

Disability Inclusion in COVID-19 preparedness and response

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There are over 1 billion people with disabilities globally and 80% of them live in low and middle income countries. Globally, people with disabilities are amongst the most vulnerable populations in the COVID-19 pandemic.

If not designed properly, COVID-19 responses can have unintended consequences for people with disabilities, such as restricting their access to vital support services or increasing their risk of acquiring the infection. This is concerning, as many people with disabilities have an elevated risk of serious illness and death if infected with COVID-19, due to pre-existing health conditions associated with their disability. Factors placing people with disabilities at increased risk include:

- People with disabilities experience significant barriers in accessing information from government and other sources such as health or community-based organisations, as communications are not always provided in accessible formats. This means people with disabilities miss crucial information regarding the spread and prevention of infection; how to obtain testing or treatment; or about disruptions to their daily lives (such as the shut-down of services or closing of borders).
- Social distancing, a key strategy for reducing the spread of infection in communities, is difficult for those who need support for everyday activities, such as self-care or sign language interpretation, and may be impossible for those involuntarily confined in institutions.
- People with disabilities are more likely to be living in poverty and crowded living arrangements where self-isolation or quarantining of individuals away from a vulnerable family member isn't practical.
- Poverty and higher household costs can make it difficult for people with disabilities to access medication and hygiene products, especially as demand and prices rise.
- Water and hygiene infrastructure, essential for frequent handwashing to prevent the spread of infection, is lacking in many communities and is often not accessible to people with disabilities.

This guidance note provides advice for organisations planning and undertaking preparedness and response for COVID-19, to ensure that people with disabilities are considered in health services responses, health promotion messaging, communication about the outbreak and changes to services and supports.

Disability inclusion in planning for COVID-19 preparedness and response

- Involve people with disabilities and their representative organisations in the planning of COVID-19 responses, such as on response committees. Make consultations as inclusive as possible by considering issues of language, timing, and accessibility of physical or virtual meetings.
- People with disabilities are a diverse population, with some groups at increased risk of negative outcomes from COVID-19 responses. The needs of women and girls with disabilities, and older people with disabilities should be a consideration in preparedness and response planning. Diverse perspectives from people with disabilities should be sought.

Disability inclusion in health services

The COVID-19 pandemic presents new challenges to health systems. Access to health care is already difficult for many people with disabilities, with barriers including inaccessible buildings and equipment, high cost, discriminatory laws, attitudes of health workers and families, lack of accessible information and stigma.

Ensure that responses to the COVID-19 outbreak consider the following:

- Rapid training for health workers on disability inclusion, including that people with disabilities are at increased risk of serious illness and death.
- Articulate that people with disabilities in need of health services cannot be deprioritized on the ground of their disability or discriminated against even though medical resources are scarce during the COVID-19 outbreak.
- Plan all new health services and quarantine facilities using universal design principles to ensure that everyone is able to access services when needed, including people with disabilities.
- Collect data on disability and use it to monitor access and inclusion in response approaches.
- Ensure that the health information of people with disability is protected. Stigma attached to COVID-19 is likely to compound the stigma attached to disability and maintaining confidentiality of health information is key.

Disability inclusion and COVID-19 communications

Many people with disabilities and their families have reported difficulties obtaining the necessary information to keep their families safe.¹ Information should be shared in a variety of formats and through a variety of channels so people with disabilities know what actions to take to reduce the transmission of disease, and know how to seek health care if required.

This includes measures such as:

- sign-language interpreters on broadcast public health announcements, and instructions for broadcasters to ensure the interpreter is always shown on the screen;
- text captioning in videos;
- accessible online content;
- fully accessible telephone or web chat helplines and other direct channels providing public health information ²

¹<https://anmj.org.au/coronavirus-pandemic-creating-fear-for-australian-children-and-young-people-with-a-disability/>

² For example, WHO has launched a WhatsApp health information line:
<https://www.whatsapp.com/coronavirus/who>

- braille (where appropriate) and large print in written communications; and
- ensuring all communication uses clear and simple language and images.
- Consult with disability organisations to ensure that communications are accessible.
- As well as making all public communication accessible and inclusive, use the disability movement, including DPOs and disability service providers, to provide communication to people with disabilities and their families.

Disability inclusion and public restriction

- Consideration needs to be made of the implications of quarantining and socially isolating individuals known or suspected to have COVID-19 when they are carers of people with disabilities. Early country responses included unfortunate examples of people with disabilities dying after their caregivers were put into quarantine and no other arrangements were put in place³.
- People with disabilities must have access to interpretation, support services, and accessible facilities while they are in quarantine.
- Additional provisions may be required so people are not negatively impacted by the loss of key support persons (including personal assistants, family, and professionals) through illness or social distancing.
- People with disabilities are more likely to be living in institutions than people without disabilities. If visits to care facilities are banned, efforts should be made to ensure that people are not left in isolation and without social support, and are protected from any increased risk of violence and abuse.
- People with disabilities must have continued access to required medications, hygiene products, food and daily necessities.
- Staff providing care or personal assistance to people with disabilities should be upskilled in prevention of disease transmission (e.g. frequent handwashing), and provided with personal protective equipment (such as gloves and face masks) as well as training in effective use of PPE.

Disability inclusion and remote work, education and recreation

- Ongoing consultation is required with people with disabilities and their representative organisations to identify and address any unintended impacts of COVID-19 responses on people with disabilities.
- People with disabilities have the right to the same level of participation in remotely delivered activities such as employment, education and recreation. Arrangements for carrying out these activities remotely must be accessible. People with disabilities should be consulted on their requirements for making these activities accessible and accessibility needs must be catered for at the same time, so that access is timely alongside the rest of the population.

Disability inclusion and psychosocial health and wellbeing

- During a pandemic, living with uncertainty; potential loss of income; disruptions to regular activities and services; and periods of limited movement and/or self-isolation can contribute to feelings of anxiety and distress in the general population. Health workers at the frontline of the COVID-19 response are particularly prone to anxiety and depression. Maintaining good psychosocial health is important and resources may need to be developed for a particular context. A list of resources for further information is included below.

³ <https://www.bbc.com/news/world-asia-china-51362772>
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- People with psychosocial disabilities may find their symptoms are exacerbated and may require additional mental health services. Community-based services that respond to the needs and preferences of people with psychosocial disabilities may need to be increased, including call-in and online psychological and peer support options as alternatives to conventional mental health services.

Further resources

Resources on disability inclusion and COVID-19 responses:

Catalina Devandas, Special Rapporteur on the Rights of Persons with Disabilities. COVID-19: Who is protecting the people with disabilities? – UN rights expert.

<https://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>

European Disability Forum. Open letter to leaders at the EU and in EU countries: COVID-19 – Disability inclusive response. <http://www.edf-feph.org/newsroom/news/open-letter-leaders-eu-and-eu-countries-covid-19-disability-inclusive-response>

International Disability Alliance. COVID 19 and the disability movement.

<http://www.internationaldisabilityalliance.org/content/covid-19-and-disability-movement>

Pacific Disability Forum. Disability and COVID-19. <http://www.pacificdisability.org/News/Disability-and-COVID-19.aspx>

Regional and international networks of people with psychosocial disabilities. COVID-19 and persons with psychosocial disabilities.

https://dk-media.s3.amazonaws.com/AA/AG/chrusp-biz/downloads/357736/COVID19-and-persons-with-psychosocial-disabilities-final_version.docx

Example of simplified communication on COVID-19:

Talking Mats. Simplified communication on COVID-19 prevention. <https://www.talkingmats.com/wp-content/uploads/2013/09/20200319-coronavirus-easy-read-pdf.pdf>

Resources on accessible design:

DFAT. Accessibility Design Guide: Universal design principles for Australia's aid program.

<https://www.dfat.gov.au/about-us/publications/Pages/accessibility-design-guide-universal-design-principles-for-australia-s-aid-program-program>

Resources on psychosocial health and wellbeing:

Council for Intellectual Disability. Look after your mental health during Coronavirus <https://cid.org.au/our-stories/look-after-your-mental-health-during-coronavirus/>

Headington Institute. COVID-19 resources for frontline workers.

<https://headington-institute.org/topic-areas/732/covid-19>

Inter-Agency Standing Committee. Briefing Note about MHPSS aspects of COVID-19.

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/briefing-note-about>

WA Health. Looking after your mental health during the COVID-19 pandemic. <https://www.mhc.wa.gov.au/about-us/news-and-media/news-updates/looking-after-your-mental-health-during-the-covid-19-pandemic/>

World Health Organisation. Mental Health and Psychosocial Considerations During COVID-19 Outbreak.

<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>