



## Advocacy for Inclusion

*Incorporating People with Disabilities ACT*

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### **Commonwealth Government COVID-19 Response Inquiry**

Thank you for the opportunity to submit to the COVID-19 inquiry.

#### **About AFI.**

Advocacy for Inclusion incorporating People with Disabilities ACT is an independent organisation delivering reputable national systemic advocacy informed by our experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information, and resources in the ACT.

As a Disabled People's Organisation, the majority of our organisation, including our Board of Management, staff, and members, are people with disabilities. Advocacy for Inclusion speaks with the authority of lived experience. It is strongly committed to advancing opportunities for the insights, experiences, and opinions of people with disabilities to be heard and acknowledged.

Advocacy for Inclusion operates under a human rights framework. We uphold the principles of the United Nations Convention on the Rights of Persons with Disabilities and strive to promote and advance the human rights and inclusion of people with disabilities in the community. Advocacy for Inclusion is a declared public authority under the Human Rights Act 2004.

#### **Introduction:**

In presenting this submission, we derive insights from the AFI COVID-19 White Paper, underpinned by the lived experiences of our members with disability and their ongoing safety during the pandemic. Acknowledging the profound diversity within the disability community, we advocate for an inclusive governance approach to both COVID-19 and future pandemics, asserting that it is not only desirable but indispensable.

As the COVID-19 pandemic continues its pervasive impact, its toll on Australians with disability remains pronounced. The response to the pandemic must fundamentally prioritise the needs and experiences of disabled individuals. Assistance strategies must acknowledge and address the unique challenges faced by disabled individuals, ensuring that their voices, concerns, and perspectives shape the trajectory of the pandemic response rather than conforming to an idealised narrative promoted by governments urging the community to coexist with COVID-19.

Amidst the persistent challenges posed by the ongoing COVID-19 pandemic, AFI underscores the imperative of adopting a disability-inclusive approach guided by the principles outlined in the United Nations Convention on the Rights of Persons with Disability (CRPD). Notably, Articles 11, 5, and 25 of the CRPD underscore the critical importance of addressing the distinctive vulnerabilities of individuals with disability and ensuring their unfettered access to healthcare during emergencies.

### **Situations of Risk and Humanitarian Emergencies:**

#### **Commonwealth Government and State/Territory Governments:**

Develop policies aligned with Articles 5, 11, and 25 of the CRPD, recognising the heightened vulnerability of people with disability during pandemics and emergencies.

**CRPD – Article 11 – Situations of risk and humanitarian emergencies**  
*“States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disability in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.”*

Under Article 25 of the CRPD, the Australian Health Protection Principal Committee (AHPPC) and Advisory Bodies are urged to incorporate the principles into health guidelines and protocols, ensuring that healthcare services exhibit accessibility, inclusivity, and responsiveness to the distinct healthcare requirements of people with disability during the pandemic. Additionally, there is a critical need to prioritise equitable access to COVID-19 vaccines for individuals with disability, aligning vaccination strategies with the CRPD's mandate for non-discrimination in healthcare.

### **Prompt and Efficient Pandemic Responses for People with Disability:**

In the realm of timely responses and assistance delivery, the National Coordination Mechanism and Advisory Bodies must expedite actions that address the specific needs of people with disability, recognising the time-sensitive nature of assistance during a pandemic. Vigilant monitoring and rectification of gaps and delays in assistance delivery are essential, aligning these actions with the Convention on the Rights of Persons with Disability (CRPD)'s call for the right to the highest attainable standard of health for people with disability.

### **Inclusive Decision-Making: National Cabinet and Advisory Bodies:**

National Cabinet and Advisory Bodies are urged to actively involve disability advocates in decision-making processes, leveraging their expertise to ensure that pandemic response strategies align with the principles outlined in the Convention on the Rights of Persons with Disability (CRPD). Additionally, these entities should establish mechanisms for continuous collaboration with disability organisations and advocates, fostering an inclusive and informed approach to the ongoing pandemic response.

#### **Article 5 – Equality and non-discrimination**

- 1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.*
- 2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disability equal and effective legal protection against discrimination on all grounds.*
- 3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.*
- 4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disability shall not be considered discrimination under the terms of the present Convention.*

## Legislative Protections:

Both the Commonwealth Government and State/Territory Governments are urged to fortify legislative protections against discrimination and neglect of people with disability during the pandemic, aligning these measures with the principles outlined in CRPD Article 5 – Equality and non-discrimination.

**CRPD Article 25 States** Parties recognise that persons with disability have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

## Community Education:

Advisory Bodies and the National Coordination Mechanism are encouraged to engage with the disability community, gathering insights, concerns, and feedback to align actions with the Convention on the Rights of Persons with Disability (CRPD)'s mandate for meaningful participation. Additionally, these entities should conduct educational campaigns to raise awareness about the rights and needs of people with disability during a pandemic, fostering a culture of inclusivity and respect.

Through the active incorporation of the principles outlined in Articles 11, 5, and 25 of the CRPD into their strategies, government bodies can uphold the rights of people with disability during the ongoing pandemic, cultivating an environment that prioritises inclusivity, equity, and safety.

## Safety for People with Disability Amidst a Pandemic:

To ensure the safety and well-being of individuals with disability during a pandemic, a collaborative effort is crucial across various government bodies, including the Commonwealth Government, state and territory governments, and advisory bodies. Key actions must be undertaken in critical areas:

### **Inclusive Policy Formulation:**

- The Commonwealth Government and State/Territory Governments should collaborate to devise inclusive policies explicitly addressing the distinctive needs of people with disability amid a pandemic. This includes ensuring that public health measures, guidelines, and communications are accessible in diverse formats, catering to varied communication requirements.

### **Resource Allocation and Accessibility:**

- The National Coordination Mechanism must allocate resources to support accessible information dissemination and communication tools tailored for people with disability. Implementation measures should ensure the availability and accessibility of healthcare resources, including testing centres and vaccination sites.

### **Engagement with Disability Community:**

- National Cabinet and Advisory Bodies should actively engage with representatives from the disability community in decision-making processes. Establishing ongoing communication mechanisms is essential to address emerging concerns and adapt strategies accordingly collaboratively.

### **Tailored Health Guidelines:**

- The Australian Health Protection Principal Committee (AHPPC) should develop health guidelines specifically addressing the vulnerabilities and healthcare needs of people with disability.

### ***Accessibility in Emergency Response Plans:***

- State/Territory Governments and the National Coordination Mechanism need to integrate accessibility considerations into emergency response plans. This ensures evacuation procedures and shelters are accessible for people with disability, implementing protocols for their timely and safe evacuation during emergencies.

### ***Coordination of Support Services:***

- Advisory Bodies and the National Coordination Mechanism must collaborate to coordinate support services, including healthcare, mental health, and social services, tailored to the unique needs of people with disability. Establishing mechanisms is crucial to address disruptions in essential services, such as personal care and support services.

### ***Preventing Discrimination and Ensuring Rights:***

- The Commonwealth Government and Advisory Bodies should enforce anti-discrimination measures to prevent discrimination against people with disability in healthcare settings and emergency response. Continuous monitoring and addressing any infringements on the rights of people with disability ensure equal access to healthcare and support services.

### ***Education and Training:***

- National Cabinet and State/Territory Governments should implement training programs for healthcare professionals, emergency responders, and service providers. This enhances their understanding of the needs of people with disability. Disseminating information and resources to educate the broader community on inclusive practices and the specific challenges faced by people with disability during a pandemic is essential.

By adopting these measures, government bodies can proactively address the safety concerns of people with disability during a pandemic, fostering an inclusive and responsive approach to crisis management.

### **Broader health support for people impacted by COVID-19 and/or lockdowns:**

The persistent marginalisation of people with disability is a result of ableist service designs and a failure to acknowledge and respond to their unique lived realities and needs. This highlights the critical importance of recognising that research on people with disability, when conducted without their endorsement, involvement, or critical appraisal, can perpetuate misrepresentation, and fail to address crucial healthcare access needs.

The execution of a comprehensive and co-designed approach to prevention and control strategies for people with disability during the COVID-19 pandemic encountered substantial challenges. Initiatives advocating for higher vaccination coverage, strategies to mitigate transmission risk, prioritisation of vaccine doses, enhanced support for COVID-19 patients with disability, and improvements in data quality and reporting encountered numerous obstacles.

Similarly, broader health supports for individuals impacted by COVID-19 and/or lockdowns, spanning mental health and suicide prevention supports, as well as access to screening and preventive health measures, also grappled with challenges in achieving their intended scope and effectiveness. The intricacies of the pandemic response, combined with practical and logistical hurdles, contributed to limitations in implementing these health support measures comprehensively.

These challenges underscore the pressing need for a more resilient and adaptive approach to public health strategies, particularly in addressing the diverse needs of people with disability.



Future pandemic preparedness efforts should concentrate on overcoming the gaps and barriers experienced during the COVID-19 response, ensuring that health support measures are not only endorsed in principle but also effectively implemented to safeguard the well-being of all individuals, including those with disability, during times of crisis.

### **Inclusive Economic Support Measures for People with Disability:**

Amid the pandemic, it is imperative to centre support efforts on the realities experienced by people with disability rather than aligning them with general community responses encouraged by governments in their approach to living with COVID:

- Ensuring flexibility in disability support is essential to address urgent circumstances, allowing for the adaptable use of funding to maintain core supports, food security, health, and community connections.
- Accessible COVID-safe health services should be prioritised, including maintaining funded access to telehealth, and providing health in-reach services for those at risk of complications from COVID-19.
- Governments should collaborate with disabled individuals to develop a COVID-19 Inclusion Guarantee, outlining steps, rights, and safeguards available to those at risk. This includes a non-contact service framework, rights to work and study from home mandated by law, and support for additional costs incurred by disability during the pandemic.

This comprehensive approach aims to ensure the well-being and inclusion of disabled individuals during the ongoing pandemic, acknowledging their unique challenges and working towards equitable solutions.

### **Financial support for individuals (including income support payments).**

Financial support for individuals, including income support payments, plays a crucial role in safeguarding people with disability, especially during the challenges posed by the COVID-19 pandemic or future pandemics. Poverty acts as a significant risk factor for abuse, neglect, and violence against individuals with disability, hindering their ability to escape harmful situations and making them susceptible to exploitation. Issues such as food insecurity, housing stress, transportation difficulties, and additional disability-related costs contribute to systemic abuse and neglect.

Recent reports underscore the critical issue of housing instability and rental stress, especially impacting low-income earners, notably those reliant on the Disability Support Pension. People with disability frequently find themselves making difficult choices, jeopardising their access to essential needs and facing an increased risk of homelessness, primarily due to the scarcity of affordable housing options.

This situation becomes even more pronounced during the COVID-19 pandemic and potential future pandemics. Adequate and secure housing is vital not only for providing shelter but also for enabling individuals to adhere to public health measures such as quarantine and social distancing. Accessible and affordable housing plays a key role in supporting people with disability in maintaining their well-being and safety during times of crisis.

Relevant to this inquiry, AFI delved into the depth of poverty experienced by people with disability in the ACT and Australia, focusing on two critical drivers outlined in supporting white papers

(attached to this submission). The first paper explores the connection between income support, limited access to paid work, and poverty among people with disability, emphasising the impact of government pensions on their economic well-being. The second paper addresses the role of insecure housing in driving poverty, highlighting challenges in accessing affordable housing.

### **The following is taken from the AFI White paper COVID-19 (attached)**

#### **The evidence**

At the time of writing (20 July 2022):

- The official global death toll from COVID-19 passed 6 million early in March 2022, however, estimates of the actual impact of COVID-19 are far higher. For example, The Economist estimates that there have been 20.7 million excess deaths
- There have been over 8 million cases of COVID-19 in Australia and 180,072 in the ACT
- There have been 10,794 deaths in Australia and 84 in the ACT
- On the day of writing there were 90 deaths in Australia
- There have been 22,678 cases reported amongst NDIS participants with 460 in the ACT. 80 NDIS participants have died, and none are reported in the ACT
- There have been 3,157 deaths in aged care<sup>1</sup>
- Based on infections so far 400,000 people are likely to be left with disability due to COVID-19 with over 100,000 people with a serious disability, and another 300,000 with activity-limiting disability<sup>2</sup>

#### **What do people tell us?**

“AFI is hearing from people with disability who are being denied face-to-face healthcare services such as psychology services but also do not feel safe connecting with treatment at home because of their circumstances i.e., a DFV circumstance where the abuse is occurring where the telehealth appointment would occur. We are also hearing from people who don’t feel safe going to services in person due to COVID. Both circumstances require a COVID safe space where people needing urgent face-to-face can be guaranteed to receive it during the pandemic” – AFI Individual Advocate

*“Some of us haven’t left our homes in nearly a year and are becoming more and more isolated as protections are removed. I have had to reduce homecare, cleaning, and physiotherapy because of the risk of COVID and I haven’t visited a shop, park, cinema, friend’s house, museum, or other public places since August 2021” – Canberra person with a disability.*

We would also be happy to discuss this submission at the inquiry. Our contact is Craig Wallace, Head of Policy, on [REDACTED].

Regards

Nicolas Lawler  
Chief Executive Officer

<sup>1</sup> <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>

<sup>2</sup> <https://www.actuaries.asn.au/Library/Opinion/2022/ResearchNoteno4.pdf> page 80