

Last year we published a Coronavirus edition bringing together the main disability and health & safety issues our members were facing as we recognised that branches were all consumed in their response to Covid-19.

In this edition Covid-19 remains a main focus as lessons are being learned from emerging experience and research and includes disabled members' stories on working from home during Covid-19 and also recovering from long-term post-Covid-19 symptoms.

Tony Slaven, Chair

CORONAVIRUS AND DISABILITY RESEARCH



1. Deaths Involving Coronavirus, National Records of Scotland

In March 2021, a study by the National Records of Scotland reports that three in every five people that died with Covid-19 were disabled, and the more the disability limited daily activities the greater the risk of death with Covid-19.

[Deaths involving coronavirus \(COVID-19\) in Scotland, Week 11: Report \(nrsotland.gov.uk\)](https://nrs.scot.nhs.uk/nrs/scotland/covid-19/deaths-involving-coronavirus-covid-19-in-scotland-week-11-report)

2. Coronavirus and the Social Impacts on Disabled People in Great Britain Survey, Office for National Statistics

The survey results, published in November 2020, consider the impact of Covid-19 on disabled people, including their concerns, access to healthcare, and wellbeing.

[Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1april2021)

3. Prevalence of Ongoing Symptoms Following Coronavirus (Covid-19) Infection in the UK, Office for National Statistics

The survey results, published on 1st April 2021, provide statistics on the prevalence of symptoms among those self-reporting long Covid symptoms, the prevalence of those being limited a lot in their day-to-day lives, and a breakdown by sex and age.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1april2021>

SIXTY SECOND INTERVIEW: WORKING FROM HOME

For many disabled people, a positive to come out of the Coronavirus health pandemic is the acceleration of home working, an often requested reasonable adjustment long sought after by disabled staff and overwhelmingly resisted by employers.

The 'barriers' that have been routinely used by employers to justify refusal of this reasonable adjustment request have disappeared overnight as the global population entered the world of accessibility limitations faced daily by disabled people and disabled workers.

We ask Andy Crosbie, a branch Equalities Officer about his experience.

What's your experience of working from home?



On 16 March last year I left my office as usual expecting to be back the next morning.

I was aware of a small but rapidly rising number of Covid-19 cases in Scotland and wider UK, and also of the situation abroad but at that time I expected to be able to carry on as normal at least for a few more weeks. Yet, by that evening the UK Government was asking us to work from home with immediate effect.

That sounds all very sudden. How did your employer react?

Immediately there was great communication from our staff disability network that was a great source of initial support and interaction with colleagues for me.

Like most, a lack of equipment at home was one of the main challenges me and other colleagues faced. We worked this way until June when staff were asked what equipment we needed.



What has been a main challenge for you working from home?

In the first weeks, we didn't have all the right equipment to do our jobs, although I was probably in a better position than others who didn't have any access to a pc and were having to resort to hard copy paper and physical writing to do their work.

While my workload remained about the same, many staff across the organisation had their workload impacted: some seeing significant increases in work while others seeing reductions.

It was clear by June that the Scottish Government's advice meant that we would be homeworking until at least Phase 3 of the route map out of lockdown and I think employers were now realising they needed to think much longer term.





What's been the impact on your role as your Branch's Equalities Officer?

Work equipment has caused some issues. For example, I was involved in a review of over 40 HR policies but working from a work laptop and I couldn't get access to a printer, being told it wasn't possible because of GDPR constraints and to help reduce the environmental impact.

Instead, I was offered a cable to connect my work laptop to my personal PC to give me a larger screen to work from, which has helped, so my employer has been good at finding a workaround.

I've actually really benefited in terms of my union work. With some of my colleagues struggling to have enough to do my employer agreed that I could block out a day or 2 a week to work on Unison tasks, and that dedicated facility time has been great.



In what way has this helped?



In terms of union work, it's allowed me to develop our Branch intranet page to focus more on equalities awareness and to undertake various HR projects over the past few months. I've also continued to work with the Equality and Diversity team and Human Resources on developing its staff disability network.

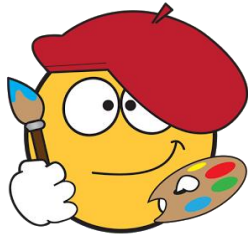
Previously this is work I've mainly done in my own time as I didn't get the facility time and also needed to get peace and quiet to concentrate on certain tasks, which I would have found difficult to do in work.

Have there been any other benefits?



I've more flexibility and I also don't have up to four hours a day commuting. Not only does it help reduce my tiredness, but it's given me time to spend on my own interests.

I've been able to spend much more time on my art activities and attend weekly Zoom drawing classes where I've met new people from as far afield as California!



What are your personal thoughts on working from the workplace versus working from home?

All in all, the past 12 months have been difficult and challenging for many of us, but it's also proven what can be done to better support flexible working and a work life balance for us all and I wouldn't want that lost.

Our branch has begun to work with our employer on what can be done as part of a 'future ways of working' programme so that we don't lose the benefits homeworking brings to some, while recognising that it isn't for everyone. It's a balance and its individual for each person.

I'm looking forward to seeing what benefits it brings to all staff but in particular those with disabilities, for whom homeworking can alleviate symptoms, improve health and wellbeing, and ultimately could make the difference of being able to keep working, or not.



#OurVoiceOurRights

National charities, Enable Scotland, the National Autistic Society Scotland and Scottish Autism have joined forces to call on the major political parties in Scotland to commit to the creation of a Commissioner for autistic people and people with a learning disability to protect and uphold their rights. For more info: <https://ourvoiceourrights.org/>



#OurVoiceOurRights

Time to make rights a reality for autistic people and people with a learning disability.

A Quarter of employers not implementing social distancing in the workplace, and many failing to conduct risk assessments.

[People Management, 29 March 2021]



UNISON South Lanarkshire Branch has submitted a motion to this year's Special Delegate Conference supporting more research into the long-term effects of Covid-19 and calling for employee disability protections to be applied to those experiencing Post-Covid-19 Syndrome while scientific research is new and emerging. IF IT MAKES THE CUT PLEASE SUPPORT THE MOTION!

Hate Crime & Public Order (Scotland) Bill

A Hate Crime is an offence motivated by prejudice against a specific group of people.



The Hate Crime & Public Order (Scotland)

Bill was created in response to recommendations arising from the Bracadale Review that looked to review existing law on hate crime.

In 2019/20, there were 387 disability aggravated offences in Scotland, an increase of 29% from the previous year. Hate Crime overall increased by 4%, to 3,038 although is at once of its lowest ever levels since records began in 2003/04. [Crown Office & Procurator Fiscal, 12 June 2020]

The Bill widens the scope of the groups protected. It creates a new offence of 'stirring up hatred with intent' against a protected group, and an offence of possessing inflammatory material.

The Bill has raised a level of controversy around the implications for freedom of speech and also the vagueness of the definition.

The Bill was passed by the Scottish Parliament on 11th March 2021 and will now be enacted.

<https://beta.parliament.scot/-/media/files/legislation/bills/current-bills/hate-crime-and-public-order-scotland-bill/stage-3/bill-as-amended-at-stage-3.pdf>

Fairer Scotland for Disabled People – Employment Action Plan: Progress Report, 30th March 2021

An update on the Scottish Government's progress to reducing the disability employment gap by at least half by 2038.

This includes analysis of the national performance framework's indicators from the perspective of disabled people, views from the Disability Summit on what the Government should focus on for disabled people.

DISABILITY EMPLOYMENT GAP

In Scotland, the disability employment gap has reduced from 37.4% in 2016 to 35.5% in 2018.

DISABILITY PAY GAP

The disability pay gap has reduced from 13.8% in 2016 to 8.3% in 2018.

[A Fairer Scotland for Disabled People Employment Action Plan - Progress Report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/fairer-scotland-for-disabled-people-employment-action-plan-progress-report/pages/2/index.aspx)



“IN THE SPOTLIGHT” – POST-COVID-19 SYNDROME

With a Third Wave of Coronavirus projected at the height of summer this article considers those experiencing longer term health effects from Covid-19 and what this means in terms of quality of life and working life.

Post-Covid-19 Syndrome is defined by the Health Watchdog, the National Institute for Health and Care Excellence (NICE) as signs and symptoms lasting for more than 12 weeks after the start of acute symptoms that cannot be explained by an alternative diagnosis. It's a chronic illness with varied and fluctuating symptoms, possibly similar to Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/CFS).

One in ten people contracting Covid-19 went on to experience symptoms lasting for 12 weeks or more (ONS, 2020). Nearing 4.5 million cases in the UK that translates into approximately 1,200 Post-Covid-19 Syndrome sufferers per day.

Gary, a disabled Key Worker and UNISON member, tells us of his experience with Post-Covid-19 Syndrome.

Long..... Long-Covid!

How long is “Long-Covid”? Longer than the Pink Panther’s tail? Longer than the never-ending road?

While the term Long-Covid is just so descriptive to what I’m living through, I’m being told I’m suffering from ***Post Covid’19 Syndrome***.



It all started in April last year when I came home from work and had to lie down. I felt as if I had severe Flu symptoms and hoped against hope that I hadn't succumbed to the new "Covid disease" everyone was talking about.

I'd be lying if I said I wasn't worried, as I'd contracted pneumonia some years before when my big daft cousin took me to Ayr to play golf in the middle of winter. We got pelted with hailstones and had to shelter in a massive bunker to try to keep safe (and because his golf ball was in it) and as you can imagine we got soaked through. Needless to say, I became really quite ill and was hospitalised for a few weeks. Anyway, that was definitely adding to my fears.

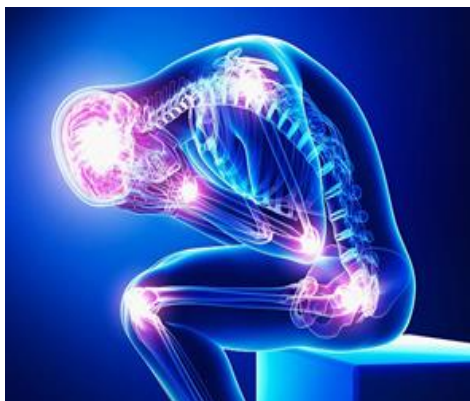
Yes, me and my son and wife all contracted Covid-19, and although I was never hospitalised, I still went through hell. I was adamant I wasn't going to hospital largely through fear as I'd seen coverage of poor souls lying on their backs with a tube "*stuck doon thur necks*". To me it looked terrifying and seemed worse than anything I could imagine.

At its worst I was delirious for nine days and struggling to breath and even today one year on am still experiencing symptoms. It was like trying to take a breath when hanging your face out the window of a car travelling at 60MPH. It's genuinely terrifying.

I'm a key worker and drive a 26-tonne Refuse Collection Vehicle.



Everything was a struggle. I couldn't walk for more than fifty yards without having to grab onto something (usually my wife), and I would shudder with pain all over my body. It was like riding a bike up a hill when you could feel the lactic acid burn through your thighs, yet I felt that pain all over my body after walking only a few yards.



Five months later and I am back at work driving my 26 tonne Refuse Vehicle, having to jump in and out of my bin lorry 100 times or more a day, but I'm still experiencing post-Covid symptoms. I still have problems breathing and am in a lot of physical pain. (And here's a thing... I didn't know that my fingernails could hurt after my jag – but they do!).

All the safe systems were well in place by then. My employers were spot on, making me fully aware of new ways of working and I had a tailored risk assessment to make sure I was getting any adjustments I needed to help me do my job and prevent me becoming too unwell to work.

The biggest hurt was my workmates, who made constant jibes from the time I was off and even now about me ‘lying’, or ‘hamming it up’.

I’m still recovering and I’m working hard to make myself better. I had my vaccine as soon as possible. I know what I’m experiencing is far from being the worst experience of Post-Covid-19 Syndrome yet even for me I still struggle with breathing difficulties and physical pain. I’m doing all the exercise my body will allow and building this up and I’m on inhalers to help with my breathing. Everything I do in a day is now planned so I can pace myself and manage my symptoms.

If I were to offer one bit of advice, it would be the importance of work colleagues understanding and not brushing it off as exaggerating, whether as a joke or not. Its difficult to deal with when you don’t physically bounce back quickly from illness, and worse when you don’t know what to expect because nothing much is known about Post-Covid-19 Syndrome yet. At the moment I expect to fully recover, but in the dark corner of my mind there is a fear that this dip in my health is permanent.

In the words of the singer songwriter Dwight Yoakum, *“Take a map of the world, and measure with your hand, all of the miles across all of the land. Write it down add it up and you might understand the distance between you and me”*, just about explains how long, Long-Covid is.

Brexit and Medical Supplies to the UK

It’s long been highlighted that the nature of the Brexit deal would impact on the supply chain and transition arrangements, affecting the availability of medicines and medical devices to the UK.



This included medium-term disruption to supplies entering the UK from Europe, and the Coronavirus pandemic has just exacerbated supply issues. The UK government looked to put in mitigation measures in place including requests for stockpiling and consideration of air freight.

“I HAVE RHEUMATOID ARTHRITIS AND HAVE A COMPLEX AND VARIABLE MEDICATION REGIME AND BECAUSE OF RECENT CHANGES IN THE SUPPLY CHAIN I’VE HAD DIFFICULTY OBTAINING MY SPECIFIC MEDICATIONS. THE STRESS OF THIS IS ALSO AFFECTING MY MENTAL HEALTH.”

(GERRY, UNISON ENERGY SERVICE GROUP)

The Nuffield Trust reproduced a Q&A published by the British Medical Journal in November 2020 on how the Brexit will affect the supply of medicines to the UK. [How will Brexit affect the supply of drugs to UK patients? A Q&A | The Nuffield Trust](#)

“Brexit 2021 and Beyond”, Royal Pharmaceutical society, January 2021, [Brexit: 2021 and beyond \(rpharms.com\)](#)

NHS [Getting your medicines after Brexit transition \(1 January 2021\) - NHS \(www.nhs.uk\)](#)



The UK will also have to assume responsibility for the regulation of medical devices and in vitro diagnostic medical devices.

As of 1st January 2021, these need to be registered with the Medical and Healthcare Products Regulatory Agency (with specified grace periods). The current CE Mark will be recognised until 30th June 2023.

The MHRA regulates pharmaceuticals, blood establishments, advanced therapy medical products and medical devices in the UK. The MRHA’s published Brexit transition guidance. [Medicines and Healthcare products Regulatory Agency - GOV.UK \(www.gov.uk\)](#)

USEFUL RESOURCES: WORKING FROM HOME HEALTH & WELLBEING LINKS

HSE <https://www.hse.gov.uk/toolbox/workers/home.htm>

ACAS <https://www.acas.org.uk/working-from-home>

MIND <https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/>

SAMH <https://www.samh.org.uk/about-mental-health/self-help-and-wellbeing/coronavirus-information-hub/staying-mentally-healthy-when-working-from-home>

KEY DIARY DATES, 2021

- **Special Delegate Conference**, 15th – 17th June 2021.

Please contact us if you wish to submit articles to our Newsletter or even to suggest possible topics.

You can contact us in the first instance through UNISON Scotland, 14 West Campbell Street, Glasgow or you can **private message** us through our Facebook page with your contact information and we'll get back to you.



<https://www.facebook.com/UNISONScotlandDisabledMembers>