Social Recovery Taskforce
03 September 2020 at 14:00
Via Microsoft Teams

Agenda

1. Welcome, Introductions, and Apologies
    Chair

2. Minute of Previous Meeting   Attached
    Chair

3. Matters Arising
    Chair

4. Academic Support Group   Attached
    Des McNulty, University of Glasgow

5. Supercharged: A Human Catastrophe – Inequalities, Participation and Human Rights
    before, during and beyond COVID19   Attached
    Tressa Burke, Glasgow Disability Alliance

6. Third Sector   Verbal Update
    Ian Bruce, Glasgow Council for the Voluntary Sector

7. Visioning Participatory Budgeting   Attached
    Chris Harkins, Glasgow Centre for Population Health

8. Meeting Schedule:
    01/10/2020, 14:00
    29/10/2020, 14:00
    26/11/2020, 14:00
    24/12/2020, 14:00 (to be rearranged)
    21/01/2021, 14:00
    18/02/2021, 14:00
    18/03/2021, 14:00
    15/04/2021, 14:00
    13/05/2021, 14:00
    10/06/2021, 14:00
    08/07/2021, 14:00
    Taskforce due to end by 31/07/2020

MINUTES

Social Recovery Task Force
31st July 2020, at 11am via Microsoft Teams

Present: Councillor Richard Bell (Chair), Glasgow City Council; Councillor Jennifer Layden, Glasgow City Council; Councillor Ruairi Kelly, Glasgow City Council; Bernadette Monaghan, Glasgow City Council, Community Empowerment Services; Chris Harkins, Glasgow Centre for Population Health; Martin Cassidy, Scottish Fire and Rescue Service; William Hamilton, Glasgow City Council, Neighbourhoods & Sustainability; Des McNulty, University of Glasgow; Catriona Milosevic, Glasgow City Health and Social Care Partnership; Paul Buchanan, Glasgow Colleges Regional Board; Valerie McNeice, Glasgow Centre for Population Health; Ian Bruce, Glasgow Third Sector Interface; Gavin Slater, Glasgow City Council, Neighbourhoods & Sustainability; Jatin Haria, BAME Representative; Jill Miller, Glasgow Life; Colleen Rowan, Glasgow and West of Scotland Forum of Housing Associations; Afton Hill, Glasgow City Council, Strategic Policy and Planning (Equalities); Pete Seaman, Glasgow Centre for Population Health; Natalie Carr, Police Scotland; Fiona Moss, Glasgow City Health and Social Care Partnership; Tressa Burke, Glasgow Disability Alliance; Douglas Taylor, Glasgow Third Sector Interface; Anne Fehilly, Glasgow City Council, Violence Against Women; Lorraine Barrie, Glasgow Equality Forum; Parveen Khan, CEMVO; Marianne Scobie, Glasgow Disability Alliance.

In attendance:
Mary McPhail, Glasgow City Council, Community Empowerment Services
Gerald Tonner, Glasgow City Council, Community Empowerment Services

Apologies:
Annemarie O'Donnell, Glasgow City Council, Chief Executive; Gary I'Anson, Police Scotland; Marshall Poulton, Glasgow City Council, Neighbourhoods and Sustainability (Transport); Linda De Caestecker, Glasgow City Health and Social Care Partnership; Jane Grant, NHS Greater Glasgow & Clyde; Gary Walker, Glasgow City Council, Neighbourhoods and Sustainability (Public Health); Kathleen Caskie, Glasgow Third Sector Interface; Kirsti Hay, Glasgow City Council, Violence Against Women.

1. **Welcome, Introductions and Apologies**
The Chair welcomed everyone to the meeting and invited all to introduce themselves. All who could gave a brief account of their designation, but due to technical difficulties there were a few who couldn't. Cllr Kelly stated that as he also sits on the Economic Recovery Taskforce group and will ensure the marrying up of work from both groups.

Catriona Milosevic attended on behalf of Linda de Caestecker (NHS GGC); Parveen Khan attended on behalf of Colin Lee (CEMVO); William Hamilton attended on behalf of Gary Walker (NS); Natalie Carr attended on behalf of Gary L'Anson (Police Scotland).

2. Minute of Previous Meeting

No matters were raised and the minute was approved.

3. Terms of Reference

Bernadette Monaghan reported that some discussion had taken place reflecting on the themes and priorities in going forward and that this is now the second version of the T.O.R.

Bernadette noted that Jatin Haria had sent some comments (just prior to the meeting) and asked if anyone else had comments to make. Ian Bruce was happy with the T.O.R. but thought he should be added as a member. Cllr Bell agreed, adding that Ian's input was invaluable.

Fiona Moss had an issue, not with the membership, but with how to involve people. Cllr Bell proposed looking at how we incorporate wording around involving the wider community. Bernadette thought this could be woven into the workstreams as we go ahead, adding that a strong community voice will be needed going forward. Ian stated that he'd raised this issue at the Economic Recovery Taskforce and asked if there was a piece of work that could be done to straddle both groups. Cllr Bell concurred with this and asked Bernadette to speak with her colleagues about it. Parveen Khan was concerned about issues leading to conversation fatigue in regard to the number of different groups involved.

Agreed Actions
- **Bernadette to speak to colleagues about the opportunity for a piece of work on community engagement to be taken forward jointly between the Social Recovery and Economic Recovery groups.**

4. Priorities and Workstreams

Bernadette explained that Appendix 3 captured the workstreams in diagram form (noting that most of which already have homes) and asked the group how they wanted to move forward with it:

- is it ok as is?
- does it need expanded on?
- do they want priorities under each theme to take forward?

Jatin suggested that the focus should be on child poverty rather than poverty in general.

Cllr Bell questioned if they should be put into subgroups or kept under one large organisation. Given it's a big agenda, Fiona considered there would be a lot of work to develop the elements within each theme and suggested asking the individual groups what they think the key recovery components are. Ian was concerned about ending up with compartmentalising problems, stating there was a need to think about how we join up the workstreams and that a high level sense of direction was needed. Giving the volunteering group as an example, Jill Miller advised that there were groups out there who could pick up on resources; they were

tied into the Partnership and could tie into this group. Jill stressed the need to see where we are already in terms of support groups and then combine with Fiona's suggestion about the key recovery components.

Bernadette stated that the papers and minutes of both taskforces are shared and there is a broad list of themes. The Public Health Oversight Board has discussed taking on the mental health workstream. Bernadette advised the need for/to:

- follow up work to assign priorities
- focus on three key areas that will make a difference
- refine how priorities are taken forward

Ian has put together issues relating to the 3rd Sector and Bernadette will pick this up separately with him. Bernadette will also discuss with colleagues in GDA as to how their workstream may operate.

Marianne Scobie related her concerns about the themes in regard to disabled people as they already feed into every single theme. There are a host of issues and Marianne is keen to ensure that particular themes are looked at. Services are now disappearing due to shielding stopping and people are being left behind. A survey interim report on this has already been shared with a final report imminent. Marianne thought it would be useful for this taskforce and will share the key findings. Pete thought that in relation to the T.O.R., this was probably not the place for this particular issue.

Pete asked what the taskforce was looking for in terms of the outcomes for the listed themes and how do we get these outcomes. Pete thought the challenge would be changing the whole system and not the individual silos. He questioned if the number of people on the taskforce was the best way to do this. Cllr Bell agreed the task was enormous, but stated the need to understand where the priorities are and how we get the workstreams up and running. Bernadette stressed the importance of starting with the existing partner groups and asked what needs to change to allow us to do better; we need some sort of goal in mind as to what we want to achieve - work to do and conversations need to be drilled down and this will help as a starting point.

Cllr Bell reminded the taskforce that this isn't just about the Council and that involvement/ input was needed from everyone around the table - we need to make the work as cross-organisational as we can. Des McNulty stated the need to share with the Scottish Government Glasgow's point of view of what is/isn't working and how COVID 19 has affected Glasgow. The issues need mapping and Des advised the need to bring together our learning/knowledge as quickly as possible. There's a need to look at what the solutions are as well as the issues. Des questioned what the "new normal" will look like, how we can best get the information out there and thought there was a need to build a bridge between the Scottish Government and the communities. Cllr Bell stated the need to ensure that we're identifying the major issues for the Scottish Government. Cllr Layden agreed with the points that Des made and suggested that COSLA may be another way in.

Bernadette stated it would be helpful to her if Des and Pete could provide input as to how we frame both the questions and what the solutions (and their outcomes) will look like, rather than the issues. Both Des and Pete agreed. Cllr Bell thought it difficult to see through the fog of COVID what the outcomes will be. Cllr Kelly asked what the Economic Recovery Taskforce needed, to get to the recovery point to get us to social recovery. Cllr Bell will take this onboard and look at how the groups integrate together.

Cllr Layden will feed discussions into the Cosla Wellbeing and Communities Board.

Agreed Actions
- **Bernadette to pick up with Ian Bruce the issues relating to the 3ʳᵈ Sector**
- **Bernadette to discuss with GDA colleagues how their workstream will operate**
- **Bernadette to discuss with Pete and Des how the questions should be framed and what the solutions and outcomes will look like**

5. **Participatory Budgeting post-COVID: Visioning the Next Steps**

Chris Harkins is a Senior Researcher with the Glasgow Centre for Population Health (GCPH). Participatory Budgeting (PB) is embedded across Scotland. In 2020, Chris was involved in PB work in Maryhill and has evaluated GCC 2019/20 pilots. Since the beginning of lockdown, GCPH have been forced to rethink things and have looked at community resilience and their response to COVID. This Review can be found on their website.

Chris explained that the design and delivery of future PB must involve recovery for the needs and aspirations of the Council, the 3ʳᵈ Sector and community organisations and went onto talk about 3 areas in moving forward.

- **Where we have come from**
  During 2018/19 in Glasgow, pilots and evaluations were carried out. This was strong work based on citizens' panels. Chris worked with the Council and other 3ʳᵈ sector organisations. The Council understood what they could and couldn't do and got the right partners around the table. The Council is focussed on PB and Chris believes Glasgow is in a strong position to take it forward.

- **COVID and the Landscape Moving Forward**
  There is a need for innovative engagement with the services and to acknowledge the pandemic in terms of people who need it. The books will need to be balanced in some way. People are moving to digital ways of working, but there is no substitute for face-to-face conversations – it doesn't have the same impact.

- **Mainstreaming**
  Chris advised that mainstreaming (for him) would involve community members without the pot of money sitting on the periphery. PB involves voting and this could lose some of the vibrancy/authenticity of where the people are coming from. Chris asked what budgets will there be in regard to COVID.
  For PB to become the normal way of working, it is about the principles of PB being applied rather than PB being seen as something separate/on the margins.

Community members could be brought in to be part of the Council's decision making practice.

Cllr Bell thanked Chris for his input and explained the difficulty around budgets and the local communities. He explained the need for people to understand that this isn't new money, but existing money and also what this is enabling them to do.

Parveen Khan reported that she too had been involved in PB. She worked in a support group in Ayrshire and was also part of the process as a resident in Ward 41. Parveen asked how a community could be supported to apply and be successful with it. Also, how do you measure the impacts? As a resident in Ward 41, Parveen hasn't seen or felt any changes; also some things were duplications. Cllr Bell was interested in how it could be measured – if it was down to a strong community benefit or the result of articulate speakers (families voting). An evaluation tool is required.

Chris agreed this was an important issue as like any democratic process, PB can be hijacked. Chris gave an example of money (£200,000) given to a ward to tackle child poverty, noting that the amount wouldn't do much, but would give the group of people involved the chance to deal with it. In regard to money, Cllr Bell cautioned that people will think it transformational when in reality it will only scrape the surface of the problem, especially in a ward with a high amount of deprivation.

Chris advised that the recommendation was to set up a PB Learning Network across the city and would be well placed to move forward with different themes. Chris directed the need to think about time commitment and resources when moving forward. Bernadette stated she'd pick this up with Chris and Pete.

Bernadette asked what the roles could be for community councils and area partnerships as she wanted to give them a pro-active role. Prior to COVID, colleagues in Community Empowerment Services were undertaking a review of Sector and Area Partnerships and were about to collate findings from the consultation process and events and produce draft recommendations. There is a real appetite to move to a different, more proactive local leadership style of working than continuing to operate largely in the style of committees. With the reinstatement of partnerships in hand, colleagues will pick up on this again. She suggested using PB principles to underpin part of the Taskforce engagement processes, but would pick up on this with Chris, Des and Pete as to how they could be linked in.

Des advised that the issue with PB and community planning is focussing on topics. He also considered looking at how structures could be streamlined, given that we may have too many committees that are spending a considerable amount of time making decisions on a relatively small amount of money. Cllr Layden saw this as an opportunity to look at how we change this and reported that COSLA have concerns it's not being mainstreamed and turning into a focus for a small grant. Cllr Bell agreed with the need to grab the opportunity now or we could regret it in the future. He stressed the need to change in order to build a more resilient city and to learn from this pandemic in case of another. Pete directed the need to focus on what the next steps will be and suggested looking at other places/learning and how they've coped.

Agreed Actions
- **Bernadette to further discuss the potential for PB principles (dialogue and deliberation) to be embedded within the work of the Taskforce and ultimately wider democratic structures, as well as the roles of the community councils and area partnerships with Pete, Des and Chris**

6. Academic Support Group

Des made reference to the Policy Scotland Working Paper: The COVID-19 Crisis and Universal Credit in Glasgow adding that more data will be coming out periodically.

Des explained that the University of Glasgow is one of the biggest researchers with good links to other universities and spoke of a conversation he'd had with Bernadette and Shaw as to how we share these findings. Des added that there is a lot of work going on, useful work that may help with the taskforce's deliberations; he thought that the things the taskforce was interested in may help form the agenda for the researchers.

Des went on to say that he had good relationships with colleagues in Liverpool and Manchester who have good practices we could learn from (regarding COVID) and also vice versa – a sense of academic networking. Des offered to put the taskforce in touch with people. He suggested taking the agenda discussed at the taskforce and see how the academic community could input and/or help them look at options. Des is working alongside Tom Jackson, looking at the number of people in jail to see if it's possible to stop locking up people and use the money elsewhere.

Fiona stated that although there'd been a lot of engagement nationally and internationally around COVID, she would appreciate Des's help. She was struck by the five week wait issue people have when applying for Universal Credit and asked if there was something we could be proposing. Cllr Bell agreed that any academic help/support as to where we're taking these issues would be good and any help would be welcome.

Of the groups represented, Des stated that he would've expected someone from a Community Housing Association to be present as their contribution is needed. Cllr Bell advised that Coleen Rowan from the Glasgow and West of Scotland Forum of Housing Associations sits on the taskforce and brings a huge amount of knowledge to it.

In regard to Des's report, Jatin was concerned about the race analysis. He understood that this information may not be available from the DWP, but thought it should be looked at. Tressa was also concerned about the number of people with disabilities being sent back to work with no contact (checks) having been made. Tressa asked if this data existed. Cllr Bell stated the need to see how we can keep all of these issues on the agenda in relation to what pressures are put on disabilities and BAME.

Cllr Bell thanked Des for his presentation and stated his gratitude in any support he could offer in going forward.

7. A.O.C.B.

Cllr Bell reported that the GCC have been part of a 4 council pilot project funded by the Scottish Government. The Panel have produced its final report and this now sits with the Scottish Government for decision.

8. Date of Next Meeting

Thursday, 3rd September at 14:00

Glasgow City Council

**Community Empowerment and Equalities Social Recovery Taskforce
Establishment of an Academic Support Group**

3rd September 2020

Introduction

This paper outlines a proposed partnership involving Glasgow City Council, Policy Scotland (the outward facing public policy centre at the University of Glasgow) and the Glasgow Centre for Population Health that would create an Academic Support Group alongside the social recovery taskforce established by Glasgow City Council to identify and tackle the social impacts of Covid-19 on the citizens of Glasgow. The Academic Support Group is an innovative mechanism for curating relevant research and channelling it to inform strategic decision-making by the Council and the work of the taskforce.

1. **Purpose**

   The Academic Advisory Group will act as a conduit, linking researchers at the University of Glasgow and other universities in the West of Scotland with relevant expertise, to policy makers and practitioners in the Council and its partner organisations represented on the Social Recovery Taskforce (which has the same membership as the **Strategic Partnership of the Glasgow Community Planning Partnership**) and any workstreams which the Taskforce may establish. As research partners, Policy Scotland and Glasgow Centre for Population Health will provide independent advice to **Community Empowerment and Equalities** and to the **Social Recovery Task Group,** which has been set up by the Council to address the aforesaid issues and will be invited to attend meetings of the Task group in an advisory capacity.

2. **Background**

   Policy Scotland and Glasgow Centre for Population Health have particular expertise in supporting community engagement, addressing inequalities and anti-poverty work, tackling health and educational disadvantage and in liaising with the voluntary sector. They have jointly developed the Children's Neighbourhoods Project which is working with Glasgow City Council and other local authorities to enhance the life chances of children growing up in some of the city-region's poorest neighbourhoods. Policy Scotland staff were centrally involved in What Works Scotland and have strong links with the Glasgow Economic Recovery Group.

3. **Outputs**

   The Academic Support Group will focus on the prevention and mitigation of Covid impacts on vulnerable and protected groups, disadvantaged communities and on voluntary sector and social enterprise partners. The partnership will be jointly managed by Glasgow City Council, the University of Glasgow and Glasgow Centre for Population Health. Outputs and findings of any work will be reported to the Social Recovery Taskforce/Strategic Partnership of the Glasgow Community Planning Partnership and, where appropriate, published through the Policy Scotland and GCPH websites.

4. **Roles and Responsibilities**

   The research partners will be given access to data held by the Council (subject to confidentiality safeguards) and, by agreement, to data held by other community partners. Intellectual Property rights would be owned and shared by the partners.

5. **Timescale**

It is envisaged that the support would be provided over the lifetime of the taskforce, with a review at the end of that twelvemonth period. It is envisaged however that this partnership between Policy Scotland/GCPH and GCC might develop into a long-term mutually reinforcing research policy partnership.

6. Budget

There is no additional budget available to support this work at present. However, Glasgow City Council, Policy Scotland and Glasgow Centre for Population will investigate and pursue external sources of funding to support work that helps identify and respond to Covid-19 related need as well as projects that are prioritised because they underpin the work of the community partnership at city or regional level and/or advance collaborative forms of service delivery.

7. **Workplan**

The workplan depends on which issues are agreed as priorities by the partners and the expertise that can be mobilised. Once this has been scoped out, milestones and SMART objectives will be identified.

8. Questions for the Social Recovery Task Group

If the taskforce consider the establishment of an Academic Support Group would add value to their continuing work, then processes and criteria for linking existing research and researchers to priorities and evidence needs will be required. This could usefully be through consultation and preliminary 'matching' work led by the partners. Discussion is welcome on how such activity and priority setting could take place.
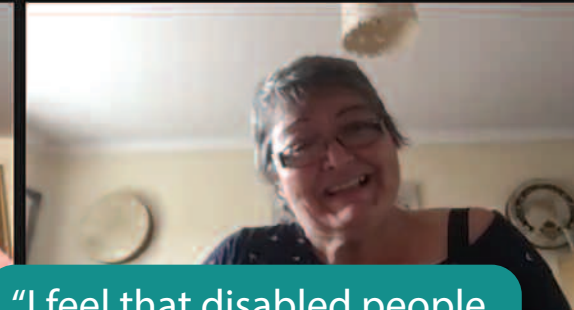
Glasgow Disability Alliance
Confident Connected Contributing

Supercharged: A Human Catastrophe

Inequalities, Participation and Human Rights before, during and beyond COVID19

August 2020

"I feel that disabled people have been abandoned and forgotten."

Contents

There have always been inequalities for disabled people in society, but I've never felt it more than now."

"Maybe after this virus, people will value and respect disabled people more – that's my hope."

Foreword

Through COVID, Glasgow Disability Alliance learned that although we are all in the same storm, we have not all been in the same boat- and we still aren't. Everyone caught in the COVID-19 storm needs a lifeline that can pull them out of danger when they need it most – but for disabled people there were, and are, fewer lifelines within reach.

Much is made about the economic recovery and this is critical to ensure that people stay in work and maintain good health and wellbeing. But we must also apply efforts on social recovery since much damage has been done to people as well as the economy for example thousands of disabled people have endured extreme isolation and had their social care packages cut. Decisions made at the start of Lockdown left disabled people with no support to wash, dress, eat, go to the toilet or take medication. And many supports have as yet, not been reinstated – despite Scottish Government providing

additional funding to Local Authorities.

History will recount how we all responded to the coronavirus outbreak. We must ensure that the story told demonstrates our commitment – as a society – to protecting everyone from harm: particularly those most at risk of the worst impacts of COVID19. We must design policies and practices that provide security for every member of our society – including disabled people who make up at least 25% of Glasgow: this cannot happen without our involvement.

Inequalities have been supercharged and we must now in turn supercharge the meaningful involvement of disabled people, independently supported by our own communities of interest – our disabled people-led organisations which are a model for involvement, participation, wellbeing and resilience. We are all connected – nothing has shown this more than COVID – for good and bad.

Now more than ever, we must harness the voices of disabled people and take every opportunity to understand and remove barriers, to design services and responses that meet the acute and changing needs of those most vulnerable to COVID and its aftermath. In this way we will ensure- no only that disabled people are not left behind in social and economic recovery but more importantly, that we can contribute to it.

**Tressa Burke**
GDA Chief Executive Officer

Background: A Human Catastrophe – then COVID19

GDA is a grassroots, community-led organisation, run by and for disabled people, since 2001.

We are a diverse community, that extends across Greater Glasgow and beyond – with a membership of over 5000 disabled people and people with long term conditions, disabled people-led member organisations, and associate members including non-disabled allies, family members and supporters.

For almost 20 years, GDA has been supporting disabled people to come together and support each other, through fully accessible programmes of learning and peer support. GDA builds disabled people's confidence, connections, and contributions – supporting members to participate and speak out, collaborate with powerholders, share lived experience and expertise about the barriers we face and how these can be tackled, to build a fairer more equal society. GDA's disabled people-led model of empowerment is needed now more than ever.

12 years of austerity has increased the challenges we face, and threatens to erode hard-won progress towards equality and human rights. Welfare reform has exacerbated poverty and isolation, hostility and hate crime.
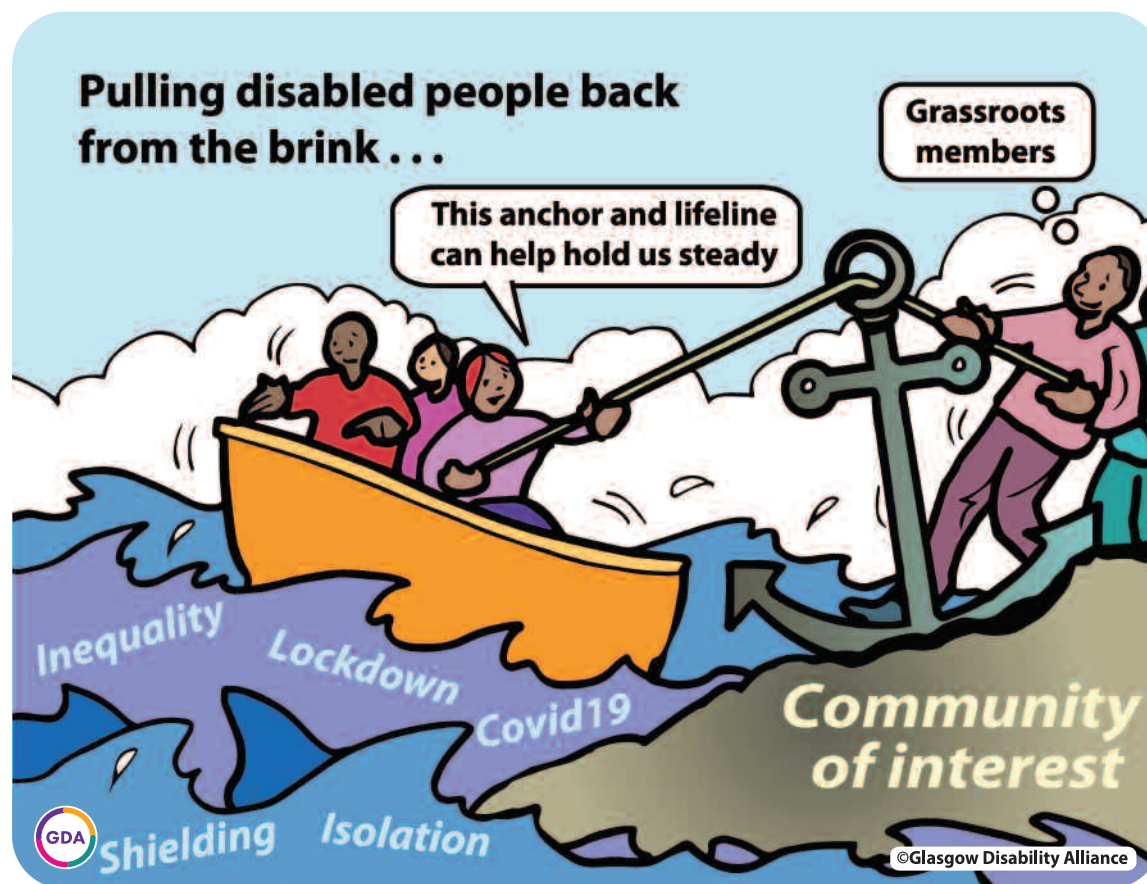
Barriers we face in education, work, housing, health and social care in turn exclude us from participating in our communities, families, societies, and even in our own lives – eroding our confidence and self-belief. The EHRC calls it 'A Journey less equal', while the UN concluded that austerity has created a 'human catastrophe' for disabled people in the UK. On top of this human catastrophe, came COVID-19.

Since long before lockdown, too many disabled people have been living in poverty, facing barriers in our daily lives and struggling to access badly needed support services.
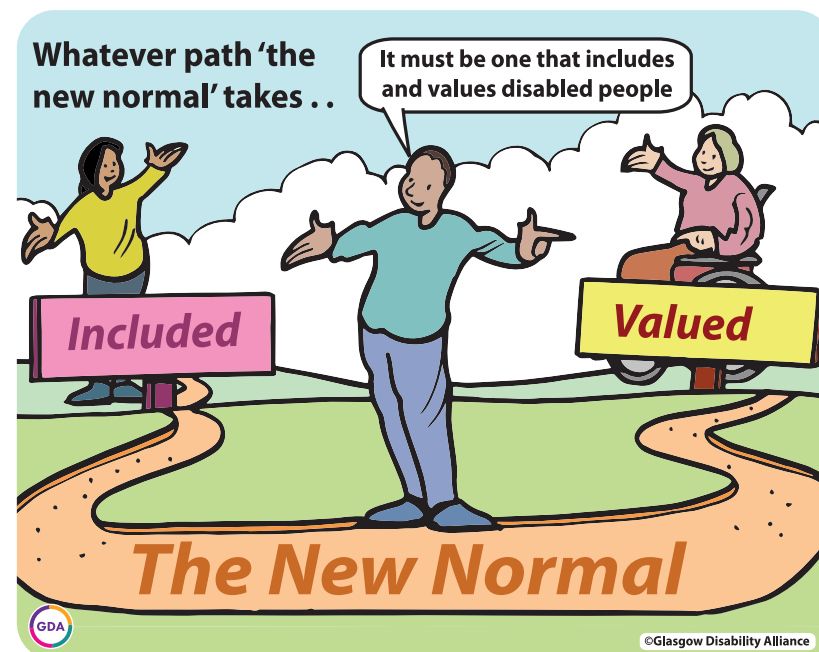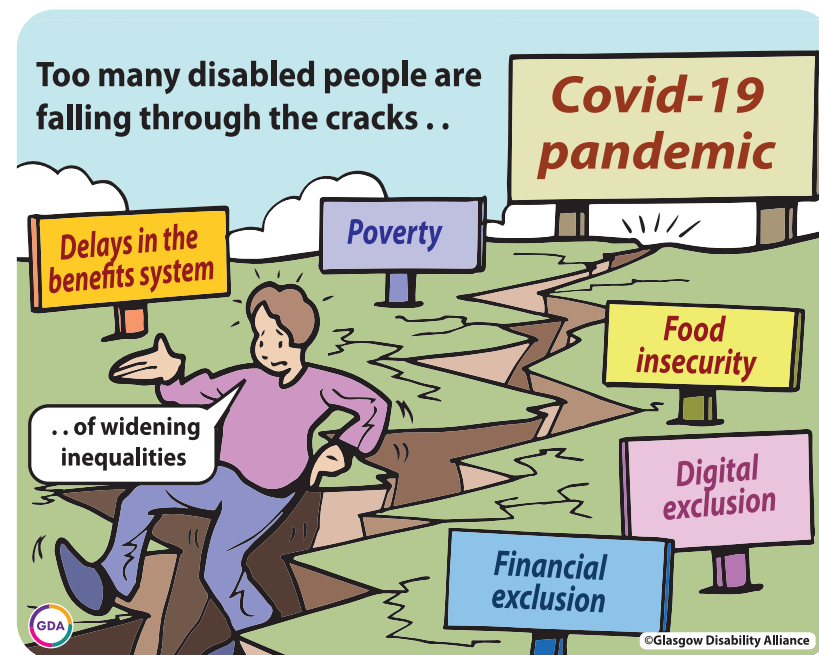
During the pandemic, disabled people have found ourselves triply at-risk:

1. For many, our conditions or impairments put us at greater physical risk from the virus

2. The barriers and inequality we face also leave us less able to respond and keep ourselves safe, and more at risk from social impacts of the pandemic and lockdown.

3. Our needs, voices and expertise have long been excluded and overlooked by those planning and delivering services, meaning lockdown and COVID responses have not only exacerbated inequalities we already faced, but have also created new ones.

As lockdown eases and many people look forward to getting 'back to normal' – for disabled people, 'normal' never worked. As workplaces, transport, and social lives resume - albeit with new limitations - many disabled people are already suffering the long-term impacts of the pandemic and lockdown on our lives, our bodies, and our hopes for the future.

Inequalities have been supercharged: the drive towards recovery and renewal will leave disabled people even further behind, unless urgent action is taken to supercharge our meaningful involvement, with disabled people and our organisations in the lead.

Disabled people's voices and expertise will be vital to Scotland's social and economic recovery. As a nation, we cannot afford to miss any more opportunities to learn from mistakes, understand barriers, and design policies and strategies for resilience which protect those most at risk – by putting disabled people in the lead.

Too many disabled people are falling through the cracks . .

Covid-19 pandemic

Delays in the benefits system

Poverty

Food insecurity

. . of widening inequalities

Digital exclusion

Financial exclusion

©Glasgow Disability Alliance

Whatever path 'the new normal' takes . .

It must be one that includes and values disabled people

Included

Valued

The New Normal

©Glasgow Disability Alliance

A COVID-Response led by disabled people

From 16th March 2020 GDA suspended all our planned programmes, and, using our well established infrastructure as a community of 5000+ disabled people, we began extensive outreach across our vast membership: to listen, support, and respond in any way we could; to enable survival, build resilience and amplify voices. Through in-depth member engagement we were able to adapt our vital services, and rapidly develop new ones to fill gaps and meet needs, diversifying our supports to disabled people during turbulent and challenging times.

Engage:

6000	check-in calls made
2500	calls received
4500+	disabled people connected to information and support
20,000	accessible info mailouts
2,100	in-depth survey responses

4000+ hours contributed by GDA members sharing experiences, concerns and priorities by phone and online to shape GDA response, and inform local and national responses.

Adapt: finding new ways to deliver our vital supports

Rights Now: welfare rights support provided remotely, by phone and online

GDA Future Visions support provided remotely, by phone and online

GDA Learning programme moved online, with digital support provided

Respond: new services rapidly established to address gaps and meet need

GDA Lifeline delivering food and essentials to disabled people unable to access support

GDA Wellbeing specialist group and individual support and advice for health and wellbeing

GDA Connects equipment, connectivity and coaching to tackle digital exclusion

GDA resilience engagement and response: Snapshot 20th March – 31st July

Engagement

Disabled People said:

80% Not aware of local supports they could access

41% Struggled to find accessible info in formats needed
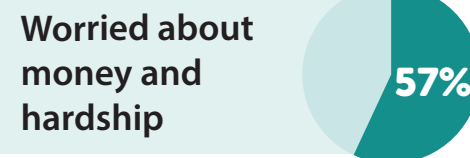
6000+ Wellbeing check-in calls made

20,000 mail outs of accessible information

2500+ calls received to GDA Helpline

5000+ connected to information and support

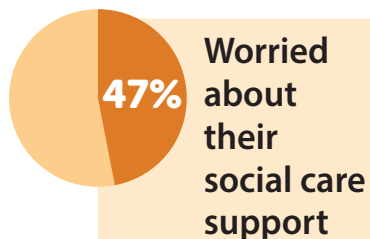## Lifeline Support

1,251 deliveries of food, medication and essentials

137 people support with Welfare Rights

**£191,115.47** gained for disabled people

Disabled People said:

47% Worried about access to food or medications

57% Worried about money and hardship

Supporting Wellbeing and Resilience

Disabled People said:

90% Worried about their physical or mental health

47% Worried about their social care support

300+ people given in-depth support from our new Wellbeing Service

86 Online Health & Wellbeing sessions: chair-based exercise, tai chi, mindfulness, relaxation, coping with anxiety

57 received 'Future Visions' support one-to-one, peer support or coaching around their social care need

Building Connections and Digital Inclusion

200+ learners took part in **218** online learning, discussion and peer support sessions

393 people received digital support calls

188 skilled up to join GDA online learning and events

173 receiving coaching and/or equipment to get online

Disabled People said:

82% Worried about isolation

60% Digitally excluded
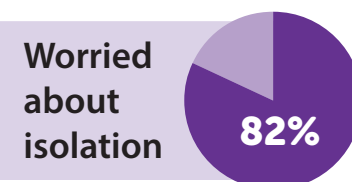
It's so important disabled people's voices are heard otherwise we will be forgotten about, as always.

"Listening to disabled people is the only way elected members, government and other agencies will know where the gaps are and what services are required now and in the future."

90%

Over 90% said they want disabled people's voices to be heard.

85 online peer support discussions.

130 disabled people supported to attend GDA's first ever online conference.

4000+ hours contributed by **5000+** disabled people speaking out, online and by phone, about their experiences, concerns, ideas and priorities for equality beyond COVID.

GDA member engagement: Headline Findings

1 COVID19 has **supercharged inequalities** already faced by disabled people.

2 **Pandemic responses** have created new inequalities and left disabled people behind.

3 **Recovery and renewal** risk leaving disabled people **even further behind** - unless we **supercharge disabled people's involvement** every step of the way.

To address these supercharged inequalities, we must Supercharge disabled people's:

1 **Involvement**
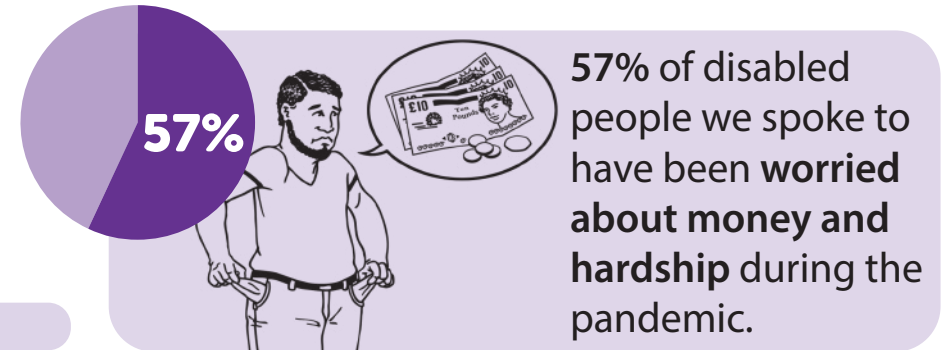
2 **Rights**

3 **Support**

Poverty: Supercharged

Pre-COVID: Disabled people were already 3 times as likely to be living in poverty.

- Disabled people face extra costs, averaging **£583** per month.

- 1 in 5 disabled people and 1 in 4 families with disabled children face extra costs of **more than £1,000** per month (Scope 2019)

- Disability-related extra costs include:
    - higher bills for fuel and food
    - costs of equipment, accessible transport
    - charges for vital social care

Left Behind: COVID19 has exacerbated poverty for disabled people.

- **Cost of living has increased, along with additional costs for disabled people:** Universal Credit was topped-up but not disability benefits, deepening inequality.

- **Employment impacts if you or your family shielding /high risk:** forcing disabled people and their families to choose between safety and income.

- **Extra barriers to social security** 58% drop in PIP applications; lengthy delays to claims – up to 10 week wait for Mandatory Reconsiderations; advice and support services harder to access

- **Social care budgets restricted** during lockdown – flexibly during lockdown, while still paying charges for cut services.

57%

57% of disabled people we spoke to have been **worried about money and hardship** during the pandemic.

"Food and bills have all gone up sharply, but no increase to our disability benefits. My money gets quickly swallowed up and I'm left short."

"I can't get out to collect my pension, pay bills or top-up my energy cards. Worried about getting into debt if I miss payments."

"I'm a taxi driver with severe asthma, caring for my high risk wife and mother - but I've had to go back to work because we've run out of money. It's terrifying, but we've got no choice."

"I got a letter about PIP asking me for paperwork but everywhere is shut and I can't get through on the helplines."

GDA Response: Rights Now in action

GDA's Welfare Rights project

- **137** individuals supported, through:
- **199** remote appointments
- **99** new referrals
- **£191,115.47** gained for disabled people

Disabled people are facing many of the same Welfare Rights issues as before, but lockdown has made them even more challenging to solve. Our Rights Now team has worked flexibly to find workarounds e.g. phone appointments and permissions instead of postal mandates.

Welfare Rights when you need it most:

"At the start of lockdown, we found out my son got zero points in his PIP assessment, so we'd lose his DLA and my carer's allowance.

You start spiralling, thinking will we lose the house, and how do I fight this with everything that's going on? I get so anxious on the phone to them in case I say the wrong thing.

I called GDA and they got back straight away – it's the first place that's really listened to me and helped.

Ian helped me write letters to challenge the decision and get it fast tracked – they said it was taking up to 10 weeks for some folk to hear back, but with Ian's help we got our award back within 2 weeks.

It was such a relief to know that was sorted, and I know where to go for help next time!"

Disability Employment Gap: supercharged

The punitive UK benefits system claims to incentivise work – however, since long before COVID, disabled people have faced additional barriers to finding and sustaining employment.

In Glasgow 45% disabled people age 16-65 are in work, compared to 67% of their non-disabled peers. The pandemic has already posed additional barriers for disabled workers and jobseekers, and a post-COVID recession will only worsen this, as job opportunities shrink.

GDA has continued to:

- Provide **one to one employability advice and coachin**g, remotely, during this time.

- Support disabled people to have their **voices heard within Scottish Government Employability Action Plan**, including a focus on disabled parents; and in the **'Glasgow Guarantee' Employability Partners' Forum.**

Food Insecurity: Supercharged

Pre-COVID: disabled people were already 3 times as likely to be facing food insecurity.

47%

47% of disabled people we spoke to have been **worried about their access to food** during the pandemic.

Left Behind – extra barriers linked to:

- Emergency food provision not always accessible.
- Supermarket **delivery slots overwhelmed,** minimum spend barrier.
- **Delays, hurdles and gaps in accessing eligibility** status for shielding support / delivery priority slots.
- Lack of support and **negative attitudes** faced by those with sensory and invisible impairments.
- Barriers to accessing medications, hygiene products, masks add to increased health risk.
- **Support lines withdrawn as shielding paused, leaving many cut off with no support, expected to rely on the goodwill of friends, family or neighbours, who may be returning to work.**

"I'm visually impaired and supermarket staff can no longer guide me, the virus means I can't safely navigate by touch – but I don't qualify for help with deliveries."

"GP told me to shield but I never got a letter. Now my parcels are stopping – but I'm still high risk!"

"They're saying shielding will stop in August, but I don't know what I'll do without that support."

"I got a bag of potatoes in my shielding box but I can't physically cook them, and my care has been cut."

"There's volunteers helping people with shopping in my area but I've no money to pay them, and the foodbank doesn't deliver."

"Lack of nutritious food suitable for my diet is a worry, and the impact on my health and my condition."

"I got verbally abused in the shops because I can't wear a mask – then they asked me to leave!"

"I can't stand in long queues for shops but I was shouted at and humiliated by supermarket staff because I didn't have a government letter."

"My shielding packages have stopped but I still can't physically get to the shops."

GDA Response: Lifelines in action

Food, medications and essentials delivered to **1,251 people in 874 households, including many regular weekly deliveries.**

Filling Gaps: referrals from British Red Cross, Glasgow Helps, Glasgow Mutual Aid, Social Work services, for clients they could not cater for.

Flexibility required: restricted diets, lack of social care, and other barriers mean some food aid provision has not been suitable for disabled people.

GDA Lifeline referrals are increasing as Shielding has paused and support services wind down – but disabled people still face longstanding barriers to food security, that require a long term solution: Tackling poverty and inaccessible environments, reviewing long-term support for shopping must be part of recovery and resilience planning.

"The Shielding helpline rang out. When I got through they said it would take a week and they were too busy to pick up my medication."

"I emailed GDA to share my experiences of lockdown – I was not expecting yous to come back with such amazing offers of kindness, help and support – it is so nice to know someone cares about all us folk who are high risk and shielding."

Food Insecurity and Social Care

Many disabled people were already struggling to physically access groceries and essentials before COVID. Help with shopping has long since been scrapped from 'life and limb' social care eligibility, yet online shopping is rarely an option for those without internet or on low incomes.

GDA has provided lifeline deliveries to many families whose social care has been cut during COVID.

While we were unable to bridge gaps left when personal care was withdrawn, lifeline deliveries helped ease the strain on disabled people suddenly left with no support, or fully reliant on family, friends or neighbours who may themselves be high risk or unable to provide the support needed.

Information Gap: Supercharged

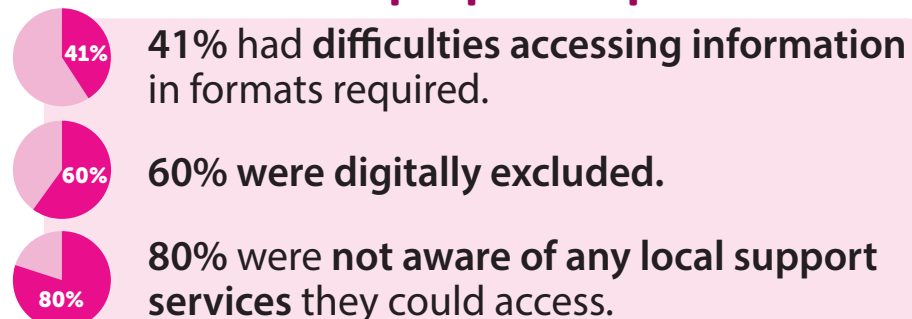**Pre-COVID: disabled people already faced persistent barriers to accessing information and services.**

Disabled people are nearly **4 times as likely to be digitally excluded**; and with the UK average reading age between 9 and 11, **lack of accessible info has widened the unequal impacts of the pandemic.**

Left Behind:

• Isolation, digital exclusion and a lack of accessible information mean many disabled people do not have the vital information they need to stay safe and access support.

• Delays and gaps in Shielding letters, and specific information relevant to disabled people widened this disadvantage e.g. guidance for social care users, disabled workers, disabled pupils and students.

Of disabled people we spoke to:

41% had **difficulties accessing information** in formats required.

60% were **digitally excluded.**

80% were **not aware of any local support services** they could access.

"I got a letter from the government and I'm severely dyslexic so I couldn't read it – I panicked not knowing what it was – I thought I was in trouble."

"There may be supports out there, I just don't know about them. If someone put a letter through my door I would know."

"I don't know what group I'm in or what advice I should be following. The GP says one thing, the government says another, the Council helpline is ringing out."

"Helplines and phone appointments are no use for Deaf people like me, and facemasks mean I can't lipread so I'm even more cut off."

"Information isn't available for me in a format I can understand. It needs to be clearer so everyone can understand: using pictures, info-graphics, sign language."

"I don't know about anything that goes on in my community. I wouldn't know where to look for info on this."

"Services have closed – everything is moving online now and I don't have internet."

"I've got lung cancer, and the hospital kept sending me to get my own prescription. It was GDA who told me I should be shielding, and went to collect it for me".

GDA Response: Engagement in action

GDA's community infrastructure

Built over 20 years of community development led by **disabled people – connects 5000+** of us across Glasgow to vital information and support which many struggle to access otherwise. Through:

- **20,0000** mailshots
- **8500+** phone calls (made and received)
- **5000+** signposting referrals

GDA has prevented thousands of disabled people from falling through the cracks.

Inclusive communication methods are key – online, and offline: phone, letter, SMS, Easyread, braille, audio, BSL – and involving disabled people in planning communications – **or disabled people get left behind.**

GDA Connects: tackling digital exclusion

60% of the disabled people we spoke to lacked the technology, connectivity or confidence to get online.

GDA became one of the Scottish Government's first Connecting Scotland pilots, with GDA Connects.

393 people have had digital support calls.

170 devices being procured, set up and distributed to disabled people, along with coaching and support.

150 additional pieces of equipment to meet digital access needs.

11 visually impaired learners connected to specialist coaching through GDA's networks.

Social Model of Digital Inclusion

GDA's digital coaches are not IT specialists: they use patient, person-led, flexible approaches, to support disabled people to **remove barriers to digital**, and build confidence in their own abilities.
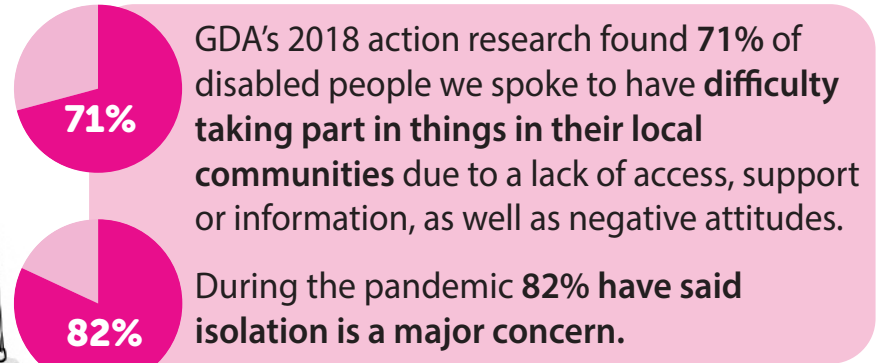
"I was worried at first I wouldn't be able to learn because of my dyslexia and learning difficulty – but for the first time in my life, someone stuck with me to help me understand instead of just giving up. Now I'm really proud of myself for learning something new, and I can videocall my friends while we are all in lockdown".

"I don't have internet or TV so it's GDA that keeps me informed of my rights and what's happening in the world - talking to staff and members."
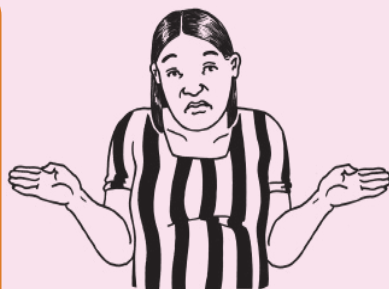
"The Housing office is closed and no-one's been in touch - I don't know who to call if I have an emergency. Probably GDA!"

"I've been let down by every service, except GDA. No one else will provide me with accessible information, even though I've asked. So I have no idea what support there is in my area – GDA are the only ones who've helped."

Isolation and Exclusion: Supercharged

Pre-COVID, disabled people were already twice as likely to experience isolation and loneliness; and too often excluded from our local communities.

Leaving the house and connecting with our communities was already much harder for disabled people, due to **inaccessible houses, transport, environments; lack of support; and negative attitudes.**

71% GDA's 2018 action research found **71%** of disabled people we spoke to have **difficulty taking part in things in their local communities** due to a lack of access, support or information, as well as negative attitudes.

82% During the pandemic **82% have said isolation is a major concern.**

Left Behind: for many, isolation and exclusion have soared:

- COVID 19 made going out **too risky** for most of us.

- Lockdown **saw vital supports we rely on withdrawn or reduced.**

- **Digital exclusion** meant for many disabled people, **social contact dropped to zero.**

- Some rules for public spaces, such as 'exercise only' and face coverings, have led to **hostility and hate crimes against disabled people** unable to observe these.

- **Disrepair, flytipping going unaddressed, as well as hospitality expansion onto our pavements** have created fresh barriers all around, by overlooking access needs.

- Fears of catching the virus were escalated by discussions of **Do Not Resuscitate files and rationing of treatment** which put disabled people at the bottom of the pile, threatening human rights.

"I'm worried about loneliness and falling into depression and anxiety - that's why I called GDA - There's nobody in the world that knows about me, and I'm worried about dying alone in a room."

"Support seems to be for elderly folk, not younger disabled people like me. I've had really nasty reactions so I gave up trying to ask for help."

"I often feel isolated – social isolation is my normal - but this situation has taken my depression to another level."

"I feel I've been completely let down by the society that was supposed to care for me."

"Some people are in total isolation and relying on care which might not be stable – we need to remind people we exist!"

GDA Response: Connections in Action

GDA's accessible learning programmes tackle isolation and build connections across our community of interest – so we knew it would be vital to maintain this remotely as much as possible, moving sessions online and supporting members to build their skills to connect in this way.

- **188 disabled people supported** by GDA Connects to get online and connect with others.

- **218 online sessions** run by GDA Learning, with over **200 learners**.

- **85 online peer support** meetings and discussion sessions about priorities & solutions.

- **300+ supported through GDA Wellbeing** to access other supports such as telephone befriending.

"GDA are the only people I've heard from since staying home."

"Most of us disabled people are being isolated so much in the communities – they just do their own stuff and exclude disabled people. I can't volunteer or join groups, nothing is accessible - except GDA!"

"The course helped me cope with lockdown – it gave me confidence in my abilities, and some structure, a reason to talk to others – so I don't feel so alone."

"I saw the helpline on TV and got linked to GDA – it's really good to see people at the online sessions. It motivates you, gives you focus and takes you away from bad thoughts you might have."

It's empowering, meeting new people! And learning new technology – using zoom, I feel a bond with all these people in these wee squares!

"My local Housing Association wouldn't help me because I wasn't shielding, but wouldn't let me volunteer because I'm 'vulnerable'!"
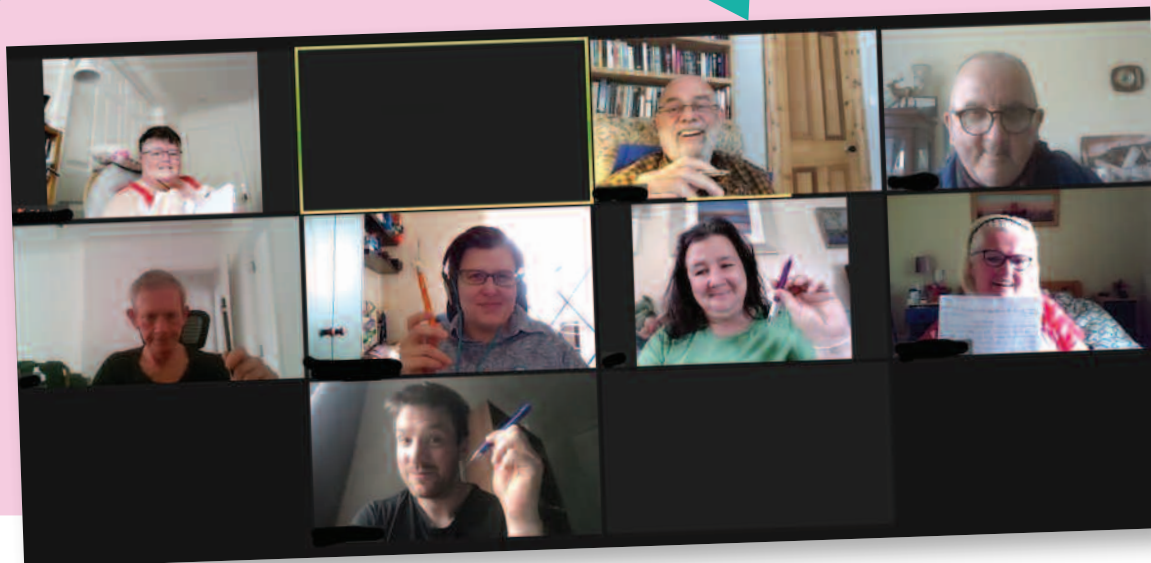
Mental Health Crisis: Supercharged

Disability and mental health are closely linked.

Having a long term physical condition makes us more likely to experience poor mental health, and vice versa: those of us with long term mental illness are more likely to also have a physical impairment or condition.

- Many GDA members report **barriers to accessing support for their mental health**, often feeling dismissed.

- **Barriers** we face across all areas of life – housing, work, education, social care and independent living – **impact badly on our mental health, confidence and self-worth**.

Left Behind:

- Many with **existing mental health conditions** have had care and support disrupted or 'paused' during COVID-19.

- Many who were **already struggling to access Mental Health support** are in even greater need now.

- **'Relaxation' of laws around detention** under Mental Health Act sparked fear over rights protections.

- **GDA has received over 676 referrals** to our new Wellbeing Service since May 2020.

62%

676+

Of disabled people we spoke to 62% were **worried about their mental health** during the pandemic.

GDA's Wellbeing service has had over 676 referrals since April, with referrals increasing each month.

"Nothing extra put in place for those with mental illness in fact our services have been removed. I've never felt so worthless and unvalued."

"I have really struggled with my mental health since my ma passed away. Was just starting to get back out a bit and then this happened. It is really hard now."

"I can't get any help – I'm 100% isolated and terrified to say how bad I'm feeling, as mental health laws are a danger, they've gone backwards under COVID."

"I waited 4 months for my mental health appointment and now received a letter that they cancelled all appointments for next 12 weeks."

"COVID19 has exacerbated the chronic depression I've had for years. The CPN is not taking calls – they pass you to 111 who are only dealing with COVID. I've called Breathing Space every night for 79 days."

"I lost my brother to COVID, I'm high risk so I couldn't go to his funeral and I stay alone so finding it hard to cope – having someone to speak to really helps."

GDA Response: Wellbeing in Action

Help to cope

Our engagement quickly picked up the need for dedicated wellbeing support during the pandemic, with services reduced or overwhelmed, and isolation, poverty, discrimination and uncertainty hitting disabled people harder.

COVID emergency funding allowed us to recruit 2 wellbeing advisers to support the huge numbers of disabled people contacting us in distress, overwhelmed by fear, isolation, complex barriers and lack of available supports.

GDA Wellbeing (April – July):

- **676 Referrals received,** most through our own engagement.

- **563 Wellbeing Follow up calls made:** our wellbeing advisors check in, listen and provide advice and resources to improve mental and physical wellbeing.

- **Over 300 disabled people connected to specific Wellbeing supports** including counselling, peer support, life coaching, telephone befriending, GDA Wellbeing programmes online and by phone.

What has worked well?

While many have struggled to access mental health support during the pandemic, some exemplary support has shone through:

- **User-led, community based groups provided a lifeline:** "Being connected to GDA, Flourish House, the Mental Health Network, who understand the challenges, and check in so you know someone cares."

- **For those whose support remained steady, this proved essential**: "Regular support from my CPN and psychiatrist is getting me through."

- **A listening ear boosts resilience:** "Just having someone to talk to – I didn't know I could call the crisis lines when I'm really struggling, til GDA gave me the number."

Health inequalities: Supercharged

Disabled people and people with long term conditions had **crucial healthcare cancelled** during lockdown; **equal rights to access COVID treatments** were threatened; and the **health impacts of lockdown** have set many disabled people even further back.

Left Behind:

- **NHS Scotland cancelled 73%** of planned treatment in the month of April, including treatments for heart and respiratory conditions, neurological conditions, and 53% of cancer treatment (Understanding Society).

- **Pain management** services curtailed.

- **Existing conditions deteriorating** due to lockdown – lack of mobility, therapies stopped.

- **Environmental hazards not addressed** also threatened health during lockdown.

90% of disabled people we spoke to have been **worried about their physical or mental health** during the pandemic.

90%

"Lockdown is worsening my condition and wiping out all the work I have done to build up my health and stamina."

"Heath care has been cancelled and I have to manage my pain on my own. I know I won't get the surgery I've been waiting on for a long time."

"They should make it clear that GPs are still here for you, you're not wasting any of their time..."

"I'm terrified of losing care for my degenerative condition – I could lose my sight."

"I have waited 7 months for a lung scan and now it's cancelled."

"I've just finished cancer treatment and all my appointments have been cancelled so I don't know if it's worked, or if the cancer has spread."

"A sewer burst in my garden and I can't get anyone to help. I'm shielding after chemo, and it's my only outdoor space but it's not sanitary to use."

"There's black mould all round my house making me ill, but housing are ignoring my calls. GP told me to get out for fresh air each day even though I should be shielding."

GDA Response: Voices in Action

GDA's Learning and Wellbeing teams have supported 100s of disabled people to address some of the **gaps and health impacts of lockdown** – connecting people to health and wellbeing sessions online and by phone, including gentle exercise, coaching, and pain management. **But long-term impacts require deeper action, to highlight and challenge these inequalities.**

> Our health

> Our rights

Through our holistic model, GDA builds disabled people's capacity to not only tackle barriers and access vital supports, but to **have our voices heard, claim our human rights, and influence wider change towards disability equality.**

Equal Rights to Health and Healthcare

Many GDA members spoke of fears that they would not be **prioritised for treatment, or may have 'Do Not Attempt Resuscitation'** notices filed without their consent. This increased disabled people's sense of fear, risk, and being left behind.

"My mum who is fit and well was called by her GP and asked 'If you die do you want us to bring you back?' She said no because of how it was framed. When we spoke it through later she realised what it meant and felt very differently. She phoned back to tell them – but not everyone has support to understand these decisions."

> "It's a human rights issue – our lives matter just as much!"

> "They see a wheelchair and assume you've got nothing to live for!"

Through GDA's phone, online and postal engagement, **disabled people have contributed at least 4000 hours since 20th March**, sharing their views, experiences, concerns and priorities during this pandemic and beyond.

- **83 online peer support discussions, covering:**
  - Barriers in lockdown
  - Challenges of shielding
  - Social Care
  - Mental health
  - Employability
  - Social security
  - New police powers

  and including peer group support for
  - Disabled women
  - LGBT disabled people
  - BAME disabled people
  - Young disabled people
  - Disabled Parents

- **130 people** supported to attend GDA's first ever online conference, sharing their experiences directly with Scottish Government and City Council leadership.

- **GDA's Purple Poncho Players** developed and rehearsed new material remotely to bring disabled people's experiences to light, even as one of the cast lost their life to COVID.

19

Social Care Crisis: Supercharged

A stark sign of COVID-lockdown's unequal impact on disabled people is the near-total collapse of our Social Care system, while all emphasis focussed on protecting the NHS.

Pre-COVID, disabled people's rights to independent living were already being eroded by austerity and cuts to social care, with the UN reporting Local Authorities across the UK lacked the Social Care funds needed to meet their Human Rights duties.

Deep reforms, long overdue, are now underway in Scotland, and GDA has been part of this dialogue. Learning from COVID will be vital if we are to build a robust, resilient social care system that responds to needs and protects rights before, during and after any crisis point.

47% of disabled people we spoke to have been **worried about their social care support** during the pandemic.

Left Behind:

Emergency Legislation allowed Local Authorities to relax certain duties to prioritise urgent services. The duty to provide support still applied under Section 12 of the Social Work (Scotland) Act and related laws, yet:

- **Approx. 2000 disabled people in Glasgow had their care reduced or completely withdrawn** from March onwards – many with no notice and no follow up.

- Many **forced to rely on other vulnerable family members or neighbours** for vital care including washing and eating – **or go without**.

- High risk disabled people left even more vulnerable by social care system collapse / withdrawal.

"Losing more independence and feeling more of a burden than usual is really hard."

"I used to get 3 showers per week and they cut it to zero. Had to ask my daughter-in-law, who's a nurse on the frontline, to come help me on her days off."

"My wife and I are both high risk and had to take on full time care of my mum, whilst still working. We're doing what we can but no-one's been in touch and we can't cope with this indefinitely."

"I was just about managing before my care was cut, just before lockdown. Now, after months with no support, I'm struggling so much I feel I have no choice but to move into a care home."

"I'm terrified my care won't be reinstated as they'll argue I've 'survived' without it. But my mum was forced to move in with me, at the other end of the country, because they cut my care – that's not sustainable!"

"4 days before lockdown, **our care package was cut completely with three hours notice**. Nobody after that checked in to we were managing for personal care, toilet and showering."

GDA Response: A Model for Reform

COVID has highlighted how crucial yet how fragile our Social Care System is. Austerity has driven up eligibility thresholds, leaving vast unmet needs and eroding disabled people's resilience. When the pandemic hit, too many people were already in crisis – and too many had vital support withdrawn, leaving them even more trapped and vulnerable.

GDA members have been sharing their experiences over recent years, to help shape Scotland's national **Shared vision for social care reform** – and continue to speak out with crucial learning from their experiences during COVID19.

"Social care was already operating at the absolute bare minimum. Cutting it further has meant there is nowhere else to go and nothing left."

The Shared Vision emphasises the need to **empower people to access support before they reach a crisis.**

In Glasgow social care support is only providing support where needs are deemed 'critical and substantial'.

Yet during and even before COVID, many GDA members report having **vital personal care cut indefinitely, leaving them unable to wash, eat or manage medications** with the expectation that family, friends or neighbours will step in. Not only is this unfeasible for many, but is also contrary to UNCRPD Rights to Independent Living.

Community supports exist – but GDA members report multiple barriers to accessing them.

Too often disabled people are required to fit in with the needs of a service – and often our lives and the barriers we face are so complex that this simply isn't possible and we fall through gaps, 'passed from pillar to post', losing confidence and hope of achieving the life we deserve.

GDA's Future Visions model offers holistic support to tackle complex barriers and access vital support.

Disabled people facing seemingly unsolvable barriers outwith their control are supported to access coaching, peer support and community connections, to help them set and achieve their own goals, with dignity, choice and control.

Future Visions pools disabled people's expertise, to help more of us find ways through the complex barriers we face, **to fulfil our potential and achieve the lives we want and deserve**.

Our holistic Future Visions model has never been more needed than during COVID19. The collapse of vital social care supports wreaked havoc on disabled people's lives, our mental and physical health, wellbeing and resilience.

Future Visions capacity building, collective voice, and collaboration has been reinforced with **emergency psychological, emotional and practical support** – including referrals to GDA's Lifeline deliveries, Welfare Rights, and Learning supports – to **help people cope and find ways through the crisis**, as many existing supports and packages have crumbled.

GDA Connects

GDA Lifeline

GDA Future Visions for Social Care:
a flexible, holistic model for community-based support

GDA's Future Visions project trail-blazes the holistic, community based, person-led support that Scotland urgently needs, to build resilience and meet vast, lower level needs before people reach crisis-point.

Centring disabled people's voices is the only way to illuminate the gaps, so we can catch people falling through them. The **Future Vision approach** builds on **GDA's theory of change** that is 20 years in the making. From March – July, our Future Visions modelled has achieved:

GDA Future Visions demonstrates support based on key principles aspired to in Scotland's **Health and Social Care standards:** Human rights, Dignity, Respect, Compassion, Empowerment, Participation, Flexibility, Wellbeing aspirations, informed choices.

1. Capacity building

Empowering disabled people to navigate pathways and overcome barriers to access vital supports.

- **57 people received tailored support** through Future Visions' flexible, holistic model, including: Life coaching, peer support, group CBT.
- **Practical support to access vital services** and equipment to cut through barriers e.g. portable ramp, talking hob, waterproof bedding, support with hoarding, housing issues, relationships.
- Support to negotiate access adjustments needed to benefit from community based services i.e. **'community connector, supercharged!'**

2. Collective Voice

Gathering lived experience data and evidence from 4000+ disabled people to strengthen Social Care reform, post-COVID.

- **918 disabled people** supported to share lived experience of social care through GDA Member Engagement.
- **227 disabled people** signed up to contribute lived experience to ongoing discussions
- Gathering evidence of social care links to wellbeing, volunteering, employment, social connections, wider participation, to strengthen case for investment and reform.

3. Collaboration

Connecting disabled people with allies and powerholders, to share their voices and experiences, to raise public awareness of barriers, and the purpose and value of Social Care.

- **3 online meetings** of GDA's Social Care Expert Group of around 30 individuals.
- **36 disabled people** supported to speak out and raise the profile of social care, through TV, radio, print and social media, Purple Poncho Players performances, and partnership events, promoting a shared vision for social care reform.

GDA's holistic support:
resilience, led by disabled people

The COVID Pandemic has highlighted the vital role played by community-led organisations – in particular, those led by disabled people, who are too often overlooked, isolated and excluded from other supports and services.

GDA's holistic disabled people-led model, demonstrated most effectively through our Future Visions Project, has proven essential to supporting our community through this crisis.

"I'm fighting a battle to stay positive and keep going. I hate to think where I would be without GDA, Future Visions and the coping strategies I've picked up from them over the years."

"I called on GDA for support with my PIP – when I told them more about my situation, they linked me in with Lifeline deliveries, wellbeing sessions, employability support, and digital coaching."

Connecting through community development:

Disabled people's voices and experiences are vital to understanding where the gaps are, what's working, and what needs to change.

GDA's vast connections built and maintained over many years, provide a channel for those of us whose voices are otherwise 'easy to ignore' – our community infrastructure enabled us to quickly mobilise outreach, build capacity, and respond to disabled people's needs.

Social Model and Human Rights

Led by disabled people, all of GDA's work is shaped by the Social Model and Human Rights models of disability:

- external barriers, rather than personal shortcomings, are the root cause of our inequality
- removing these barriers is key to achieving our human rights

Recognising disabled people's strengths in the face of inequality is key to building confidence and capacity to know and claim our rights. GDA supports disabled people to recognise that our inequality is not inevitable – and our voices and skills are crucial to dismantling it.

Focus on barrier removal puts the person in the lead:

Our rapid engagement put disabled people in the lead of shaping our COVID-response. Disabled people identified dangerous gaps and barriers in:

- Information
- Food provision
- Health and Social care rights /provision
- Welfare rights
- Mental health support
- Social connections and wellbeing

Thanks to flexibility from our funders we were able to respond, connecting over 5000 disabled people to information and support they needed to build resilience during this crisis, and opportunities to speak out and share their expertise to bring about wider change and improve responses going forwards.

Long-term impacts and Lessons from Lockdown

There can be no doubt, the pandemic and lockdown responses have supercharged the barriers and inequalities disabled people already faced, as well as creating new ones.

The long term impacts of this crisis are now hitting disabled people, adding to what was already a human catastrophe.

Disabled people continue to speak out and challenge these inequalities – the only way to halt a major regression in Rights and Equality is to **supercharge disabled people's involvement, rights and support**.

GDA's recommendations give pressing examples of how this can and must be done – drawing on lived experience learning shared by the 5000 disabled people we have connected with since March – and hundreds more who have been challenging inequalities for many years before that.

"Hope lessons are learned that we can work remotely and do these things online that they told us weren't possible before."

"These things affect disabled people a lot more than non-disabled. They think disabled people can do things without support and don't realise how much we struggle."

Disabled people's voices and expertise will be vital to recovery and renewal. GDA will build on our peer support discussions and partnerships, to ensure disabled people's voices help shape plans and responses in:

- Health and Social Care
- Employability
- Education
- Housing, aids and adaptations
- Economic and environmental planning
- Social Security
- Social Isolation
- Digital Inclusion

Through our diverse network and intersectional approaches we will make particular efforts to amplify the voices of:

- Disabled women and girls
- Black and Minority Ethnic disabled people
- Lesbian Gay Bisexual Transgender and Queer disabled people
- Disabled children and young people
- Older disabled people
- Disabled Parents

1 Supercharge involvement of disabled people
in planning recovery and renewal, to tackle supercharged inequalities

A **Embed lived experience of disabled people** in all planning for recovery and renewal, locally and nationally, including resilience planning for future emergencies, and, urgently, in redesign of public spaces and town planning.

Involve us!

B **Ensure Place-Based Approaches are Equalities-proofed** to avoid widening inequalities in planning and recovery. Our research shows disabled people are widely excluded within their local areas, so their voices are not heard. Ensure robust **training for equalities competence in place-based** approaches; **and invest in parallel equalities-focussed approaches** involving equalities-led community anchor organisations.

C **Drive participation: Build it in to National Performance Framework** with new indicators to capture the benefits of participation (particularly by equalities groups) for: decision making, democracy, tackling inequalities, wellbeing, social connections and contributions, sense of belonging.

D **Invest in inclusive community learning and community development** through **inclusive digital and offline** engagement and capacity building, raise disabled people's aspirations and opportunities to fulfill their potential, and strengthen participation and democracy.

E **Promote inclusive, accessible communication for all** involving disabled people in communications planning, so that disabled people can access information on an equal basis.

2 Supercharge Rights:
### implementation and monitoring

A **Incorporate the UNCRPD into domestic law** – starting with an **inquiry into the unequal impacts of the pandemic responses on disabled people's human rights**, including the use of DNARs and eligibility criteria for treatment. **Revoke Coronavirus act and/or reinstate rights withdrawn**; ensure independent scrutiny of any future temporary legislation, to protect disabled people's rights, particularly around health and social care.

B **Co-design a Disability Equality Action Plan:** with disabled people, which builds on learning from COVID and from a **Fairer Scotland For Disabled People Delivery Plan**. Include a **Disability Poverty strategy** to deliver accessible welfare rights support, an accessible benefits take-up campaign, a new disability benefit to more effectively meet extra costs.
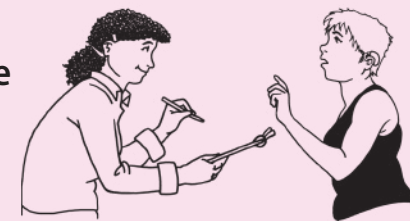
C **Urgently reinforce Fairer Scotland for Disabled People Employment Action Plan commitments and ambitions** Work with disabled people of all ages to identify and mitigate impacts of COVID on disability employment gap e.g. discrimination or additional barriers to entering or returning to the workplace.

D **Tackle Rising Hate Crime:** co-design a **national public awareness campaign** to tackle stigma and rising disability hate crime e.g. around face covering exemptions. Invest in a **revised, rebranded Third Party Reporting scheme**. Strengthen Police response processes, invest in trusted community supports, and community cohesion for prevention.

E **Empower public sector staff to deliver human rights,** cut through bureaucracy and act with kindness: through positive collaboration with communities, including supportive equalities training to staff at all levels, particularly on disability.

3 Supercharge support
existing, emerging and responding to gaps

A **Extend shielding list and develop resilience registers,** building on experience; improve data collection to better understand unequal impacts of COVID on disabled people and plan actions to mitigate these in future crises.

B **Invest to maintain vital supports which emerged during COVID but address long-standing inequalities and build resilience:** digital inclusion for social connections, wellbeing supports including check-in calls, regular food supports.

C **Elevate the role and resourcing of Social Care** to strengthen protections for disabled people's vital social care support; Re-open ILF in Scotland and establish a national Social Care agency, on a par with and working alongside our NHS. Co-design this with disabled people, modelled on Social Security Scotland and our ILF, with dignity, respect and a human rights based approach embedded.

D **Supercharge disabled people's access to vital services,** to mitigate unequal impact of lockdown on our physical and mental health: fast-track and reinstate ongoing healthcare, social care, housing, education, employability and mental health supports..

E **Invest in holistic support for disabled people to tackle barriers** faced at key stages of transition or crisis: for example, GDA's Future Visions model puts disabled people in the lead, supporting them to navigate pathways and overcome blockages and barriers to achieve their goals, participate and fulfil their potential.

we got the self isolated blues

GDA Glasgow Disability Alliance
Confident Connected Contributing

How can we help?

Covid-19 Resilience Response:
Leaving no one behind

GDA Wellbeing:
Support on the phone & online. Help to cope, feel better & improve mental & physical wellbeing.

GDA Lifeline:
Sourcing, coordinating and delivering shopping, medication and other essential resources.

GDA Connects:
Providing IT devices, equipment, support and coaching so disabled people can get online and stay connected.

GDA Learning:
Online & phone peer support and free, fun learning, with the necessary support to get involved.

GDA Rights Now:
Online and by phone Welfare Rights info, support and representation.

GDA Voices:
Sharing our lived experience so Government and decision makers understand impact & respect disabled people's rights.

Support for disabled people, older people and those with long term conditions, living in and around Glasgow.

Call free: 0800 432 0422 Text: 07958 299 496
Email: info@gdaonline.co.uk   www.gda.scot
🐦 @GDA_ _online f Glasgow Disability Alliance

contact SCOTLAND BSL

GDA Glasgow Disability Alliance
Confident Connected Contributing

Suite 301 • The White Studios • Building 4 • Templeton Business Centre
Templeton Court • Glasgow G40 1DA
Tel: **0141 556 7103** • Email: **info@gdaonline.co.uk**

f **GDA Facebook**   🐦 **@GDA_ _online**

contact SCOTLAND BSL

www.gda.scot

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Private Limited Company number: SC248467

SOCIAL RECOVERY TASKFORCE

PARTICIPATORY BUGETING 2020 AND BEYOND

Chris Harkins, Pete Seaman, Bernadette Monaghan

1. Context

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

1.2 A May 2020 rapid review of evidence conducted by the GCPH identified disadvantaged communities, people with disabilities, black and minority ethnic groups, people experiencing homelessness, those affected by violence, older people, children and young people and frontline health and care staff as having additional vulnerability to COVID-19 and the unintended impacts of the 'lockdown' policy.

1.3 An emerging narrative amid community recovery is that for approaches to be effective and transformational, their design and delivery must clearly incorporate the views, insights and wisdom of community members, including those identified as having additional vulnerability to COVID-19. Participatory Budgeting (PB) has a potential role with COVID-19 community recovery, enabling communities to democratically discuss and prioritise local issues impacted upon by COVID-19 with public services and third sector partners and to transparently allocate funding accordingly.

2. Participatory Budgeting in Glasgow City

2.1 In recent years the Scottish Government has set out an unprecedented level of political, legislative and investment support for community empowerment, participation and the strengthening of local democratic processes. Participatory budgeting (PB) has emerged as a principal approach in achieving these goals and has gained significant traction and support across Scotland.

2.2 PB is a process that directly involves citizens in deciding how to spend public money. PB tends to have an inequalities focus, which is driven by the desire to reallocate public money locally and democratically within disadvantaged communities to priority initiatives, projects and services identified by local people.

2.3 In recent years Glasgow City Council has demonstrated a strong commitment to embedding PB across the city. Some of Scotland's first forays into PB were in Glasgow ten years ago, and in 2016, the Glasgow Community Planning Partnership carried out PB processes in each of the then 21 Area Partnerships with funds provided by the Council and match funded by the Scottish Government. Building upon this and with a view to informing this mainstreaming of PB within the city, in 2018 Glasgow City Council committed £1 million to the development of four PB pilot areas. Delivered in a partnership approach by the Council, local anchor organisations and third sector specialist equalities groups, the pilot areas were underpinned by an acute focus on addressing inequalities, and the engagement and participation of often excluded or vulnerable groups within PB.

3. Visioning the role of PB within Social Recovery

3.1 The COVID-19 pandemic has brought much uncertainty to the delivery of public services and the operation of community planning partnerships. The pandemic has also brought significant doubt as to whether the COSLA and Scottish Government agreed target of 1% of Local Authority budgets being devolved to PB by 2021 remains a priority or is realistic. An alternative perspective is that, as COVID-19 has exacerbated many inequalities, now more than ever, PB could play a vital role in ensuring community voices, particularly among the most disadvantaged and vulnerable communities and groups, are clearly represented within the workings of Local Authorities and in the delivery of social recovery approaches.

3.2 It is beneficial to assess the political and partnership support for the continued development of PB as a key part of the work of the Social Recovery Taskforce. In doing so the Taskforce may wish to consider two broad potential options for PB moving forward:

3.3 Continuation and expansion of ward-based citizen's PB panels. The GCPH evaluated the 2018/19 PB pilots led by Glasgow City Council and found the citizen's panels to be a strong model of PB and potentially a rich source of learning across the Council. Working in partnership with specialist equalities agencies such as Glasgow Disability Alliance (GDA) and Coalition for Racial Equality and Rights (CRER) for example, ensured the inclusion of communities who may face a range of barriers to participation. This model of PB and its focus on equalities and inclusion is well suited to community recovery within the pandemic. The citizen's panels could be described as a traditional 'small-grants' form of PB which has resource, capacity and coordination implications.

3.4 An alternative route for PB in Glasgow City might be to pursue a more embedded 'mainstream' form of PB, where community members are involved within the decision making of the Social Recovery Taskforce alongside public service and third sector partners. This form of PB may not require 'ring-fenced' budgets as per the small-grants model but would be challenging, requiring strong leadership, and thorough consideration of a range of issues to ensure effective and authentic participation from community members, in particular those most vulnerable to the impacts of COVID-19.

3.5 irrespective of the model adopted challenges remain in developing consensus around how PB should relate to existing community and Council democratic structures such as Community Hubs, Area Partnerships, Community Councils and Locality Planning.