

Vision Australia Submission to COVID-19 Response Inquiry

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Submission approved by: Chris Edwards, Director Government Relations, Advocacy, NDIS and Aged Care, Vision Australia

About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision in Australia. We are formed through the merger of several of Australia's most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017. Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Introduction

Vision Australia is providing this submission to the COVID-19 Response Inquiry to draw attention to a number of challenges and missed opportunities that exacerbated the impact of the COVID pandemic on people who are blind or have low vision and service providers such as Vision Australia. There has been an ongoing systemic failure to address the unique needs of the blind and low vision community, and a conspicuous absence of any significant proactive measures taken by governments throughout Australia specifically focused on people who are blind or have low vision.

In preparing this response we are mindful of the relevance of the Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The report articulates an inspiring vision of an Australia that is truly inclusive of people with disability:

“a future where people with disability live free from violence, abuse, neglect and exploitation; human rights are protected; and individuals live with dignity, equality and respect, can take risks, and develop and fulfil their potential.”

Fundamental to the realisation of this vision is the incorporation into all areas of society of a positive duty to eliminate discrimination. The Commission explains:

“Achieving substantive equality requires more than making adjustments for one person. Positive action is required to remove systemic barriers. It means shifting the focus from a reactive model to one of preventing and eliminating systemic barriers for people with disability more broadly.”

Health, well-being and safety are fundamental rights that are built into the fabric of contemporary Australia, and as such the health sector must play its part in creating a more accessible, equal and inclusive society. It must be seen and see itself as being impelled by a positive duty to remove systemic barriers and ensure that people with disability are safe – a duty that should encompass every aspect of the way the sector operates.

Impact of the COVID Pandemic

Vision Australia provides services to more than 26,000 people who are blind or have low vision every year. We work in partnership with Australians who are blind or have low vision to help them achieve the possibilities they choose in life. From its beginnings in early 2020, the COVID-19 pandemic has presented national and worldwide challenges that are unprecedented in recent history. People with disability are among the groups that have been especially and severely

impacted by all aspects of the pandemic, from the consequences of the COVID-19 disease itself, to the lack of proper disaster management plans.

In June 2020 Vision Australia conducted a client survey that highlighted a number of significant challenges that the blind and low vision community were facing because of the COVID pandemic, including getting access to information about COVID-19 and the national response to it, accessing basic items such as groceries, and unpredictable access to online services as a result of non-compliance with accessibility standards and guidelines. We recommended the establishment of a national response group including representatives from the disability sector, and a requirement for supermarkets to implement disaster response plans that would address the needs of people with a disability.

In early 2021 Vision Australia conducted a further survey to find out how the blind and low-vision community were being impacted as the pandemic evolved, and to explore people's expectations for the "COVID new normal". The 492 responses received to this survey from people who are blind or have low vision painted a quite disturbing picture:

- 15% of respondents said that they had been abused or bullied on account of having difficulties complying with physical distancing requirements (for example, because the floor markings were not tactile)
- 34% of respondents said that they would visit shops and other facilities less often in future because of difficulties in complying with physical distancing requirements.
- 23% of respondents said that they were not confident that they would be able to get a PCR test if they needed one.
- 52% of respondents said that they had felt socially isolated during the pandemic.
- 42% of respondents said that uncertainty about the accessibility of QR codes and other methods for collecting contact information would negatively impact their confidence in resuming participation in face-to-face activities.
- 27% of respondents said that uncertainty about whether they would be able to obtain assistance in shops would have a negative impact on their confidence in resuming face-to-face activities.
- 20% of respondents said that, based on their experiences thus far in the pandemic, they were not confident that they would be able to obtain essential supplies such as groceries in the event of future lockdowns.

In mid-2021 the Delta variant of the COVID virus began to spread rapidly in Australia, resulting in the need for widespread and lengthy lockdowns. At about the same time, mass vaccination hubs were established throughout Australia, and various vaccine mandates and verification checks were introduced. We did not conduct another formal survey during this time, but we did receive a considerable number of anecdotal reports that people who are blind or have low vision were experiencing much the same impacts as our earlier survey indicated, plus new challenges as the result of failures in planning:

- When the online vaccine eligibility checker was released, it did not comply with accessibility guidelines, so many people who are blind or have low vision were unable to use it to check their eligibility for a COVID vaccine and to book an appointment.
- We received reports that the vaccine checklist required for completion prior to receiving a vaccine was not accessible to people who are blind or have low vision because, again, it did not comply with accessibility guidelines.
- People told of the difficulty in attending a vaccine hub because of poorly signposted taxi drop-off points and the lack of any way of organising assistance to navigate the processes once they arrived at a vaccine hub.

- A number of people reported that they had been denied entry to a vaccine hub because they were using an assistance animal such as a Seeing Eye Dog.
- With the exception of Victoria, it appeared that none of the states and territories had implemented a reliable and readily accessible system of in-home PCR testing for people who were not able to travel to a testing centre. This had a significant impact on the blind and low vision community, and we received numerous reports that people had been unable to have a PCR test to diagnose COVID-like symptoms that they were experiencing.
- People reported that a number of public health authorities were distributing important information on social media in inaccessible formats, for example, details of COVID exposure venues were distributed as graphical screenshots that could not be interpreted by the screen-reading software used by people who are blind or have low vision.
- People reported that there were continuing issues in obtaining groceries because supermarkets appeared to have abandoned their previous priority assistance plans.

As with our previous surveys, these findings, albeit anecdotal, illustrated an ongoing pattern of systemic failure to prioritise the needs of people with a disability in general, and people who are blind or have low vision in particular. It should have been obvious from the outset that people who are blind or have low vision would require measures such as accessibility of online apps, assistance navigating large and complex vaccine hubs, and alternatives for accessing COVID testing. It was certainly obvious to organisations such as Vision Australia who work in the blindness and low vision sector, and if there had been systematic consultation with the sector as part of the development of national and state-based responses to the pandemic we would have been able to share our expertise and insights.

The emergency aspect of the COVID pandemic has long since passed, but a key concern for many people who are blind or have low vision is that there is still no local solution to the inaccessibility of RAT tests, even though solutions have been available in the US since 2021.

One of our frustrations during the pandemic was that the opportunities for us to provide feedback on public measures were generally limited and available only after the measures had been introduced and any negative impacts on people who are blind or have low vision had already occurred. While we do recognise that there is sometimes a time-critical element involved in the introduction of public health measures, other measures have longer lead times. For example, large vaccine hubs did not spontaneously appear, and there would have been ample time to put a system in place to allow people who are blind or have low vision to pre-arrange assistance from staff when they attended the hub. Administrative and logistical changes are much less likely to be made after systems have been established than during the planning stages.

Recommendation

We recommend that there be a requirement for public health authorities to engage in a formal process of disability impact analysis prior to the introduction of community-wide public health measures. Working in combination with a national disability-inclusive disaster response group, such an analysis would provide an opportunity for expert and informed input to be considered, and for impact mitigation strategies to be developed. If ad hoc and haphazard approaches continue, then we have little confidence that the needs of people who are blind or have low vision will be even considered, let alone addressed, in future waves of the COVID-19 pandemic or in other pandemics and natural disasters that may occur in the future.