

## Wales COVID-19 Evidence Centre (WCEC) Rapid Evidence Map

### Impact of the COVID-19 pandemic on disabled children and adults across the Equality and Human Rights Commission life domains: Rapid Evidence Map

Report number – REM00025 December 2021

#### Rapid Evidence Map Details

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**TOPLINE SUMMARY**

**What is a Rapid Evidence Map (REM)**

Our Rapid Evidence Map (REM) uses abbreviated **systematic mapping or scoping review methods** to provide a description of the nature, characteristics, and volume of the available evidence for a particular policy domain or research question. They are mainly based on the assessment of abstracts and incorporate an a-priori protocol, systematic search, screening, and minimal data extraction. They may sometimes include critical appraisal, but no evidence synthesis is conducted. Priority is given, where feasible, to studies representing robust evidence synthesis. They are designed and used primarily to identify a substantial focus for a rapid review, and key research gaps in the evidence-base. (*N.B. Evidence maps are not suitable to support evidence-informed policy development, as they do not include a synthesis of the results.*)

This report is linked to a subsequent focused rapid review published as: Impact of the COVID-19 pandemic on the health and access to health care of disabled people: a rapid review  
Report number – RR00025 (March 2022)

[http://www.primecentre.wales/resources/RR/RR00025\\_Wales\\_COVID-19\\_Evidence\\_Centre\\_Rapid\\_Review\\_of\\_health\\_effects\\_of\\_COVID\\_on\\_disabled\\_March-2022.pdf](http://www.primecentre.wales/resources/RR/RR00025_Wales_COVID-19_Evidence_Centre_Rapid_Review_of_health_effects_of_COVID_on_disabled_March-2022.pdf)

**Background / Aim of the Rapid Evidence Map**

The COVID-19 pandemic has had a disproportionate impact on disabled people. In order to target and prioritise actions to prevent or address this, the Equality, Inclusion and Human Rights Branch of Welsh Government needed to develop a clear understanding of the systemic inequalities facing disabled people that have been created or exacerbated as a consequence of the COVID-19 pandemic across the domains of **education, work living standards, health, justice and personal security, and participation**. The research question was based on the findings of the 'Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19' report, with the aim to inform the work of the Disability Rights Taskforce, Welsh Government. Due to the very broad topic area a rapid evidence map, using a **scoping review method, was conducted to identify where a focused rapid review might be feasible and useful**. As part of this rapid evidence map, the evidence base has been characterised in as much detail as possible using the six, aforementioned, Equality and Human Rights Commission (EHRC) life domains.

**Key Findings**

*Extent of the evidence base*

- 68 studies were included. No relevant systematic or rapid reviews were identified.
- Most of the evidence was 'grey literature' (n=47) and generally not peer-reviewed.
- Most studies used quantitative design (n=29) or mixed methods (n=25). Many studies were rapid surveys with poorly reported methodology.
- Of the 68 identified studies, 25 were quantitative analyses that reported a sample size. The median sample size of these quantitative studies was 2,171 participants (interquartile range 936 to 10,366).

*EHRC domains*

- The majority of the studies covered the **health** domain (n=56). The studies covered all **three indicators (health outcomes, access to healthcare, mental health)** used to measure health in the EHRC framework, with **mental health being the most frequently reported**.
- For the **living standards** domain, the indicators most frequently reported were poverty and social care.
- For the **participation** domain, the indicator most frequently reported was access to services.
- There was **limited evidence for the education domain and even less for the justice and personal security** domain. For specific indicators, there was limited evidence for housing (living standards domain) and a lack of evidence for political and civic participation and representation, and privacy and surveillance indicators (participation domain).

#### *Population*

- Most studies included disabled people as a whole, rather than focusing on specific impairments, where impacts and experiences could vary between types of impairments. Some studies did not provide disaggregated data for disabled people and their carers.
- Only 2 studies exclusively involved disabled people or stakeholders for disabled people living in Wales.

#### *Recency of the evidence*

- Most studies were conducted during the 'first wave' and 'first trough' of the pandemic, March 2020 to August 2020.

#### **Implications for a Rapid Review**

Rapid reviews investigating the impact of the pandemic on the following areas would be feasible: health, including mental health; access to healthcare; poverty; social care or access to services. However, there is extensive variability between studies in terms of populations, data collection periods, study designs and the concepts explored. Therefore, alongside defining the key concept (domain) that the rapid review question would seek to answer, the population would also need to be explicitly specified as to whether the focus is on specific impairments or on studies that considered disabled people as a whole group, or related groups such as carers or other stakeholders. Also, clarity would be required as to whether the rapid review question was aiming to quantify the impact of the pandemic (using quantitative studies) or gather people's qualitative experiences (using qualitative studies).

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## Abbreviations

<b>Acronym</b>	<b>Full Description</b>
AofRCD	Analysis of routinely collected data
DNAR	Do not attempt resuscitation
EHRC	Equality and Human Rights commission
JBI	Joanna Briggs Institute
NS	Unclear or not specified
PAN	Throughout the pandemic
PICO	Population, Intervention, Comparison, Outcome
PRE	Pre-pandemic
SEND	Special educational needs and disabilities
SPICE	Setting, Perspective, Intervention, Comparison, Evaluation
T1	First trough
T2	Second trough
UK	United Kingdom
VCS	Voluntary and Community Sector
W1	First wave
W2	Second wave
W3	Third wave

## 1. BACKGROUND

This Rapid Evidence Map using a scoping review method is being conducted as part of the Wales COVID-19 Evidence Centre Work Programme. The Equality, Inclusion and Human Rights Branch of Welsh Government suggested the research question based on the findings of the 'Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19' report, with the aim of informing the work of the Disability Rights Taskforce, Welsh Government.

### 1.1 Purpose of this review

The Disability Rights Taskforce requires clear evidence-based support to help establish its priorities and actions and to expand on the initial research undertaken as part of this report.

An initial rapid evidence summary suggested that disabled people have experienced inequalities and disadvantage during the COVID-19 pandemic, including mortality, access to services, financial difficulties, isolation and loneliness and potentially other inequalities. In order to determine priorities and actions, the extent and scope of the current evidence base needed to be further determined using a rapid scoping review methodology to identify where a rapid review is most feasible.

This rapid evidence map aimed to describe the evidence base relating to the impact of the COVID-19 pandemic on disabled children and adults across the life domains identified by the Equality and Human Rights Commission (education, work, living standards, health, justice and participation).

## 2. RESULTS

### 2.1 Evidence Types

From screening 554 records, 68 studies were deemed applicable to the research question and met the inclusion and exclusion criteria. Only one secondary evidence type was identified, a rapid scoping review (Kirby et al, 2021); no relevant systematic reviews were identified. The majority of studies were of a quantitative study design (n=29) but there were also a large number of studies identified that used mixed methods (n=25). Table 1 shows the breakdown of evidence types included in this review.

### 2.2 Rapid Scoping Review

Kirby et al. (2021) looked at the impact of the COVID-19 pandemic on the education, health and social care provision for children with special educational needs and disabilities (SEND). The review focused on research studies and reports involving children with SEND from the UK aged 5 to 15 years. Searches for the review were conducted in June 2021 and a range of study designs were included. Domains and indicators covered included: education, poverty, health outcomes, access to healthcare, access to services and social and community cohesion.

## 2.3 Service Evaluations

This rapid evidence map identified three service evaluations conducted by the Care Quality Commission (Care Quality Commission, 2020, Care Quality Commission, 2021a, b), all of which relate to health and social care in England. One service evaluation (Care Quality Commission, 2020) studied the whole health and social care infrastructure in the year 2020/2021 and covered the domains for health (health outcomes, access to health care and mental health) and justice/personal protection (occurrence of abuse in closed cultures). A second service evaluation (Care Quality Commission, 2021a) studied the experience of people with learning disabilities in March 2021 and covered the domains for health (access to health care and mental health) and participation (access to services). A third service evaluation (Care Quality Commission, 2021b) examined 'do not resuscitate' decisions between November 2020 and January 2021 and covered the health domain (access to health care and palliative and end of life care).

**Table 1: Numbers of evidence types identified**

Evidence Type	Number of Studies
Systematic review	0
Scoping review	1
Rapid review	0
Rapid scoping review	0
Mixed methods (quantitative & qualitative data)	25
Cohort	9
Cross-sectional	21
Qualitative survey	9
Service evaluation	3
<b>Total</b>	<b>68</b>

\* AofRCD: analysis of routinely collected data

## 2.4 Data Collection Periods of Primary Studies

In order to summarise data collection periods in a meaningful way in relation to UK COVID-19 pandemic waves<sup>1</sup>, the following coding was devised:

- Pre-pandemic (PRE): before March 2020
- First wave (W1): March 2020 – end of June 2020
- First trough (T1): July 2020 – end of August 2020

<sup>1</sup> UK Government. (2022). Coronavirus (COVID-19) in the UK dashboard – cases by date reported. Available at: [www.coronavirus.data.gov.uk/details/cases](http://www.coronavirus.data.gov.uk/details/cases) [Accessed: 16 February 2022]

- Second wave (W2): September 2020 – end of April 2021
- Second trough (T2): May 2021 – end of June 2021
- Third wave (W3): July 2021 – present
- Throughout the pandemic (PAN): from March 2020 onwards
- Unclear or not specified (NS).

Many of the included studies' data collection periods cover two or more stages. This is the case for eight studies comparing pre-pandemic versus pandemic outcomes (Bailey et al. 2021, Baksh et al. 2021, Emerson et al. 2021, Jackson et al. 2021, Kavanaugh et al. 2021, Rauf et al. 2021, Steptoe et al. 2021, Leonard Cheshire Foundation 2020) and many other studies collect data at different time points during the pandemic. The data collection periods cover the following stages with frequency as follows:

- PRE: n=8
- W1: n=35
- T1: n=30
- W2: n=18
- T2: n=4
- W3: n=1
- NS: n=2
- PAN: n=1

The majority of the studies were conducted during the 'first wave' and 'first trough' of the pandemic, March 2020 to August 2020. There is very little information originating from the third wave of the pandemic: only one study collected data in the third wave and only up until August 2021 (Ashworth et al. 2021).

## 2.5 Population Locations

The included studies involved people from throughout the United Kingdom. Some were conducted within the specific UK nations, others covered 2 or 3 of the nations. Some were not specified. The break-down is as follows: United Kingdom=27; Great Britain=4; England=18; Northern Ireland=1; Scotland=2; Wales=2; England and Wales=3; England and Scotland=1; not specified =10.

## 2.6 Sample Sizes of Quantitative Studies

Of the 68 identified studies, 25 were quantitative analyses that reported a sample size. The mean sample size was 1,359,433 participants (range 9-33,871,944). The frequency distribution of sample size is heavily skewed by the maximum value of 33,871,944. The median sample size was 2,171 participants (interquartile range 936 – 10,366).

## 2.7 Participant populations

A large number of studies (n=25) included disabled people (#ForAccessibleHomes, 2020, Allen et al. 2021, Cheshire, 2020, Citizens Advice, 2020, Disability Benefits Consortium, 2020, 2021, Emerson et al. 2021, Foster & Hirst, 2020, GM Disabled People's Panel, 2020GOV.UK, 2021, Inclusion London, 2021b, Kavanagh et al. 2021, Loopstra, 2020, Murray, 2021, Office for National Statistics, 2020, Office for National Statistics, 2021a, b, Research Institute for disabled consumers (RiDC), 2020a, b, Scope, 2021, Sense, 2021, Shakespeare et al. 2021, Steptoe & Di Gessa, 2021, Vogel & Bird, 2021, Women's Budget



Group). One of these also included older people (Research Institute for Disabled Consumers (RiDC), 2020a). Three of the 25 studies also included stakeholders (line managers with recruitment responsibilities) (Cheshire, 2020), carers and members of the public with an interest in disability (Allen et al. 2021) and carers of disabled children and key informants from disability organisations (Shakespeare et al. 2021). Of the 25, one specified that their sample of disabled adults were connected to the legal profession (Foster & Hirst, 2020) and another that participants were claiming legacy benefits (Disability Benefits Consortium, 2021). In addition to these 25 studies, one study did not specify the population, but seemed to include disabled people and employers (Cheshire, 2021).

Five studies included people with learning or intellectual disabilities (Baksh et al. 2021, Rauf et al. 2021, Rawlings et al. 2021, Watkins, 2021; Williamson et al. 2021), three of which included both adults and children (Baksh et al. 2021, Williamson et al. 2021, Watkins, 2021) and two that only included adults (Rauf et al. 2021; Rawlings et al. 2021). Two further studies included families and/or carers of people with intellectual or learning disabilities (Mencap, 2020a; Patel et al. 2021).

Fifteen articles focused on disabled children and their families (Asbury et al. 2021, Ashworth et al. 2021, Bailey et al. 2021, Couper-Kenney & Riddell, 2021, Disabled Children's Partnership, 2020, Family Fund, 2020, Greenway & Thomas, 2020, Kirkby et al. 2021, Lunt, 2021, Oliver et al. 2020, Paulauskaite et al. 2021, Skipp & Hopwood (2020), Theis et al. 2021, van Herwegen et al. 2020, Wolstencroft et al. 2021). Of these, two studies included disabled children (though only one had any child reported data; both had parent reported data (Lunt, 2021, Theis et al. 2021), and one study (Ashworth et al. 2021) and one scoping review (Kirkby et al. 2021) included children with SEND (both including some child reported data). Another of the 15 articles included children and young people with autism (self-reports) and their parents (Oliver et al. 2021). Of the 15 articles, two included families of disabled children (Disabled Children's Partnership, 2020) or disabled or seriously ill children (Family Fund, 2020). Three of the 15 articles included families of children with intellectual disabilities (Bailey et al. 2021, Paulauskaite et al. 2021, Wolstencroft et al. 2021), two of which also included developmental disorders (Paulauskaite et al. 2021, Wolstencroft et al. 2021). Five of the 15 studies included families of children with additional support needs and disabilities (Couper-Kenney & Riddell, 2021) or with SEND (Asbury et al. 2021; Greenway & Thomas, 2020; Skipp & Hopwood, 2020; van Herwegen et al. 2020), one of which also included stakeholders (special school and college leaders (Skipp & Hopwood, 2020). Of the studies that included families, parent reports were used and many focused on the experiences of the family only, but some also examined the impact on their disabled child.

Three studies included people with visual impairments (Bertiz & Dearing, 2020, Jackson et al. 2021, RNIB, 2020). Another three studies included deaf people (Signhealth, 2020) within two of which were adults waiting for cochlear implants (Abrar et al. 2021, Naylor et al. 2020). One study included people with Multiple Sclerosis (MS Society, 2020) and another included people with Parkinson's and their families (Simpson et al. 2020). One study included people with neurodevelopmental conditions and family and carers (Embracing Complexity, 2021) and another included people with autism and their families (National Autistic Society, 2020). One study included people living with dementia and carers of people living with dementia (Alzheimer's Society, 2020). One study of inpatients included older people, people with dementia or Alzheimer's, people who were deaf or hard of hearing, autistic people and those with a learning disability (Care Quality Commission, 2020) and

another included people who were required to shield during the pandemic (Inclusion London, 2021a).

Four studies included stakeholders (Beaton et al. 2021, Mencap, 2020b, Quail, 2021, Willatt et al. 2021). One of these included stakeholders for disabled people from voluntary and community sector organisations (Willatt et al. 2021) and another included stakeholder for the deaf (members of the British Association of Teachers of the Deaf (Quail, 2021)). Another of these four included stakeholders for children with learning disabilities (including a young person with a learning disability and her mother (Beaton et al. 2021) and the final study included learning disability nurses (Mencap, 2020b).

## 2.8 Evidence by Equality and Humans Rights Commission Life Domains

The majority of studies covered the health domain (n=56), participation domain (n=43) and living standards domain (n=35), see Table 2.

**Table 2: Number of Studies per Equality and Humans Rights Commission (EHRC) Domain Type**

Evidence Type	EHRC Domains					
	Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Systematic review (n=0)						
Scoping review (n=0)						
Rapid review (n=0)						
Rapid scoping review (n=1)	1		1	1		1
Service evaluation (n=3)				3	1	1
Mixed methods (n=25)	7	8	18	21	3	21
Cohort (n=9)		1	1	8		1
Cross-sectional (n=21)	4	9	13	16		13
Qualitative survey (n=9)	4		2	7		6
<b>Total</b>	<b>16</b>	<b>18</b>	<b>35</b>	<b>56</b>	<b>4</b>	<b>43</b>

Note: studies often covered more than one domain

Further detail of the 3 most frequent domains identified in this review is provided in Tables 3-5. For the living standards domain, the indicators most frequently reported in the literature identified in this review were: **poverty** and **social care** and were predominantly evaluated using mixed methods.

For the health domain, the indicators most frequently reported in the literature identified in this review in descending order were: **mental health, access to healthcare and health outcomes**. These indicators were predominantly evaluated using either a quantitative design or a mixed methods approach. A range of participants were included in the studies that investigated the impact on health. Of the 53 studies, excluding the 3 service evaluations, 15 were concerned with disabled people, the remaining studies included a range of populations. These were either adults, children or both, families, stakeholders, or carers of disabled people with most of these studies being of people with specific impairments. Often studies included a mix of populations.

For the participation domain, the indicator most frequently reported in the literature identified in this review was **access to services** and was predominantly evaluated using mixed methods.

There was limited evidence for the education domain compared to health, living standards and work domains and even less for the justice and personal security domain. For specific indicators, there was limited evidence for housing (living standards domain) and a lack of evidence for political & civic participation and representation and privacy and surveillance indicators (participation domain).

**Table 3: Number of Studies for the EHRC Living Standards Domain Indicators**

Evidence Type	EHRC Domain: Living Standards		
	Poverty	Housing	Social care
Rapid scoping review (n=1)	1 <sup>a</sup>		
Service evaluation (n=3)			
Mixed methods (n=25)	13 <sup>b</sup>	3 <sup>e</sup>	12 <sup>g</sup>
Cohort (n=9)	1 <sup>c</sup>		
Cross-sectional (n=21)	5 <sup>d</sup>	3 <sup>f</sup>	7 <sup>h</sup>
Qualitative survey (n=9)			2 <sup>i</sup>

Note: studies often covered more than one domain

a: (Kirkby et al. 2021)

b: (Bertiz & Dearing, 2020, Disability Benefits Consortium, 2020, Family Fund, 2020, Inclusion London 2021b, Lunt, 2021, Mencap, 2020a, Murray, 2021, National Autistic Society, 2020, Research Institute for Disabled Consumers (RiDC), 2020a, Scope, 2021, Sense, 2021, Vogelmann & Bird, 2021, Willatt et al. 2021)

c: (Emerson et al. 2021)

d: (Cheshire, 2020, Disability Benefits Consortium, 2021, Loopstra, 2020, RNIB, 2020, Women’s Budget Group, 2020)

e: (Allen et al. 2021, Inclusion London 2021a,b)

f: ((#ForAccessibleHomes, 2020, GM Disabled People’s Panel, 2020, GOV.UK, 2021)

g:(Allen et al. 2021, Alzheimer’s Society, 2020, Bertiz & Dearing, 2020, ; Family Fund, 2020, Inclusion London, 2021a, Mencap, 2020b, National Autistic Society, 2020, Research Institute for Disabled Consumers (RiDC), 2020a, Sense, 2021, Mencap, 2020a, Skipp & Hopwood, 2020, Willatt et al. 2021)

h: (Ashworth et al. 2021, Disabled Persons Partnership, 2020, GM Disabled People’s Panel, 2020, GOV.UK, 2021, MS Society, 2020, Simpson et al. 2020, Women’s Budget Group, 2020).

i: (Quail, 2020, Shakespeare et al. 2021).

**Table 4: Number of Studies for the EHRC Health Domain Indicators**

Evidence Type	EHRC Domain: Health				
	Health outcomes	Access to healthcare	Mental health	Reproductive & sexual health	Palliative & end of life care
Rapid scoping review (n=1)	1 <sup>a</sup>	1 <sup>a</sup>			
Service evaluation (n=3)		3 <sup>f</sup>	2 <sup>i</sup>		1 <sup>m</sup>
Mixed methods (n=25)	9 <sup>b</sup>	11 <sup>g</sup>	16 <sup>j</sup>		1 <sup>n</sup>
Cohort (n=9)	4 <sup>c</sup>		1 <sup>k</sup>		
Cross-sectional (n=21)	8 <sup>d</sup>				
Qualitative survey (n=9)	4 <sup>e</sup>	1 <sup>h</sup>	7 <sup>l</sup>		

Note: studies often covered more than one domain

a: (Kirkby et al. 2021)

b: (Alzheimer’s Society, 2020, Family Fund, 2020, Foster & Hirst, 2020, Inclusion London, 2021b, Lunt, 2021, Mencap, 2020a,b, Research Institute for disabled consumers (RiDC), 2020a, Van Herwegen et al. 2020)

c: (Baksh et al. 2021, Kavanagh et al. 2021, Office for National Statistics, 2021b, Williamson et al. 2021)

d: (Ashworth et al. 2021, Care Quality Commission, 2020, Disabled Persons Partnership, 2020, MS Society, 2020, Naylor et al. 2020, Office for National Statistics, 2020, Simpson et al. 2020, Watkins, 2021)

e: (Couper-Kenney & Riddell, 2021, Embracing Complexity, 2021, Quail, 2020, Shakespeare at al. 2021)

f: (Care Quality Commission, 2020, 2021a, 2021b).

g: (Allen et al. 2021, Beritz & Dearing, 2020, Disability Benefits Consortium, 2020, Family Fund, 2020, Inclusion London, 2021b, Lunt, 2021, Mencap, 2020b, Murray, 2021, Rawlings et al. 2021, Research Institute for disabled consumers (RiDC), 2020a, Skipp & Hopwood, 2020)

h: (Abrar et al. 2021)

i: (Care Quality Commission, 2021b, c)

j: (Alzheimer's Society, 2020, Beritz & Dearing, 2020, Disability Benefits Consortium, 2020, Family Fund, 2020, Greenway & Eaton-Thomas, 2020, Inclusion London, 2021a, Lunt, 2021, Mencap, 2020a, b, Murray, 2021, National Autistic Society, 2020, Paulauskaite et al. 2021, Sense, 2021, Skipp & Hopwood, 2020, Wolstencroft et al. 2021, Van Herwegen et al. 2020)

k: (Stepto and Di Gessa, 2021)

l: (Abrar et al. 2021, Asbury et al. 2021, Couper-Kenney and Riddell, 2021, Embracing Complexity, 2021, Patel et al. 2021, Shakespeare et al. 2021, Quail, 2020)

m: (Care Quality Commission, 2021a)

n: (Inclusion London, 2021b)

**Table 5: Number of Studies for the EHRC Participation Domain Indicators**

Evidence Type	EHRC Domain: Participation				
	Political and civic participation & representation	Access to services	Privacy and surveillance	Social and community cohesion	Family life
Rapid scoping review (n=1)		1 <sup>a</sup>		1 <sup>a</sup>	
Service evaluation (n=3)		1 <sup>b</sup>			
Mixed methods (n=25)		19 <sup>c</sup>		2 <sup>f</sup>	2 <sup>j</sup>
Cohort (n=9)				1 <sup>g</sup>	1 <sup>g</sup>
Cross-sectional (n=21)		12 <sup>d</sup>		5 <sup>h</sup>	
Qualitative survey (n=9)		5 <sup>e</sup>		1 <sup>i</sup>	1 <sup>i</sup>

Note: studies often covered more than one domain

a: (Kirkby et al. 2021)

b: (Care Quality Commission, 2021b)

c: (Alzheimer's Society, 2020, Beritz & Dearing, 2020, Disability Benefits Consortium, 2020, Family Fund, 2020, Inclusion London, 2021a, b, Lunt, 2021, Mencap, 2020a, Murray, 2021, National Autistic Society, 2020, Paulauskaite et al. 2021, Research Institute for Disabled Consumers, 2020a, b, Sense, 2021, Skipp & Hopwood, 2020, van Herwegen, 2020, Vogelmann & Bird, 2021, Willatt et al. 2021, Wolstencroft et al. 2021)

d: (#ForAccessibleHomes, 2020, Disabled Persons Partnership, 2020, GM Disabled People's Panel, 2020, GOV.UK, 2021, Loopstra, 2020, Office for National Statistics, 2021a, MS Society, 2020, RNIB, 2020, Signhealth, 2020, Simpson et al. 2020, Theis et al. 2021, Women's Budget Group, 2020)

e: (Abrar et al. 2021, Beaton et al. 2021, Embracing Complexity, 2021, Patel et al. 2021, Quail, 2020)

f: (Allen et al. 2021, Inclusion London, 2021a,

g: (Stephoe and Di Gessa, 2021)

h: ( Ashworth et al. 2021, MS Society, 2020, Naylor et al. 2020, Office for National Statistics, 2021a, Simpson et al. 2020)

i: (Shakespeare et al. 2021)

j: (Willatt et al. 2021, Mencap, 2020a)

## 3. DISCUSSION

### 3.1 Summary of the findings

A reasonable amount of evidence was identified concerning the impact of the pandemic on disabled people, however there was a lack of secondary evidence and only one rapid scoping review was identified (Kirby et al. 2021). Kirby et al. (2021) investigated the impact of the COVID-19 pandemic on the education, health and social care provision for children with SEND.

The majority of the studies covered the health domain (n=56), which is not surprising being that COVID-19 is principally a health concern. Also, the bibliographic database searches to identify literature for this review were conducted in major health literature databases. All 3 of the indicators (health outcomes, access to healthcare, mental health) used to measure health in the EHRC framework were covered by the studies, though mental health was the most frequently reported indicator. The sub-category indicator, palliative and end of life care, was also covered by 2 studies (Care Quality Commission, 2021a, Inclusion London, 2021b) which both looked at do not attempt resuscitation (DNAR) decisions. For the living standards domain, the indicators most frequently reported in the literature identified in this review were poverty and social care. For the participation domain, the indicator most frequently reported in the literature identified in this review was access to services. There was limited evidence for the education domain compared to health, living standards and work domains and even less for the justice and personal security domain. For specific indicators, there was limited evidence for housing (living standards domain) and a lack of evidence for political and civic participation and representation, and privacy and surveillance indicators (participation domain). In aiming to code the studies as accurately as possible, on some occasions important themes were identified that appeared to be out of scope of the described topics in the EHRC framework. In these cases, these themes were captured and coded to the most appropriate domain and indicator.

The majority of studies were of a quantitative study design (n=29) but there were also a large number of studies identified that used mixed methods (n=25). The median sample size was 2,171 participants (interquartile range 936 to 10,366).

Regarding populations, many of the studies included disabled people as a whole rather than focusing on specific impairments. It should be considered that impacts and experiences could vary between types of impairments. Of the 53 studies exploring health (excluding the 3 service evaluations), 15 were concerned with disabled people; the remaining studies included a range of populations. These were either adults, children or both, families, stakeholders, or carers of disabled people with most of these studies being of people with specific impairments. In conducting the searches, although a range of search terms were used, they were not exhaustive in covering the wide range of impairments that exist such as terms for cancer or arthritis. Therefore, this review is likely to have missed important groups of disabled people.

Considering generalisability of this review to the Welsh population, only 2 studies exclusively involved disabled people or stakeholders for disabled people living in Wales. Watkins (2021) reported on COVID-19 deaths amongst people with learning disabilities and Willatt et al. (2021) conducted a mixed methods study with the Voluntary and Community Sector (VCS) considering vulnerability as the key concept.

### **3.2 Limitations of the available evidence**

As this rapid evidence map used a rapid scoping review method, study quality has not been assessed. However, it was noted that many studies were rapid surveys and methodology was often not reported or detail was lacking. Much of the included evidence is 'grey literature' (n=47) and therefore generally is not peer-reviewed. Often studies did not include specific populations, for example capturing data from disabled people and their carers. Unless this data is disaggregated, future synthesis of the findings might not be possible. There was a lack of evidence that exclusively considered disabled people located in Wales. This must be taken into consideration when considering the devolved areas of administration within Wales and the applicability of evidence that covers domains within these areas that involves people from outside of Wales. The majority of the studies were conducted during the 'first wave' and 'first trough' of the pandemic, March 2020 to August 2020. The findings may not be relevant to the current impacts on, and experiences of, disabled people.

### **3.3 Implications for a rapid review**

Scoping reviews aim to identify the nature and extent of evidence and are particularly useful for broad topics where clear populations and concepts have not been precisely defined. As a result, scoping reviews are unsuitable to support evidence-informed policy development. However, as is the case in this rapid evidence map which used a scoping review method, they can indicate where a focused rapid review might be feasible or where more research is needed.

This rapid evidence map indicated a lack of evidence concerning the justice and personal security domain and limited evidence in the education domain.

Rapid reviews investigating the impact of the pandemic on the following areas would be feasible: health, including mental health; access to healthcare; poverty; social care or access to services. However, it should be noted that the evidence identified for this rapid evidence map is heterogeneous in terms of populations, data collection periods, study designs and the concepts explored. Therefore, alongside defining the key concept (domain) in the rapid review protocol criteria framework (e.g., PICO, SPICE) that the rapid review question would seek to answer, the population would also need to be explicitly specified as to whether the focus is on specific impairments or on studies that considered disabled people as a whole group or related groups such as carers or other stakeholders. Also, clarity would be required as to whether the rapid review question was aiming to quantify the impact of the pandemic on people (using quantitative studies), e.g. what number of people had their outpatient appointments cancelled, or to understand people's beliefs, experiences, attitudes, behaviour and interactions (using qualitative studies), e.g. how did people feel when their outpatient appointments were cancelled.

This review has characterised the evidence base in as much detail as possible using the six EHRC domains. If a rapid review is to be undertaken there is likely to be a large degree of repetition in the actual findings (i.e., outcome data). The reports of many organisations included in this rapid evidence map addressed very similar issues in parallel, and the overall impression is that the pandemic has had a large negative effect on disabled people, and that this has been reported in unison by many organisations.



### **3.4 Strengths and limitations of this Rapid Evidence Map**

This evidence map was conducted rapidly to inform policy and decision makers. Although this review was conducted rapidly, thorough search strategies were designed to identify relevant evidence in the bibliographic databases. Database searches were supplemented by a range of relevant websites known to Stakeholders. In addition, we carried out a search for guidelines of relevance for disabled people published within UK.

However, it should be noted that there was a lack of time to carry out searches in social care databases and, though we developed an extensive search strategy, not all specific types of impairments were included in search.

In conducting this evidence map rapidly, data extraction of each study was undertaken by different reviewers and not independently in duplicate or checked for accuracy and consistency.

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## 5. RAPID SCOPING REVIEW METHODS

### 5.1 Eligibility criteria

The JBI scoping review inclusion criteria framework was used to define the criteria for this rapid scoping review, **Participants, Concept, Context.**

	Inclusion criteria	Exclusion criteria
<b>Population</b>	<p>Disabled children and adults</p> <p>Due to need for this to be rapid not all disabled populations have been included. The search strategies were not exhaustive to include all specific impairments. The search terms included some limited specific terms such as for sensory impairments but not for conditions such as cancer and arthritis.</p>	<p>Specific conditions other than sensory impairments, learning or intellectual disabilities.</p>
<b>Concept</b>	<p><u>Equality and Human Rights Commission life domains:</u></p> <ul style="list-style-type: none"> <li>• education</li> <li>• work</li> <li>• living standards</li> <li>• health</li> <li>• justice and personal security</li> <li>• participation</li> </ul> <p>Any relevant outcome measures pertaining to the above domains will be considered. For example, mortality rates may be reported under the health domain whereas access to services may be reported under the participation domain. Parent or carer reported where relevant are acceptable.</p>	<p>Outcomes or experiences of carers.</p>
<b>Context</b>	<p>COVID-19 Pandemic</p>	<p>Other communicable diseases or any non-communicable disease</p>
<b>Study design</b>	<p>Evidence-based guidelines, systematic and rapid reviews, primary research studies (must have method details), research letters (must have at least brief method details), evidence-based position statements from third sector organisations or professional bodies.</p>	<p>Editorials, blogs, news items, commentaries, opinion pieces not evidence based.</p>
<b>Countries</b>	<p>UK</p>	
<b>Language of publication</b>	<p>English</p>	
<b>Publication date</b>	<p>2019 and later</p>	
<b>Publication type</b>	<p>Published and preprint</p>	
<b>Other factors</b> <i>Any other key points to note</i>	<p>The review will be guided by the Social Model of Disability set out by Disability Wales as follows:</p> <p>“The Social Model of Disability makes the important difference between ‘impairment’ and ‘disability’.</p> <p>The Social Model has been worked out by disabled people themselves. Our experiences have shown us that in reality most of the problems we face are caused by the way society is organised.</p> <p>Our impairments or bodies are not the problem. Social barriers are the main cause of our problems.</p> <p>These barriers include people’s attitudes to disability, and physical and organisational barriers.”</p>	

## 5.2 Literature search

This review was conducted according to an a priori protocol. The search strategy aimed to find both published and unpublished literature from a wide-ranging set of resources. The included literature known to the reviewers (e.g., identified by the prior rapid evidence summary) was checked for eligibility and included or used as a source of specific relevant evidence.

### Database search

Databases: A comprehensive search was conducted on Medline (Ovid) and PsycInfo (Ovid) using both text words and medical subject headings [Appendix 1]. Collabovid was searched using a semantic search and studies restricted to UK only. Table 6.

Table 6 Database searches

Database	Date searched	Results retrieved	No. imported into Endnote
Medline	16/11/21	146	143
PsycInfo	16/11/21	37	16
Collabovid	19/11/21	4	1
Total		<b>187</b>	
Total after Deduplication			<b>159</b>

### Supplementary search

Grey literature: We searched a range of relevant websites identified as either having previously published relevant literature on inequalities faced by disabled people or with a major remit to conduct and publish research that is relevant to this review or a major organisation for disabled people. For searching grey literature resources, a broad search was conducted using word variations of the terms: disabled, COVID-19, inequality, as applicable. The grey literature consisted of organisation websites known to Stakeholders, evidence captured from the rapid evidence summary and other evidence identified from protocol development. Appendix 2.

In addition, we carried out a search for guidelines published within UK and extracted data from relevant studies on the resources listed in Table 7.

Table 7: Guideline searches

Date of Search 29 <sup>th</sup> November to 2 <sup>nd</sup> December 2021		
Source	Results (n=92 before deduplication)	Search terms
<u>NICE</u>	2	Disability Disabilities Disabled Disable Searched 2019 – 30/11/21
<u>SIGN</u>	1 duplicate	disable AND covid disabilities AND covid disabled AND covid disability AND covid



<u>Social care online</u>	37: exported, 15 screened at Title/Abstract, 9 screened at Full text. 0 included.	guidance AND disable AND covid guidance AND disabilities AND covid guidance AND disabled AND covid guidance AND disability AND covid
<u>Trip</u>	52 only 2 – both duplication with NICE	guidance AND disable AND covid guidance AND disabilities AND covid guidance AND disabled AND covid guidance AND disability AND covid

### 5.3. Reference management

Database searches were imported into Endnote 20 and deduplicated. Grey literature search results were added to an Excel spreadsheet and cross-checked against the Endnote library.

### 5.4 Study selection process

Evidence selection from the database searches was conducted by an individual reviewer(s). Eligibility criteria were used to assess the titles and abstracts and then full text of all sources identified by the search. Grey literature reports were identified by individual reviewers and checked for eligibility. Where one reviewer was uncertain as to inclusion it was checked by a second reviewer.

### 5.5 Data extraction

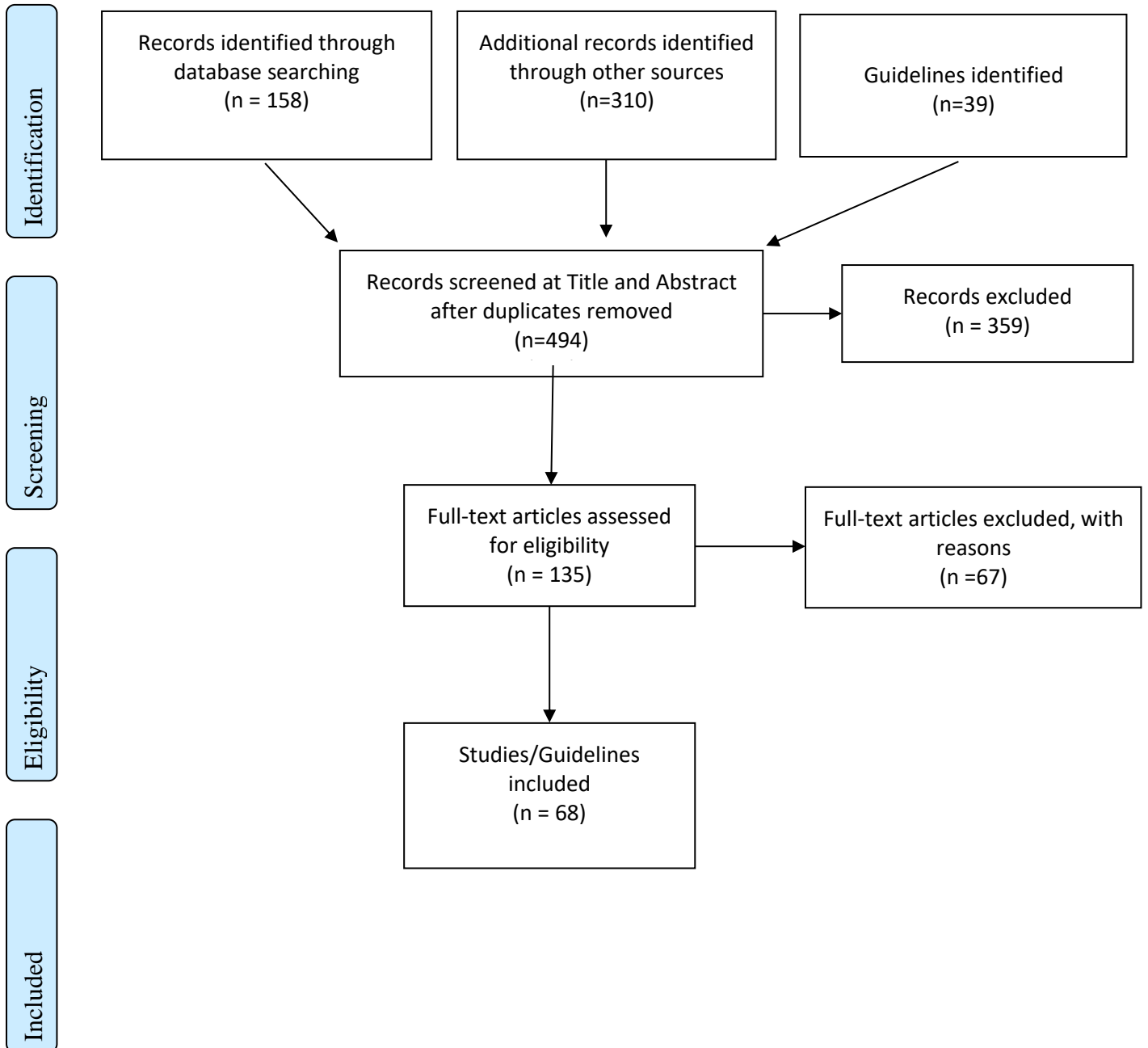
Data were extracted from studies and reports into an Excel form to capture key information such as participants, life domains and indicators investigated, evidence type, data collection or literature search dates. Data extraction was carried out by individual reviewers.

### 5.6 Synthesis

The data is narratively presented to provide information on participants, life domains investigated, evidence type, data collection or literature search dates. A graphical summary for life domain area against evidence type, in order to determine the breadth and depth of the evidence, is presented in Tables 2 to 5.

## 6. EVIDENCE

### 6.1 Study selection flow chart



## **7. ADDITIONAL INFORMATION**

### **7.1 Conflicts of interest**

The authors declare they have no conflicts of interest to report.

### **7.2 Acknowledgements**

The authors would like to thank the Equality, Inclusion and Human Rights Branch of Welsh Government and members of the Wales COVID-19 Evidence Centre for their advice and guidance.

### **7.3 Information available on request**

Rapid Evidence Summary

## 8. ABOUT THE WALES COVID-19 EVIDENCE CENTRE (WCEC)

The WCEC integrates with worldwide efforts to synthesise and mobilise knowledge from research.

We operate with a core team as part of [Health and Care Research Wales](#), are hosted in the [Wales Centre for Primary and Emergency Care Research \(PRIME\)](#), and are led by [Professor Adrian Edwards of Cardiff University](#).

The core team of the centre works closely with collaborating partners in [Health Technology Wales](#), [Wales Centre for Evidence-Based Care](#), [Specialist Unit for Review Evidence centre](#), [SAIL Databank](#), [Bangor Institute for Health & Medical Research/ Health and Care Economics Cymru](#), and the [Public Health Wales Observatory](#).

Together we aim to provide around 50 reviews per year, answering the priority questions for policy and practice in Wales as we meet the demands of the pandemic and its impacts.

**Director:**

Professor Adrian Edwards

**Contact Email:**

[WC19EC@cardiff.ac.uk](mailto:WC19EC@cardiff.ac.uk)

**Website:**

<https://healthandcareresearchwales.org/about-research-community/wales-covid-19-evidence-centre>

## 9. APPENDIX 1

### 1. Medline search strategy

Ovid MEDLINE(R) ALL <1946 to November 12, 2021>

1	exp Disabled Children/	6714
2	exp Disabled Persons/	69626
3	Learning Disabilities/	14432
4	Developmental Disabilities/	21443
5	Intellectual Disability/	57089
6	Visually Impaired Persons/	2618
7	exp Deafness/	28428
8	(developmental adj3 disabilit*).tw.	7307
9	"physical* impair*.tw.	2776
10	(disabled adj3 pe*).tw.	4636
11	(disab* adj3 child*).tw.	11816
12	((intellectual or learning or developmental) adj3 disabilit*).tw.	34104
13	(deaf* or ((visual* or hear*) adj3 (diabilit* or impair*))).tw.	71942
14	or/1-13	252363
15	exp COVID-19/	118500
16	(covid* or coronavirus* or corona* virus* or coronavirus* or corono* virus* or coronavirinae* or corona* virinae* or Cov or "2019-nCoV*" or 2019nCoV* or "19-nCoV*" or 19nCoV* or nCoV2019* or "nCoV-2019*" or nCoV19* or "nCoV-19*" or "HCoV-19*" or HCoV19* or "HCoV-2019*" or HCoV2019* or "2019 novel*" or Ncov* or "n-cov" or "SARS-CoV-2*" or "SARSCoV-2*" or "SARSCoV2*" or "SARS-CoV2*" or SARSCov19* or "SARS-Cov19*" or "SARSCov-19*" or "SARS-Cov-19*" or SARSCov2019* or "SARS-Cov2019*" or "SARSCov-2019*" or "SARS-Cov-2019*" or SARS2* or "SARS-2*" or SARScoronavirus2* or "SARS-coronavirus-2*" or "SARScoronavirus 2*" or "SARS coronavirus2*" or SARScoronavirus2* or "SARS-coronavirus-2*" or "SARScoronavirus 2*" or "SARS coronavirus2*" or "severe acute respiratory syndrome*).tw.	206770
17	15 or 16	212160
18	exp United Kingdom/	380496
19	(national health service* or nhs*).ti,ab,in.	231522
20	(english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab.	42399
21	(gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jw,in.	2243630
22	(bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or	

((london not (ontario\* or ont or toronto\*)) or ("london's" not (ontario\* or ont or toronto\*)) or manchester or "manchester's" or (newcastle not (new south wales\* or nsw)) or ("newcastle's" not (new south wales\* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts\* or boston\* or harvard\*)) or ("worcester's" not (massachusetts\* or boston\* or harvard\*)) or (york not ("new york\*" or ny or ontario\* or ont or toronto\*)) or ("york's" not ("new york\*" or ny or ontario\* or ont or toronto\*))))).ti,ab,in. 1563313

23 (bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in. 62299

24 (aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia\*) or ("perth's" not australia\*) or stirling or "stirling's").ti,ab,in. 230903

25 (armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in. 29649

26 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 2817874

27 (exp africa/ or exp americas/ or exp antarctic regions/ or exp arctic regions/ or exp asia/ or exp australia/ or exp oceania/) not (exp United Kingdom/ or europe/) 3113068

28 26 not 27 2674795

29 14 and 17 and 28 147

30 limit 29 to yr="2019 - 2022" 146

## APPENDIX 2

### Supplementary searches

Organisation websites known to Stakeholders
1. Care Quality Commission
2. <a href="http://www.gov.uk">Department of Health and Social Care - GOV.UK (www.gov.uk)</a>
3. The Health Foundation
4. Public Health Wales
5. Inclusion London
6. RNIB Cymru
7. disability@work
8. Scope
9. Disability Benefits Consortium
10. Autistica
11. Downs Syndrome Association
12. Mencap
13. Disability Wales
14. National Autistic Society
15. Sense
16. Leonard Cheshire
17. Alzheimer's Society
<b>Evidence captured from RES</b>

1. Care Quality Commission (2021). <a href="#">The state of health care and adult social care in England 2020/21</a> .
2. Brennan C. (2020). <a href="#">Disability rights during the pandemic. A global report on findings of the COVID-19 Disability Rights Monitor</a>
3. Allen, R. et al. 2021 <a href="#">UK Disability Survey research report, June 2021</a>
4. Watkins A. (2021) <a href="#">COVID-19-related deaths in Wales amongst People with Learning Disabilities from 1st March to 19th November 2020</a> Public Health Wales Published January 2021
5. Willatt A., Jones D.P., Kyle, R.G., Davies, A.R. (2021). <a href="#">Emerging Drivers of Vulnerability to Health Inequity in the Context of COVID-19: Perspectives and response from the Voluntary and Community Sector in Wales</a> . Cardiff: Public Health Wales. Published July 2021
6. <a href="#">Covid-19 Shielders: Left Adrift – Jan 2021</a> Published January 2021
7. Inclusion London. (2021). <a href="#">Locked down and abandoned: disabled people's experiences of Covid-19</a>
8. Office for National Statistics (2021) <a href="#">Coronavirus and the social impacts on disabled people in Great Britain</a> :
9. Moss G, Bradbury A, Harmey S, Mansfield R, Candy B, France R, Vigurs C (2021) <a href="#">Mitigating impacts of the COVID-19 pandemic on primary and lower secondary children during school closures: a rapid evidence review</a> . London: EPPI Centre, UCL Social Research Institute, University College London.
10. <a href="#">Evidence briefing for WG locked out report</a>
11. Suleman, Mehrunisha, et al. (2021). <a href="#">Unequal pandemic, fairer recovery</a> . The Health Foundation. Published July 2021
<b>Other evidence identified from protocol development to consider for including into ScR</b>
<a href="#">Then There Was Silence. The Impact of the Pandemic on Disabled Children, Young People, and their Families</a> .
Kirkby, J., Ashworth, E., Bray, L. and Alghrani, A., 2021. <a href="#">A Rapid Scoping Review-The Impact of the COVID-19 Pandemic on the Education, Health and Social Care Provision for Children with Special Educational Needs and Disabilities (SEND)</a> .
Ashworth, E., Kirkby, J., Bray, L. and Alghrani, A., 2021. <a href="#">The Impact of the COVID-19 Pandemic on the Education, Health and Social Care Provision for Children with Special Educational Needs and Disabilities (SEND): The Ask, Listen, Act Study</a>