

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.

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

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'.

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>

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MICRO BRIEFINGS: PURPOSE AND APPROACH

The [Glasgow Centre for Population Health](https://www.glasgow.ac.uk/glasgow-centre-for-population-health) and [Policy Scotland](https://www.policyscotland.gla.ac.uk/) 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.

REFERENCES

1. Legido-Quigley H AN, Teo YY, et al. Are high-performing health systems resilient against the COVID- 19 epidemic? *The Lancet* 2020;395(10227):848-50.
2. Gilmour S. The future burden of disability in the UK: the time for urgent action is now. *The Lancet Public Health* 2017;2(7):e298-e99.
3. Office of National Statistics. Coronavirus (COVID-19) related deaths by disability status. London: ONS; 2020.
4. World Health Organisation Disability Overview. Available at : https://www.who.int/health-topics/disability#tab=tab_1 (accessed January 2021)
5. World Health Organisation. Disability and Health Factsheet. WHO; Geneva: 2018. Available at: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health> (accessed January 2021)
6. Department for Work and Pensions. Family resource Survey 2016/17. London: National Statistics; 2018.
7. Shakespeare T. Disability: the basics. London: Routledge; 2017.
8. Equality Act 2010. London: UK Public General Acts; 2010.

9. Glasgow City Health & Social Care Partnership Demographics Profile - April 2020 (revised Sept 2020). Glasgow: GCHSCP; 2020.
10. Glasgow Disability Alliance. Independent Living. Glasgow: GDA online; 2018. Available at: <https://gda.scot/about-gda/gda-values/independent-living> (Accessed January 2021)
11. Shakespeare T. The social model of disability. *The disability studies reader* 2006;2:197-204.
12. Dixon S SC, Touchet A. The disability perception gap: Policy report. London: Scope - Equality for disabled people; 2018.
13. Sakellariou D, Rotarou ES. Access to healthcare for men and women with disabilities in the UK: secondary analysis of cross-sectional data. *BMJ open* 2017;7(8)
14. Mhiripiri NA, Midzi R. Fighting for survival: persons with disabilities' activism for the mediatisation of COVID-19 information. *Media International Australia*; 2020
15. Hamraie A. Building access: Universal design and the politics of disability. Minnesota: University of Minnesota Press; 2017.
16. Hands A, Eling J, Petrokofsky C, et al. Public Health, Health Inequality and Access to Green Space: A Scoping Review.
17. Teuton J. Social isolation and loneliness in Scotland: a review of prevalence and trends. Edinburgh: NHS Health Scotland; 2018
18. Sanders R. Digital inclusion, exclusion and participation. Glasgow: IRISS ESSS Outline; 2020.
19. What Works Scotland. 'Hard to reach' or 'easy to ignore'? Promoting equality in community engagement – Evidence review. Glasgow: WWS; 2017 <http://whatworksscotland.ac.uk/publications/hard-to-reach-or-easy-to-ignore-promoting-equality-in-community-engagement-evidence-review/>
20. Scottish Government. Scottish Social Attitudes Survey 2015: Attitudes to Social Networks, Civic Participation and Co-production. Edinburgh: SG; 2016.
21. Patel JA NF, Badiani AA, et al. Poverty, inequality and COVID-19: the forgotten vulnerable. *Public Health*. 2020;183:110-111.
22. Peters SJ. Inequalities in education for people with disabilities. *Inequality in education*: Springer 2008:149-71.
23. Emerson E, Hatton C. Health inequalities and people with intellectual disabilities: Cambridge: Cambridge University Press; 2014.
24. Loopstra R, Llorca D. Financial insecurity, food insecurity, and disability: The profile of people receiving emergency food assistance from The Trussell Trust Foodbank Network in Britain. London: the Trussell trust; 2017.
25. Joseph Rowntree Foundation. Disability and poverty: Why disability must be at the centre of poverty reduction. JRF; 2016.
26. Scope – equality for disabled people. The Disability Price Tag 2019 Policy report. Scope; 2019.
27. Equality and Human Rights Commission. Being disabled in Britain - A journey less equal. London: EHRC;2018.
28. Glasgow Disability Alliance. Budgeting for Inequality. Glasgow: GDA; 2020.
29. Sabatello M, Burke TB, McDonald KE, et al. Disability, ethics, and health care in the COVID-19 pandemic. *American journal of public health* 2020;110(10):1523-27.
30. Armitage R, Nellums LB. The COVID-19 response must be disability inclusive. *The Lancet Public Health* 2020;5(5):e257.
31. World Health Organisation. Disability considerations during the COVID-19 outbreak. Geneva: World Health Organization; 2020.
32. Douglas M, Katikireddi SV, Taulbut M, et al. Mitigating the wider health effects of covid-19 pandemic response. *Bmj* 2020;369

33. Glasgow Disability Alliance. *Supercharged: A Human Catastrophe. Inequalities, participation and Human Rights during and beyond COVID19.* GDA; Glasgow: 2020.
34. Javed B, Sarwer A, Soto EB, et al. The coronavirus (COVID-19) pandemic's impact on mental health. *The International journal of health planning and management* 2020;35(5):993-96.
35. Von Korff M, Ormel J, Katon W, et al. Disability and depression among high utilizers of health care: a longitudinal analysis. *Archives of general psychiatry* 1992;49(2):91-100.
36. Banks J, Xu X. The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK: IFS Working Papers, 2020.
37. Seifert A, Cotten SR, Xie B. A double burden of exclusion? Digital and social exclusion of older adults in times of COVID-19. *The Journals of Gerontology: Series B* 2020
38. Goggin G, Ellis K. Disability, communication, and life itself in the COVID-19 pandemic. *Health Sociology Review* 2020;29(2):168-76.
39. Reygan F, Henderson N, Khan J. 'I'm black, a woman, disabled and lesbian': LGBT ageing and care services at the intersections in South Africa. *Sexualities.* 2020; 3:1363460720975322.
40. Walsh D, McCartney G, Minton J, et al. Changing mortality trends in countries and cities of the UK: a population-based trend analysis. *BMJ open* 2020;10(11):e038135.
41. Ryan F. *Crippled: Austerity and the demonization of disabled people.* London: Verso; 2020.
42. Hemingway L, Priestley M. *Natural hazards, human vulnerability and disabling societies: A disaster for disabled people?* 2006
43. Minton J, Fletcher E, Ramsay J, et al. How bad are life expectancy trends across the UK, and what would it take to get back to previous trends? *J Epidemiol Community Health* 2020
44. Cross M. Demonised, impoverished and now forced into isolation: the fate of disabled people under austerity. *Disability & Society* 2013;28(5):719-23.
45. Blundell R, Costa Dias M, Joyce R, et al. COVID-19 and Inequalities. *Fiscal Studies* 2020;41(2):291- 319.
46. Marmot M, Allen J, Goldblatt P, Herd E, Morrison J. *Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England.* London: Institute of Health Equity; 2020.