel chair – Kate Headley

Christine Rivers
Tom Hayhoe
Deirdre Costigan

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A focus on the Workforce Disability Equality Standard (WDES) Turning data into action

Stuart Moore
Dawn Whelan
Dr Samantha Mills
Paul Singh

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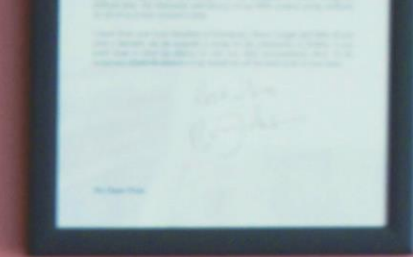
This is Who I am

Equality Team and Disability &
Long Term Conditions Network

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

We need YOU!

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Dr Samantha Mills

National Transparent Mask Lead

Scan for more information

Scan me!

Or visit:
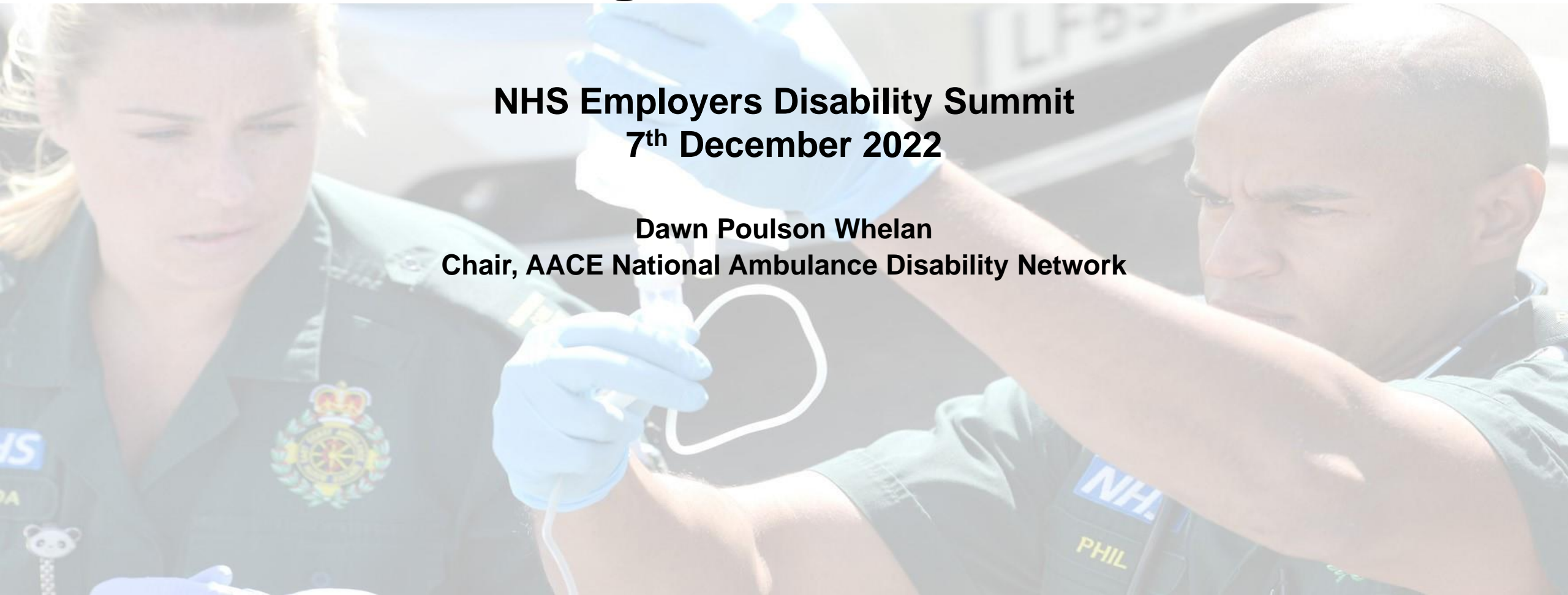www.uhdb.nhs.uk/ddeaf-colleagues

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Overview

A. Advocacy and Activism

B. Harnessing Law in Advocacy and Activism

C. Harnessing Data in Advocacy and Activism

Advocacy and Activism

Advocacy and Activism

Commitment to a goal and perceived greater good

- ➢ group focused
- ➢ issue focused

Strategies and methods, reflecting

- ➢ Who is being influenced
- ➢ Who is doing the influencing
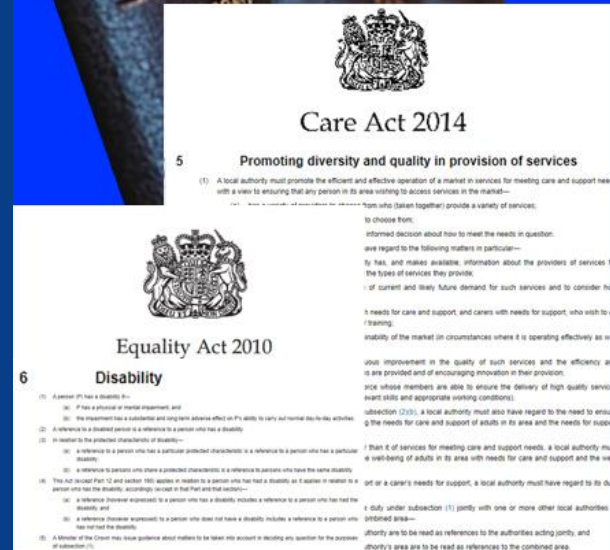- ➢ The nature of the change sought

Collectivism, solidarity and allyship

Harnessing Law

Case Law

R (Rowley) v Minister for the Cabinet Office
Paulley v FirstGroup plc

Statutes

Care Act 2014

5   Promoting diversity and quality in provision of services

Equality Act 2010

6   **Disability**

European and international law

European Convention on Human Rights

UNCRPD

Harnessing Law

➢ Campaigning for new or reformed law

➢ Arguing for better implementation and enforcement of existing law

➢ Holding the government to account through international law mechanisms

Harnessing Data

Types of Data

- Quantitative
- Qualitative

Enabling Comparison

- Over time
    - NHS Workforce Disability Equality Standard
    - EHRC, Is Britain Fairer
- Over national boundaries
    - European Disability Expertise Network
    (formerly Academic Network of Experts on Disability)

Harnessing Data

Making Data Useful

- ➢ Recognition of its importance
  - – Article 31 of the UN Convention

- ➢ Ensuring relevance of what is being measured
  - – identifying and addressing data gaps

- ➢ Ensuring access to data and research findings
  - • Presentation and format
  - • Cost

9

Conclusion

Using Advocacy and Activism to Drive Inclusion

Harnessing the Power of Law and Data

Professor Anna Lawson
University of Leeds

Jaspreet Kaur, spoken word artist

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RIDI award finalists – good practice in recruitment

Hosted by Shani Dhanda and Harjit Bansal

Karen Pearce
Cheryl Gascoigne
Polly Frank
Tony Peters

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Internships for young people with learning disabilities and Autism

Rob Brunger,
Head of Inclusion and Engagement,
Mid and South Essex NHS Foundation Trust

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What is the Supported Internship Concept?

The programme is a nine-month long education-to-work internship for students with a Learning Disability and/or Autism that will take place at our hospitals.

Total workplace immersion facilitates a seamless combination of classroom instruction, career exploration, and on-the-job training and support. The goal for each student is competitive employment somewhere in the community using the skills they have acquired with our Trust.

Excellent Compassionate Respectful

What is the Supported Internship Concept continued

The internship provides real-life work experience combined with training in employability and independent-living skills to help youngsters with disabilities make successful transitions from school to productive adult life. Structured study programme based primarily at an employer which includes the chance to study for relevant qualifications, including English and Maths.

It is available for young people aged 18-24 with additional needs/disabilities and an Education, Health and Care plan.

Excellent Compassionate Respectful

Eligibility

The following guidelines for eligibility will be used for student candidates:

- Appropriate social skills

- 18 – 24 years old (last year of education)

- Eligible for transition and in-work support services through an Education and Health Care Plan (EHCP)

- Appropriate hygiene, social, and communication skills for the business

- Ability to take direction and change behaviour

- Willingness to learn to access public transport

- Up-to-date DBS and Occupational Health checks as required by host employer

- Most importantly: **Desire to Work!**

Excellent Compassionate Respectful

What was the plan and is our vision for the future?

12 interns were part of the successful pilot programme at the Basildon site – Launched September 2021-2022.

The plan is to treble the programme and have 36 young people from both Chelmsford and South Essex College starting with the Trust on an Internship Programme during the Autumn of 2022. The interns will work across Broomfield, Southend and Basildon sites.

Students to apply successfully for a permanent role with the Trust after their internship or be provided with skills to successfully apply for a role within the community.

Support and funding provided by Essex County Council.

Supporting the local community and anchor projects.

Essex County Council

Excellent Compassionate Respectful

Up to 2 rotations across the following areas of involvement for each intern…

Patients	Admin	Portering
• Theatres • Wards • Patient Dining	• Finance Assistant • Library and Education • Medical Records • Reception • Audiology and Pharmacy	• Post room • General • Lift Control
Maintenance	**Hospitality**	**Housekeeping**
• Medical Equipment • Materials Management • Audiology	• Patient Dining • Kitchen Assistant • Event Support	• Wards • Linen Porter • Domestics

Excellent Compassionate Respectful

Job Coach

Employed to support young people with disabilities learn, accommodate, and perform their work duties to a high standard.

Implement support plans which will enable the interns to become competent in work and related skills, using place, train and fade model.

Co-ordinates all the learners with the dates, days and times the Interns will be working with yourselves.

To facilitate other workers to become confident in working with and supporting interns to carry out their work duties to a high standard.

Acquire or complete risk assessments where appropriate.

Benefits to the Trust

- **Free Job matching service:** An intern who will have learnt the role and be fully trained and ready for when a paid vacancy arises. Therefore, reduces recruitment costs for your department.

- **New ways to organise and distribute workload:** Taking on an Intern may support a department to break down job roles into component tasks maximising staff skills and abilities.

- **Elevated Morale:** Improve morale and team working, while giving existing staff the chance to lead and improve their personal performance.

Excellent Compassionate Respectful

Hospital intern scheme is set to be extended

NHS
Mid and South Essex
NHS Foundation Trust

A TRAIL-BLAZING internship programme at Basildon Hospital - which gives young people with autism and learning disabilities a step on the career ladder - is so successful, it is being expanded to Southend.

Young people on the supported internship programme at Basildon Hospital are full of praise of the scheme, giving them a "real-life" insight into the world of work in the NHS.

The Supported Internship Programme currently has 12 students gaining work experience at Basildon Hospital, where the pilot project began.

The success of the programme, run in partnership by the trust and South Essex College, means that from September it will expand to include 12 students each at Broomfield and Southend hospitals, while the Basildon programme is renewed.

The programme has seen eligible students from the college taking the next step to securing a job through internships at the hospital.

The trust says the scheme is all about real-life work experience where young people learn skills for independent living and a productive adult working life.

The students have been supported by dedicated job coaches throughout their placement, meaning the hospital knows how best to fit them in to busy departments in both clinical and non-clinical areas.

Ruby Shulver, who is supporting healthcare assistants (HCAs) on Lionel Cosin ward at Basildon Hospital, said, "I want to have a career in healthcare, and the HCAs on the ward have been really helpful in teaching us, even when they have a lot do. If you like helping others, then this is for you."

Elliott Lind, who has been part of the portering team at the hospital, said: "My confidence has grown and I'm now thinking about career options I never would have considered before. Next month I'll start working in the pharmacy stores where I will deliver medicines. I'm really looking forward to it!"

Emma Childs, unit manager for Lionel Cosin, said:

"The ward is a busy environment and there can be a lot to pick up, the interns have settled in well and got on with their duties. They have so much to offer and have been keen and enthusiastic, so I'd say well done to them."

■ **World of work - Ruby Shulver (intern) with Sophie Mills**

Excellent Compassionate Respectful

Planning Guidance	Key Indicators	KPI	Metric	2021 Percentage	Measure
Develop improvement plans based on the latest WRES findings, including to improve Diversity through recruitment and promotion practices. Accelerate the delivery of the model employer goals, with staff networks driving improvements	A data-driven plan is in place with Boards and staff network sign off, using modified metrics from the latest WRES data and incorporating the six high impact recruitment actions, with a clear governance process to assure delivery. A data driven action plan is also in place with board sign off and oversight that demonstrates progress towards model employer goals; including incorporating key actions from the WRES and WDES findings and actions to embed high-performing staff networks.	1	Proportion of staff who have experienced harassment bullying or abuse at work	7.9%	A year on year decrease on the figures obtained from the annual staff survey
		2	Proportion of staff in Senior Leadership roles who are from a BAME background	21%	A year on year increase in staff occupying Senior Leadership positions from BAME backgrounds over the next 5 years
		3	Proportion of Senior Leadership roles who are women	62%	At least 50% of Senior Leaders within the Trust to be women.
		4	Proportion of staff who agree that their organisation acts fairly with regard to career progression and promotion regardless of background	80.4%	A year on year increase regarding this metric reported in the annual staff survey
		5	Commitment to the NHS People Promise	N/A	Establishment and commitment through inclusion in the Trust EDI Charter
		6	Staff Engagement Indicator	6.7%	A year on year increase in the staff engagement metric reported in the annual staff survey over the next 5 years

Excellent Compassionate Respectful

The impact of Calibre

What is Calibre? Its impact

Dr Ossie Stuart

PhD in history

Lectured at the Universities of Oxford York and Surrey

An equality and diversity consultant since 2003

Disability in employment specialism

Hosted Calibre at NELFT since 2014

Hosted NHS London wide in 2021

Science-fiction, writer, and enthusiast!

Thank you

![NHS Imperial College Healthcare NHS Trust logo]

Calibre is in the NHS

Olayinka Iwu
Head of EDI, Imperial College
Healthcare NHS Trust

What is Calibre?

It is the only programme designed to specifically address the issues disabled staff face, both, in the public and private sectors

The Scale of the problem

Disability disclosure rates very low across the NHS

Disabled staff, on average, 2 to 3 times more likely to be bullied or harassed by their managers, colleagues and the public

Are twice as likely to be disciplined for poor performance

Experience poor career prospects

Yet, lots well-meaning pronouncements at Senior Levels; in reality nothing changes

Significant numbers report poor wellbeing

Key Philosophy

Resets our understanding of 'disability'

By doing so removes disabled staff from being the problem

Far from being problems, disabled staff become the solution to the problems in their Trusts they understand best

Calibre provides the tools and resources that are essential for staff to affect the changes in the workplace, both, they and their Trust require

Quite simply, rather than victims, Calibre transforms disabled staff into actors in control of their own destinies.

They are able to realise their potential and become real assets to their Trusts

A partnership, not a battle

Disabled staff are the only one who understand their own circumstances. No one else can.

Disabled staff are the only ones who have the understanding of what works best for them in the workplace

Disabled staff are the only ones who know what would work best for all staff in the Trust.

Disabled staff are the only ones who know they are not the problem. They also understand that to think otherwise is wrong, discriminatory and misunderstands the problem

With this knowledge comes Leadership

☑ Calibre has been specifically designed for disabled staff in the NHS

☑ Calibre addresses the real problems created by 'disability'

☑ Calibre is not just about disabled staff; it is about all staff in the NHS

☑ Calibre creates the environment to address disability effectively in the NHS

☑ Calibre transforms the lives of disabled staff by transforming them from victims into actors

☑ Calibre is a leadership programme for disabled staff

Impact

80
Employees participated in the Calibre programme

13
London NHS Foundation Trusts were involved

8 out of 10
Calibre participants were women

THE NUMBERS

36%
Of Calibre participants describe themselves as either black or Asian
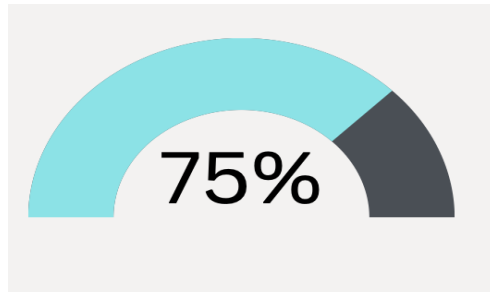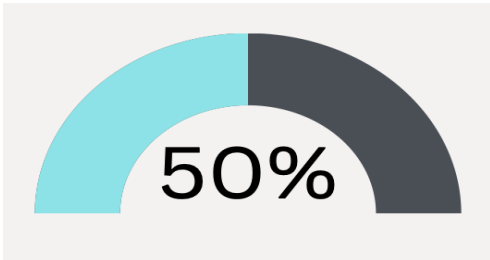
75%
Invisible impairment

60%
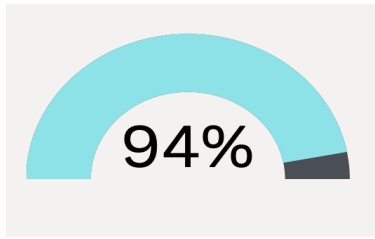**Neurodiverse or long-term health condition**
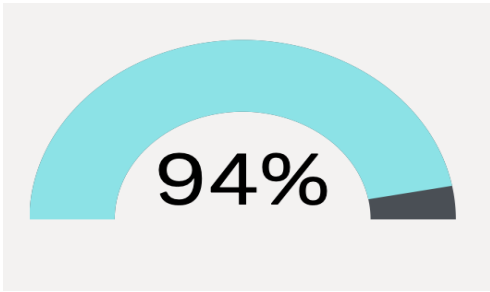
94%

of participants said they will now be more likely to see disability as an organisational issue and not a personal one
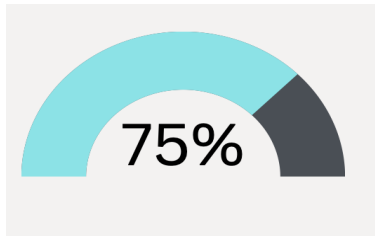
75%

of participants said they were now more likely to talk to their managers about their disability and access requirements
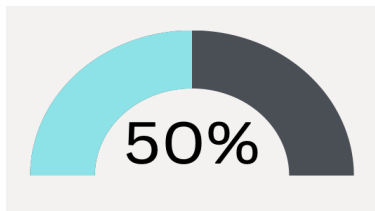
50%

of participants said they would now apply for promotion

94% of participants said they will now be more likely to see disability as an organisational issue and not a personal one

75% of participants said they were now more likely to talk to their managers about their disability and access requirements

50% of participants said they would now apply for promotion

"In the first day of Calibre when (we were told) that other attendees have said that the course was 'life changing', I must admit I thought that was a bit of a strong word for the impact of one course. I was wrong.

For me, it has actually been life changing – from not enjoying my career much at all and not really seeing a way forward in my career, I have now opened up a whole lot of opportunities and REALLY enjoying what I do!"

Senior Midwife: St George's University Hospitals NHS Foundation Trust

✳ Disability is an experience

Conditions and impairments are what people are born with or acquire.

Disability is what we do to one another by creating barriers and bias.

Disabling World

Models of Disability

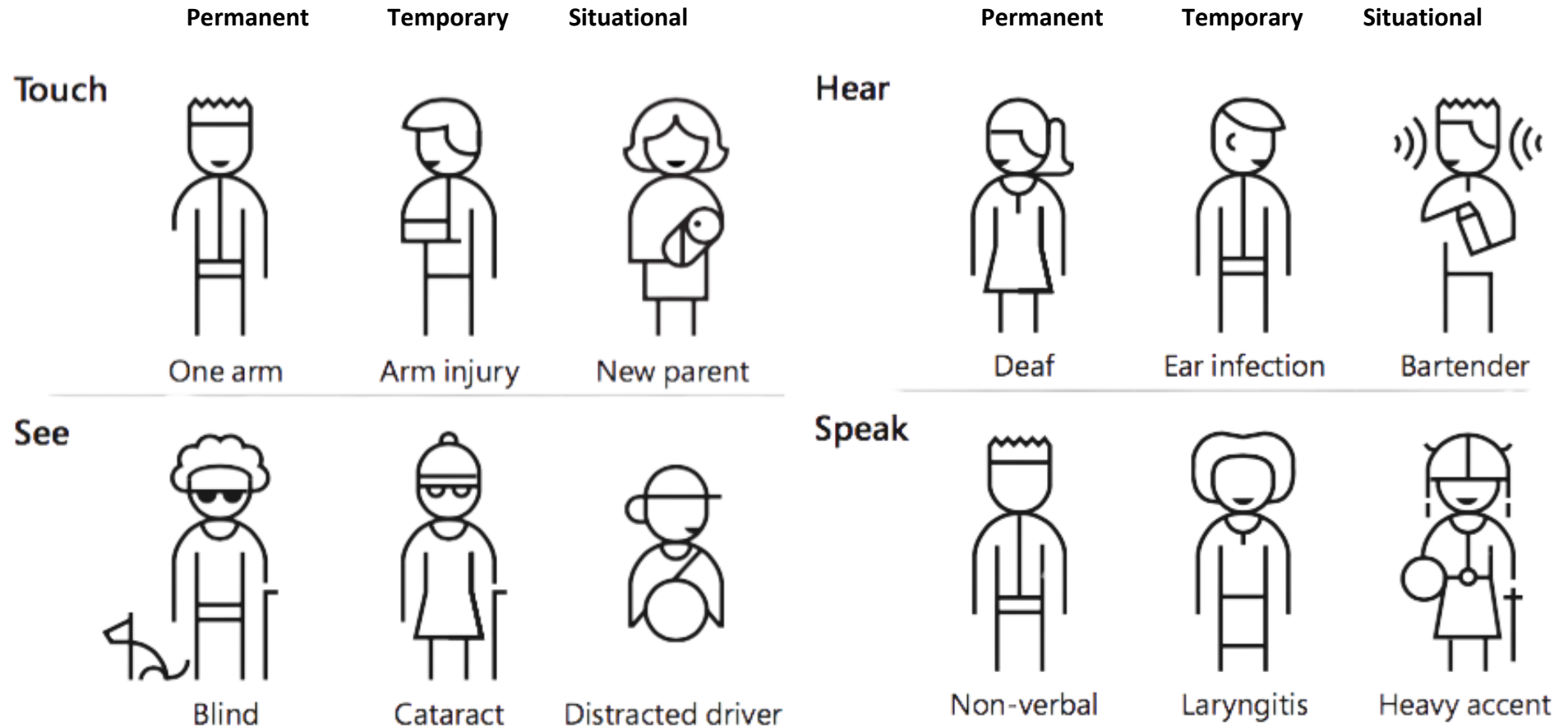Her **impairment** is the problem! They should cure her or her give prosthetics

Medical Model

The **stairs** are the problem! They should design accessible buildings.

Social Model

WAY IN
Everyone Welcome!

✳ Disability affects all of us

Microsoft Inclusive Design Toolkit

✳ Removing barriers

It's assumed everyone will benefit from the same support. They are being treated **equally**.

Individuals are given different supports to make it possible for them to have equal access to the game. They are being treated **equitably**.

Everyone can see the game without any support or adjustments because the cause of the inequity was addressed. The **systemic barrier has been removed**.

✳ 1 in 5

83% acquired their disability

14.6 Million Disabled People in the UK

70% of disabled people live with non-visible conditions and impairments

22% of the population

✳ Vicious Cycle

Twice as likely to unemployed

Every £100 a non-disabled person has is equivalent to £68 for a disabled person

You are hired!

Have to apply for 60% more jobs

Face unavoidable extra costs

Nearly half live in poverty

Disability pay gap

* The case for an inclusive culture

2X

as likely to meet or exceed
financial targets

3X

as likely to be
high-performing

6X

more likely to be
innovative and agile

8X

more likely to achieve better
business outcomes

Bourke, Which Two Heads are Better than One?

Every decision we make can raise or lower barriers to participation in society.

What action will you take?

@SHANIDHANDA