







Senedd Cymru Equality, Local Government and Communities Committee Cardiff Bay, Cardiff, CF99 1NA

Dear Chair and Committee members,

On behalf of RNIB Cymru, Guide Dogs Cymru, Disability Wales and Learning Disability Wales I would like to thank members of the Equality, Local Government and Communities Committee and their officials for their ongoing work on the inquiry into the COVID-19 outbreak in Wales.

We were delighted to read the Committee's report, Into sharp relief: inequality and the pandemic and encouraged by the fact that many of its recommendations reflected the evidence given by our organisations. We truly believe that they have the potential to make a significant difference to the lives of disabled people in Wales.

However, we are somewhat disappointed by the Welsh Government's response. Whilst the vast majority of recommendations have been

accepted or accepted in principle, we do not believe that there has been sufficient action taken as a result.

Below is a brief summary of the key recommendations that relate to disabled people along with the views of our organisations on what we feel is needed in order to truly address the inequalities caused by COVID-19.

Recommendation 1: The Welsh Government should ensure that each major policy or legislative decision is accompanied by an effective equality impact assessment, and an analysis of the impact on human rights. Both should be published online and copies sent to this Committee for review.

We welcome that commitment by Welsh Government to put equality and human rights considerations at the centre of the response to the pandemic and subsequent recovery.

We also commend Welsh Government on their openness and transparency in publishing the equality impact assessments (EIA) relating to the measures to manage Covid-19 for each the 21-day review. We were also pleased that Welsh Government sought feedback from organisations like ours to assist the development of these EIAs.

While, in many cases, these EIAs correctly identify risks and potential negative impacts on disabled people, the proposed mitigations are often ambiguous or insufficient.

For example, the <u>EIA published on 20 July</u>, which assessed the impact of reopening of hospitality businesses for outdoor service, correctly identifies the risk that reallocating outdoor public spaces could create a hazardous environment for disabled people – such as those with mobility issues or the visually impaired. However, it offers no clear mitigation to address this other than a further EIAs to be undertaken by local government.

As a result, we continue to see examples of public spaces which are completely inaccessible to disabled people. New commercial demands on pavement space cause obstructions which disproportionately affect disabled people, elderly people, and parents or carers of young children.

Such obstructions increase the risk of collision and injury for blind or partially sighted pedestrians, force wheelchair users and those with pushchairs to find alternative routes, and cause pedestrians to step into the road. This impacts not only on the ability of people to make day-today walking journeys, but also their confidence and ability to participate in society.

RNIB research from May 2020 found the two thirds (66 per cent) of blind and partially sighted people feel less independent now, compared to before lockdown. Report loss of confidence and isolation are worryingly high, with many people choosing not to use their local spaces.

A more appropriate mitigation would have been requiring businesses, as part of their licensing conditions, to ensure that all seating, stalls or unusual additional street furniture to be surrounded by a solid, colour barrier with a lower tapping rail. In addition, leaving a clear walkway wide enough to permit social distancing to be maintained which does not force pedestrians into the road. The Welsh government Active Travel Guidance specifies that this must be a minimum of 1.2m for a vision impaired person with a Guide Dog or a companion to pass safely, and 1.5 for a wheelchair user.

Disability Wales report similar issues with ineffective EIA processes in relation to public buildings. Often building owners and developers have a low understanding of what is required from them and therefore EIAs do not appropriately identify what is required to ensure accessibility. This often leads to buildings that are designed to the very minimum accessibility standards possible. Accessible toilets are particularly affected and often built to the very minimum size requirements with minimum features and can often be unsuitable.

These are just two examples of EIAs which did not provide clear steps to mitigate the negative differential impacts on disabled people, which have created barriers to access and participation as a consequence.

Recommendation 34 - The Welsh Government should run a social distancing public awareness campaign to emphasise the different challenges the 'new normal' presents to different people

We welcome the Welsh Government's support for the distance aware initiative, but we do not feel this constitutes a 'public awareness campaign' specifically focused on the unique challenges faced by disabled people.

RNIB research from 2018 found that 'low awareness of, and negative attitudes to, sight loss from the general public' is the single largest barrier faced by blind and partially sighted people in their everyday lives.

The pandemic has exacerbated this pre-existing issue. As raised in our previous evidence, social distancing is near-impossible for people with sight loss and we have heard numerous examples of people being challenged or aggressively confronted in shops and on streets for being unable to keep their distance. We still do not believe the public is sufficiently aware of this and RNIB's service users report that this as an ongoing concern.

We also know that many blind and partially sighted people are experiencing difficulties accessing shops, gyms and other businesses because their needs and changes in guidance around issues like sighted guiding by a non-household member are not well understood by the public.

Another example of poor public awareness are the exemptions to the rules on wearing face coverings in public places. Whilst we recognise and support the need for face masks to prevent infection, Disability Wales report instances of people receiving verbal abuse from others for not wearing face coverings, despite being exempt. Staff in shops and other businesses aren't aware of the rules and have wrongly tried to force people to wear masks. Due to this lack of public awareness, people are often forcing themselves to wear masks or are not leaving their homes due to concerns about receiving abuse. This is damaging many disabled people's ability to live independently.

A national public awareness campaign focused on the experiences of disabled people and the unique challenges they face is needed.

Recommendation 36 - The Welsh Government should establish a priority grocery delivery scheme for disabled people who are not shielding (similar to Defra/RNIB scheme in England).

During our evidence session, the Committee heard about the unique challenges that social distancing poses for people with sight loss. These challenges make travelling to and navigating around supermarkets safely and independently incredibly difficult, if not impossible, for many.

During the first national lockdown, RNIB's Sight Loss Advice Service received an average of over 100 calls a day from people who were struggling to access essential groceries. RNIB research from this period

found that 74 per cent of blind and partially sighted respondents were either "very or quite concerned about getting access to food" while 21 per cent of people reported that they had had to ration food.

Ordinarily, online shopping would be an effective alternative to shopping at supermarkets for those who are digitally enabled, as it allows people who are blind or partially sighted to shop safely and independently.

However, as the demand for online delivery slots was increased, blind and partially sighted people – some of whom will have relied on this service in the past to maintain their independence – and who now needed it more than ever were less able to access home delivery services.

Welsh Government's position, reaffirmed in their response to the Committee, is that people who are struggling to access food and other essentials should contact their local authority for volunteer support. We firmly believe that forcing previously independent people to rely on volunteers is not in adherence to the values of the social model of disability and cannot be considered an acceptable solution.

The Department for Environment, Food and Rural Affairs (DEFRA) has recognised specific challenges faced by people with sight loss. Through a partnership with DEFRA, RNIB is able to directly refer blind and partially sighted people through to dedicated priority delivery slots from two major national supermarkets, but only for those living in England. To offer this solution in one part of the UK but not in another is unfair and puts Welsh people with sight loss at a disadvantage.

With the easing of lockdown this summer, demand for priority deliveries has reduced. However, we are now in a second national lockdown with potentially more to come in the future. Social distancing continues to be an issue and blind and partially sighted people and one which will continue to be for the foreseeable future. Each new lockdown brings with it new instances of panic buying and an increase in demand for online shopping deliveries.

We believe that clinical vulnerability to serious illness from covid-19 should not be the only criteria by which to determine who should be entitled to priority shopping. We would like to see a commitment from Welsh Government that, in the event that further lockdowns or restrictions become necessary, the type of support made available to the shielding population will be expanded to include people who are made

situationally vulnerable by the restrictions, such as people with sight loss.

Welsh Government must take action to ensure that people who face unique and specific challenges as a result of COVID-19 are guaranteed a vital service which allows them to maintain their independence.

Recommendation 37 - The Welsh Government should appoint an accessibility lead within the Welsh Government to oversee the production of all key public health and other information in accessible formats

While we welcome the establishment of an accessible communications group and acknowledge the work of Welsh Government and NHS communications teams to quickly rectify issues of inaccessible information, we continue to see examples of bad practice.

Public sector organisations continue to present information using videos which do not have audio or alt text descriptions. These are therefore inaccessible to screen readers and impossible for some blind and partially sighted people to understand. Here is a recent example from Welsh Government's twitter account:

https://twitter.com/WelshGovernment/status/1327900441741586432

People with a learning disability have not been able to receive up to date clear and easy to understand information at any point during the pandemic. Easy read or plain English has been an afterthought and people with a learning disability have not understood main stage briefings. There has been a significant rise in hate language targeted at people who do not understand the rules. New rules and regulations are introduced to us on a weekly basis and little to no effort is made to ensure that people with a learning disability or autism are provided with this information in an accessible way. The rise in hateful language as increased across media. The term Covid idiot is now widely used. The term idiot derives from the term 'idiocy' which was the Victorian term for Learning Disability. We are also seeing a huge rise in the use of retard, mong, dunce and other slurs in relation to people who are unable to follow the rules.

We believe that the appointment of a senior accessibility lead at Welsh Government would help embed the necessary change. The lead would be a single point of contact to raise any relevant issues and have the mandate to challenge instances of poor practice and hold organisations

to account for the provision of accessible information. The UK Government has recently appointed <u>a national lead for accessible</u> information.

Currently, our organisations invest a considerable amount of time and resource raising specific accessibility issues with different communications teams across numerous public sector organisations and departments. The fact that third sector organisations have to monitor and police inaccessible communication shows that there is significant progress yet to be made.

The provision of information in accessible formats was a major issue pre-COVID. For a number of years, we have worked with partners in the NHS to raise awareness of the All Wales Standards of Accessible Communication for People with Sensory Loss, which were introduced by Welsh Government in 2013.

These standards set out the level of service delivery that people with sensory loss should expect to be met with when they need healthcare. Under the standards, the NHS should ensure that people with sight loss are routinely asked about their communication needs. These should be systematically recorded, and all information provided in their preferred accessible format by right and without fight, enabling the same levels of independence and privacy expected by everyone else.

But progress has been slow and the standards have not led to demonstrable change for blind and partially sighted people in Wales, who continue to tell us that they routinely receive vital health information like appointment letters and test results in formats which they are unable to read.

We agree with the Committee's recommendation and would like to see a commitment on this from Welsh Government to accelerate the pace of change with regard to accessible communication.

## Conclusion

We would urge the Committee to go back to the Welsh Government to seek clarification regarding their response to the Committee's recommendations on these issues.

For further information, please contact

We would also be happy to provide oral evidence to the committee, if required.

Best wishes,