**Commonwealth Disabled People’s Forum COVID 19 Summit held by Video Link 24.04.2020**

**4 key points from Summit Friday:**

1) Lack of PPE for carers and disabled people, not being thought of – particular Personal Assistants and carers not being maintained

2) Food distribution – India did survey 30 states and nothing getting through

3) Communications – Sign Language, Easy Read, People with Visually Impaired need inclusive formats not being taken forward

4) Need to vary rules of lockdown – for psycho-social disabilities – now more countries doing this.

Majority of people affected are women as expected to keep home going.

Domestic violence, from mainly male perpetrators gone up considerably in UK, other countries too? Big issue here. Also report from Scotland – social services have cut personal care.

**Australia**

**Cases: 6,783 Per million: 26.4 Recovered: 5789 Deaths: 93 (02.05.20)**

Over 70 national, state and territory disability organisations have delivered an open letter to the government outlining 10 points of action to support people with disabilities amid the outbreak of COVID-19.

Despite Australians with disability being some of the most at risk from COVID-19, disability leaders said their needs have remained largely overlooked in relation to the impacts of the virus.

The open letter, delivered to the National Cabinet on Friday, said this was evidenced by the fact people with disability were rarely, if ever, mentioned in any press conference, media release or government conversation about the virus.

“The national discourse relating to coronavirus is inherently ableist – preferencing able-bodied people as the norm,” the letter said.

“This ableist discourse is resulting in the exclusion of people with disability in efforts to prevent the spread of, and address the impact of the coronavirus.”

The letter called on all Australian governments to take on 10 urgent actions that it said would protect the lives of Australians with disability in the context of COVID-19:

* Guarantee continuity of supports for all people with disability.
* Expand criteria for COVID-19 testing to include people with disability and their support persons.
* Urgently improve information and communications to be inclusive of all people with disability.
* Take measures to remove the barriers to adequate healthcare for people with disability.
* Include recipients of the Disability Support Pension (DSP) in the Coronavirus Supplement of $550 per fortnight.
* Urgently define what constitutes an “essential service” for people with disability.
* Ensure effective measures are in place to recognise and respond to violence, abuse, exploitation and neglect of people with disability.
* Prevent discrimination of students with disability in the provision of education.
* Ensure the human rights of people with disability in congregate settings are upheld.
* Adequately resource Disabled People’s Organisations (DPOs) and Disability Representative Organisations (DROs) to enable support of, and advocacy for, people with disability.

Signatories of the letter include the First People’s Disability Network Australia (FPDN), People with Disability Australia (PWDA), Blind Citizens Australia, and the Australian Federation of Disability Organisations.

Romola Hollywood, PWDA head of advocacy and policy, told Pro Bono News that the letter highlighted the incredibly broad range of issues that people with disability face at the moment, and the need for governments to clarify what COVID-19 meant for accessing support in programs such as the National Disability Insurance Scheme.

“People with disability are not on supports that can be provided one day and taken away the next… They’re actually really important for people’s health and well-being and capacity to participate in ordinary life,” Hollywood said.

**Aboriginal and Torres Strait Islanders at particular risk**

June Riemer, the CEO of FPDN, told Pro Bono News these points of action were critical, particularly for Aboriginal and Torres Strait Islander people with disability living in remote communities.

She said the effects of coronavirus had amplified existing issues such as the high rates of domestic violence in remote communities, [overcrowding](https://probonoaustralia.com.au/news/2019/04/nt-housing-groups-breathe-a-sigh-of-relief-over-remote-housing-deal/), higher costs of living in remote communities, and poor access to health services.

“Disability peaks have been talking about these issues for a long time, but now it’s all come home to roost,” she said.

Something of particular concern was [the exclusion](https://probonoaustralia.com.au/news/2020/03/calls-to-extend-coronavirus-supplement-to-dsp-recipients/) of the DSP from the federal government’s Coronavirus Supplement – a $550 increase to unemployment payments for six months.

“I was talking to someone in Tennant Creek, up in the Northern Territory, and they bought a couple of apples, a couple of oranges, and maybe three or four other things, and that came to $68,” Riemer said.

“When you’re on such a limited income, how can you fully support yourself and keep good hygiene?”

**Bangladesh**

**Cases: 4,186 Per million: 24.86 Recovered: 108 Deaths: 127**

*4689 cases sand 131 deaths.*

The biggest concern is the vast discrepancy in access to information between urban and rural areas. Rural areas of Bangladesh are often very inaccessible physically, and also information does not reach rural areas in general.

ADD helping to provide social support and access to information. We have a network of hundreds of DPOs in Bangladesh, we can report that all of our DPO members are safe and we have had no death amongst our partner as a result of COVID‑19 to date and our team in Bangladesh is doing a fantastic mobilising and supporting on the ground to provide social support and access information as much as possible so yeah I will hold there thank you.

**Belize**

**Cases: 18 Per million: 44.07 Recovered: 2 Deaths: 2**

Good practice: Following press release, which used the document, SLI on live (not recorded) broadcasting released by government.

**Canada**

**Cases: 40,190 Per million: 1,058.21 Recovered: 13,986 Deaths: 1,974**

Shared the commonwealth COVID -19 resources with the people in the Commonwealth Section at Global Affairs Canada, who have in turn shared it with their government colleagues in other commonwealth states. Upcoming Commonwealth Health Minister’s meeting, focussing on the COVID 19 pandemic. Hope to ensure disability rights issues are on the program.

See letter from People First Canada re people with **Learning Difficulties as Appendix 1**

**Dominica**

**Cases: 16 Per million: 222.82 Recovered: 9 Deaths: 0**

The majority of persons with disabilities live in rural areas, where most people are engaged in fishing and agriculture. The first case was reported on 22nd of March, and to date Dominica have had just 16 cases, no deaths, and 9 persons have fully recovered. So far it has not had any persons with disabilities with Covid 19.

The Government have been taking action to curb the spread of the virus by closing off the island borders and ports of entries. There are quarantine centres, on a 3 month state of emergency, where there is a curfew from 6pm to 6am, and complete lock down on the weekends. DAPD sent out a news release to all the media houses and the health promotion unit on 20th March.

DAPD are making contact with members through telecommunications and also through Dr Floyd Morris who issued 10 point guidelines, which have been sent to the minister and the health promotion unit. Govt of Dominica provides funds to pay staff and assured everyone salaries not affected. DAPD met with the minister and raised concerns re providing relief supplies. Propose to minister, members located around island, have vehicle, if they have supplies they can make distribution. Close captioning, video to put on mask, asked how that works. Pwd catered for.

Principles & Statements sent to Government of Dominica and various ministries. No response as yet.

**Eswatini**

**Cases: 31 Per million: 28.36 Recovered: 8 Deaths: 1**

Dep prime ministeracknowledged doc and promised to take further steps on issues that touch PWDs on COVID 19.

A task team has been established to deal with COVID-19 and disability issues. There is also a disaster management task team, led by the Deputy Prime Minister. They are working together to help everyone.

There is a task force in place for those infected with COVID-19 but there is no inclusion.

Situation in country: lack of access to information by VIP and hearing impaired.

There has been no social support since the lockdown on 27th March – no food parcels, for example. Government is urging people to wear facemasks but there is no information on where to get them and they are not being distributed.

Good practice by DPOs (staying home, washing hands, whatsapp group) rather than national implementation. People with disabilities who are confined to home and need regular access to health services are suffering. This is being discussed with the Minister of Health, along with food shortage issues. There has not been any help on the issue of food parcels or any support that came to from the Government in help for the people with disabilities in the country. They have been urging us to wear masks where we don't know where can we get them. They have not and we as DPOs have not got any distribution of those masks. There has been established task teams that will cater for COVID‑19 infected people, but on those teams there is no inclusion. Of disabled people’s particular needs.

**Guyana**

**Cases: 67 Per million: 85.59 Recovered: 9 Deaths: 7**

CMO acknowledged receipt. DPO in early consultations with the Ministry of Public Health re messages in accessible formats for PWDs. In regular contact with our member agencies providing assistance and guidance and assisting with networking.

**India**

**Cases: 21,393 Per million: 15.2 Recovered: 4,258 Deaths: 681**

The country has been on lockdown for 30 days and disabled people are struggling to get food and medicine. They are facing financial difficulties and aid that has been offered is inaccessible – communication is poor, use of electronic media and radio is not inclusive. These issues have been escalated up to the Prime Minister and there is a lot of press coverage. Guidelines for disabled people have been put in place but they are theory rather than practice. Disabled people are facing extreme difficulty in terms of monetary support, that the Government has announced something like about $12 will be given over the next 3 months, which absolutely has no value and no, there's no awareness in terms of how we can one get that money, communication is inaccessible whatever orders or announcements are being made are inaccessible. No response to contact with ‘Department’. Even where promises have been made at a State level such as Orrisa DPO surveys have established none of the financial or food aid is getting through to disabled people.

**Kenya**

**Cases: 303 Per million: 6.37 Recovered: 83 Deaths: 14**

As of 23rd April Kenya had 332 cases of COVID-19, with 14 fatalities. 89 people have recovered.

The Government have imposed a curfew from 7pm to 5am, and have also completely locked down around 5 counties which administrative units in Kenya because they are considered to be the hot spots for COVID-19 in Kenya.

Concerns are firstly the impact on mental health for persons with disabilities – the psychological affect of restricted movement and isolation; secondly cases of human rights violations, especially during the enforcement of curfews and lock down; thirdly that the Kenyan Government have scaled up the cash transfer programme, but this is specifically targeted to persons with severe disabilities or persons of high support need and is not being accessed by all persons with disabilities.

United Disabled Persons of Kenya made a submission to the government COVID-19 committee, highlighting the situation for people with disabilities and making recommendations of measures to be taken in the area of mental health, for persons with psychosocial disabilities

**Malaysia**

**Cases** 6,176 **per million 189** **Recovered:4326 Deaths: 103**

Malaysian Federation of the Disability. When the Government announce movement control order which is something like lockdown in your countries, we were all caught unaware but organisations for persons with disabilities sprung into action Firstly the most important is information. So what we did was we engaged with the Government and when we managed to get the television, the infographics on the television to have audio, so that the blind people can understand what they are talking about, and we also managed to get sign language interpreters for important announcement by the Government, so the necessary information is there in accessible forms.

The other thing is persons with hyperfunction or autistic they cannot stay in their home and locked up in their homes so we got special permission from the Government to allow them to go out with their carer, and to allow them to continue receiving therapy.

Regarding food, so people cannot go out to get food, we manage to get Government to allocate a certain amount of budget, food parcels are distributed to homes or persons with disabilities or those who are needing it.

Some of them can't cook, so cooked foods are also distributed for people who cannot cook for themselves. So when the Government announce some stimulus packages to encourage, to assist the person, it's inclusive stimulus package where everybody who requires it can receive it, but some of us with disabilities cannot access it online because they want you to register online, and everything is done online so the Government has allowed DPOs to represent them at the local level, community leaders to assist person with disabilities who cannot go online to register to get aid so they can also be given aid.

Now, we are coming to the sixth week, we have two more weeks extension, everybody is excited about lifting of the control order, so what is important now is post COVID, what are we going to do after this everybody is talking about safe distancing, or social distancing and everybody is talking about how to get back to their jobs economically, so now we are thinking how we're planning to engage with the Government on how to address this issue, of person with disabilities getting back to their new normal.

What I want to emphasise here is that we are very happy because the Government has acknowledged WHO6 principles of lifting the lockdown, which is the fourth one is taking care of persons high‑risk persons or persons in a vulnerability group and many press media or television interview the Government always say in this group of vulnerable people it includes elderly people and persons with disabilities. So they do take our concern into consideration.

**Malawi**

**Cases: 37 Per million: 2 Recovered: 9 Deaths: 3 (02.05.20)**

Malawi on the COVID‑19, the Government has put a lot of resources giving other stakeholders a lot of money to in order to mitigate the COVID‑19 but with the DPOs there's nothing and we are pushing for that. We're lobbying to make sure they include persons with disabilities by giving them these resources these are the challenges we face day in day out. As well as planning here we need to look at all these issues.

We have produced a statement based on CDPF statement and publicised widely and have got meeting with the Ministry

**Maldives**

**Cases: 86 Per million: 229.74 Recovered: 16 Deaths: 0 (02.05.20)**

Maldives Association of Persons with Disabilities contribute recommendations to the National Emergency Operation Center and the COVID-19 task force.

*1.* Involvement and meaningful partnership of Persons with Disabilities or representatives of Disabled People’s Organizations (DPOs) in COVID-19 responses.

2. Ensure Persons with Disabilities have access to personal assistance, access to communication and physical accessibility in a situation where he/she is held in quarantine facility.

3. Disseminate public information regarding COVID-19 in accessible formats, especially in EASY-TO-READ formats targeted to people with intellectual disabilities and cognitive impairment.

4. Grant exemption for Persons with Disabilities especially to people with ADHD, intellectual disabilities and cognitive impairments during curfews and lockdowns to leave their home in a safe way for a limited time.

5. Provide or allocate personal assistance or caretaker in situations where a guardian, parent or caretaker gets ill or gets contracted to COVID-19

6. Identify Persons with Disabilities living in high-risk situations especially in jails, prison and correctional facilities (including the facility in K. Guraidhoo) and take precautionary measures to contain the infection**. Detail in Appendix 3.**

**Malta**

**Cases: 444 Per million: 899.59 Recovered: 165 Deaths: 3**

Concerns of some disabled people’s mental health due to social distancing measures. The (Malta) Commission for the Rights of Persons with Disability discussed this issue during its last CRPD meeting. At the end of the meeting the Commissioner suggested another meeting to take place between Agenzija Sapport which is the Government's services provider for persons with disability, CRPD and NGOs.

Principles & Statements sent to the Prime Minister and the health department. Upon receiving no response MFOPD went to the media. A member of Parliament from the opposition side picked it up and a national disability task force was subsequently organised, which MFOPD were invited to be part of. The C-19 task force is comprised of all the CRPD committee members along with representation from the office of disability issues, and of the standards authority. The University of Malta is also involved, for research purposes. An introductory meeting has taken place, with further meetings to take place weekly.

**Mauritius**

**Cases: 329 Per million: 259.88 Recovered: 261 Deaths: 9**

No response from government re. statement & principles.Some young disabled people in desperate situation, missing out on provisions as they fell outside criteria.

Following many issues for disabled people during total lockdown, where people were starving, YWDEP networking with disabilities and empowerment platforms to distribute food back around the island. The next project is the distribution of nappies, and they are working on ‘phone & internet access.

Government has set up a food pack delivery for people with disabilities on the list of social income. Unfortunately, only those who receive carers allowance have so far been able to receive the food pack.

The Government has also set up a home delivery service got those who receive invalid pension/carers allowance but who don’t have a bank account.

Awaiting a decision on whether children with autism and other disabilities can go outside during lockdown.

There are currently no sign language interpreters for daily press briefings.

**Malaysia**

**Cases: 5,603 Per million: 171.15 Recovered: 3,542 Deaths: 95**

MFD have achieved the following:

Government arranged sign language interpreters and closed captioning for Government announcements and TV news; granted special permission for people with hyperfunction or autism to both go out with their carers and to continue receiving therapy; food parcels or meals distributed to homes for disabled people; assistance for disabled people who are unable to get online and register for aid.

**Nigeria**

**Cases: 873 Per million: 4.23 Recovered: 197 Deaths: 28**

Disabled people have been overlooked in intervention plans and emergency measures. DPOs not included in committee or relief materials. There is no interpreter for the deaf community.

Awareness creation not accessible for many groups. JONAPWD trying to raise awareness with the Government and in the media. Situation chaotic. There are some of the DPOs working in Nigeria that are doing a lot to see what they can do in their little ways. They should be encouraged in any way we can, in Nigeria. If something can be done to encourage them they have done a lot in the states they are working in, that it seems to carry people along in what they are doing in all the intervention

**Pakistan**

**Cases: 10,513 Per million: 47.97 Recovered: 2,337 Deaths: 224**

In Pakistan most people with disabilities are in the low economic group of society. They are facing financial crisis. They mostly depend on their families and family members are losing their jobs.

STEP conducted a survey of 100 people with disabilities, to get an idea of the situation. Consequently they contacted Government institutions and citizen society organisations who are delivering rations and protective material, so that they could be distributed accordingly.

They also held a national summit, with international development organisations working on disabilities in Pakistan and DPOs, which was watched by 5,000 people on social media and got in the news. The President of Pakistan mentioned in his speech the next day that persons with disabilities should not be left behind and they have rolled out a big social protection programme.

The health situation for disabled people is very worrying, as it is not being addressed at all. Because of the lockdown, attendant care has stopped completely; and there has so far been discussion of how disabled people can be tested for COVID-19. Many thousands are being laid-off by big companies and we are worried about disabled people being excluded when we come to recovery phase.

**Rwanda**

**Cases: 153 Per million: 12.36 Recovered: 84 Deaths: 0**

Lockdown since 14 th March. People with disabilities are amongst the poorest in the country.

NUDOR partners have allocated funds to help disabled people. There is a National Council for people with disabilities and facilities for disabled people (like the deaf) to access to communications/ information.

TV messages are translated into Sign Language. Minister of health also uses SMS to mobile ‘phones, but not everyone has them. Disabled people do not necessarily have access to all of the channels that are being used - TV, radio and mobile phones. even person with disabilities they are among the poorest, we are lucky than the person with disabilities they are not left behind so they are included in all programme and packages given to persons who are effected by the pandemic. In our sides as what we did because even though governments did their best but we engage our partners for that they allocate special fund for to respond to COVID‑19, now most of our partners are really positive and they allocated special funds for to support person with disabilities so now we are trying with our members to collect, to fund all effected people, we as decide that we cannot really distribute food because we don't know, you know person with disabilities somehow they are effected in one way, for instance, those who are albinos they cannot really access fund so they can even buy the lotion for their skin. What's the best solution is to transfer money so that in one way someone concern buy food or also other material for instance for hygienic and also especially for albinos they can't even really buy lotion this period, they cannot access the fund.

**St. Vincent’s & The Grenadines**

**Cases: 12 Per million: 108.49 Recovered: - Deaths: -**

The visually impaired feel that they are more at risk to come in to contact with the disease COVID19. Majority of visually impaired people depend on public transportation and also rely on persons to get them to point A or point B.

COVID19 has also impacted greatly on the educational system, as schools across the island closed. Disabled students are at home. The Ministry of Education is in the process of introducing on-line teaching but it is unsure how much this system will benefit them, due to the lack of internet access and technological devices.

**South Africa**

**Cases: 3,635 Per million: 61.85 Recovered: 1,055 Deaths: 65**

Statement and principles sent to President’s office, ministers of social development and minister for economic development. Acknowledged documents receipt but not heard response. Situation in country: exemptions for travel by persons with disabilities to be applied for. (unclear as to how, and concerns re implementation of, and police handling etc).

Good practice: Subtitles included as well as SLI during live government broadcasts (no captions); food parcels for those who cannot work (although they do not all seem to be getting through to the people that need them); President has announced a huge relief package - 150 million Rand especially for the NPOs and DPOs - people with disabilities have received an increase in their grants, although currently there seems to be an issue with these as payments have stopped since lockdown.

A critical care decision tool has been circulated, to decide who does and does not receive urgent medical care. This would be a fundamental violation of human rights for people with disabilities.

DPSA Upcoming meeting with Department of Social development to make sure that issues of disability are covered. Persons who assist you aren’t covered with PPE, not budgeted for.

Issue of communication. Whatever they are communicating, need to make sure including Sign

language, access to home based service, sanitizers, go to hospitals etc – persons with disability need

to be prioritised in queues. Ministry of youth, women and persons with disability – women with

disability are not a priority so DPSA are challenging them.

**Sri Lanka**

**Cases: 330 Per million: 15.14 Recovered: 105 Deaths: 7**

Since the inception of the island wide curfew and lockdown many disabled people have been severely affected due to lack of essential food items, medicine, sanitary equipment and communication etc.

A disability emergency centre for COVID‑19 has been established – data and requests were collected from disabled people. This included health requirements, disability allowance, and information on sign language. These were then requested from the Government and information is now distributed in sign language, and there is a sign language interpreter at the emergency centre.

**Tanzania**

**Cases: 584 Per million: 5.08 Recovered: 11 Deaths: 10**

Focal point for disability in govtacknowledged document. Concerns: no disability-friendly services -for example, information has been given out for the deaf but it is not very accessible/ SLI for all C-19 related information; availability of accessible formats; tailored trainings when gatherings not allowed; accessible handwashing points; how to manage PAs when touch necessary.

Statement & principles sent to the Prime Minister's office - no response as yet. CHIAVITA is trying to prepare accessible materials especially for the deaf and get these materials distributed.

Good practice: Information has been centralised to avoid confusions. The covid-19 national committee has some representing pwds. We have finalised the national standard guideline on covid-19 to pwds.

Women with disability facing challenges even before C19. Now, (eg) street vendors’

businesses shutting down, facing more discrimination. Women with disabilities supported by PA to go somewhere – C19 social distancing, how will this work? Group NGOs Discussing issues concerning women. Given 4 lines to explain challenges of women with disability. Under C19, everything now on C19, everything else left behind. SHIVYAWATA presented to Ministry for Health – explore PWD needs and challenges facing. C19 targeting men. If women with disability have infection and survive, further discrimination!

**Trinidad & Tobago**

**Cases: 114 Per million: 83.58 Recovered: - Deaths: 8**

PAVI are not aware of any negative reports on the impact of COVID 19 on persons with disabilities.

Good practice: The government has provided an additional financial incentive for persons in receipt of disability grants and public assistance. A number of agencies involved in work of and for persons with disabilities have been provided with food supplies, as well as masks for distribution to their members and clients.

The testing of individuals is relatively low approximately 1400 thus far.

The biggest challenge is in the field of education since not everyone may possess the necessary tools for online learning and, depending on the nature of the disability, this may prove even more challenging.

**United Kingdom**

**Cases: 133, 495 Per million: 2009.39 Recovered: - Deaths: 18,100 (23.04.2020)**

**Cases 177,454 Per million 2,671 Recovered :- Deaths 27,510 (02.05.2020)**

**The jump in deaths is because deaths in care homes are now included every day.**

The issues are varied.

The theory of ‘heard immunity’ with its eugenics overtones of ‘survival of the fittest’, delays to implement WHO measures, with the Government diverted by Brexit and being very late to focus on elderly and disabled people most at risk in care homes have all led to UK having the highest statistics in the Commonwealth.

In health, disabled people both with and without pre-existing medical conditions are being forced to sign ‘Do Not Resuscitate’ forms.

In areas of social care, services of support are being cut where people rely on vital support to function in the community. There are also issues with the criminal justice system, in the way that cases are now being heard – the use of video conferencing is not accessible for people who may be neuro-diverse, for example.

In education ROFA is regularly kept up to date on policy matters.

A key issue is that the statistics that are being released exclude the reporting of people living in care homes. If the deaths of disabled people and people in institutions are not recorded, then the information we have is inaccurate. On a positive note, the necessity of working from home demonstrates that there are flexible ways of working, which makes the workplace more accessible for many people with impairments.

ROFA Education Coronavirus Act 2020 is diminishing disabled children and disabled adults rights. See <https://www.allfie.org.uk/news/briefing/coronavirus-act-2020/>

**See Appendix 2 Scotland** Glasgow Disability Alliance Appendix 2

**Appendix 1**

**People First Canada**

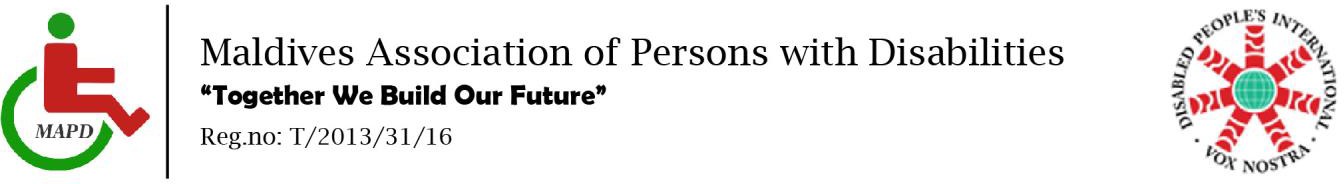
Winnipeg, Manitoba, Canada –This is an editorial from the Executive Committee of People First of Canada (PFC) in response to the situation that is happening in Markham, Ontario, at a facility for people with intellectual disabilities called Participation House. People First of Canada members have always said that living in the world of intellectual disability is not easy. People with disabilities are often called the most vulnerable of our society. But those with disabilities often call themselves the ‘left behind.’ And in the disability world, people with intellectual disabilities are the ‘left behind of the left behind.’ Since the beginning of the COVID-19 crisis in Canada, we have definitely been feeling that – left behind. It’s hard to keep up with the amount of news and media that keeps coming every day. It’s hard to know what to do when there is little information in plain language. It’s hard to prepare when you live in poverty. It’s hard to buy extra when you can’t really afford enough. It’s hard to have any control when you have very little power. But that’s not surprising given our history is mostly a horror story of institutionalization, neglect, abuse and social exclusion. Our fight is always for inclusion and our full human rights. Our victories are small and hardwon. We protect those wins because even our victories can be threatened. The smallest of things can have a big ripple effect on us. A change in funding at the legislature can mean a real change in our daily lives. A change in government can mean a change in focus and we can easily find ourselves out of the fight for rights – again. Part of this is because the lives of people with intellectual disabilities can be complicated. Many of us get home care or personal care services. Many of us have a personal support worker. We depend on these services. We need this support to help us live our lives. And our supports are often made up from different programs and involve different people. Our personal safety net is usually fragile and full of holes at the best of times. We also often live in different spaces and situations than people without intellectual disabilities do. Some of us live in ordinary homes and apartments. Some of us live with our family. But many of us live wherever there is a free bed, or wherever we can get the supports that we need. This means we live in group homes, or personal care homes or residential homes like Participation House in Markham, Ontario. Participation House is a facility for adults with developmental and physical disabilities. There are 42 people living there and about 80 staff work there. Late last week, all but 4 of the staff walked away from their jobs when they were told about an outbreak at the facility. There were 10 residents and 2 staff with COVID-19. By the end of the weekend, the numbers had risen and 12 residents and 6 staff that tested positive for the virus. By Tuesday evening, 37 of the 42 residents had tested positive and 4 were in hospital with one in critical condition. There are now 12 staff members who have tested positive. The alarm bell for senior’s homes began ringing across the country in mid-March. It is only now, four weeks later, that it is finally being rung for the places where many people with intellectual disabilities live. Why didn’t we start protecting people with intellectual disabilities sooner? It’s not like we don’t know that COVID-19 spreads quickly in close quarters. The government of Manitoba has issued a new directive around COVID-19 precautions that take effect this week. It requires staff who work with people with intellectual and other disabilities to wear personal protective equipment. We can only hope that the rest of the provinces and territories follow along. But this is still a full month since our country started its COVID-19 lockdown, social distancing and extra precautions for many places. A full month. Is this a signal to us that we will once again be left behind? To all the governments of Canada, if you believe we are among the most vulnerable in society then you MUST have a coordinated effort to protect us. We can’t do it ourselves. And we will not settle for being the ‘left behind of the left behind’ this time. Because being left behind during COVID-19 might mean being left behind for good.

Kory Earle, President; Gordon Fletcher, Treasurer; Dewlyn Lobo, 1st Vice President – on behalf of the membership of PFC People First of Canada is the national voice of people who have been labelled with an intellectual disability. The vision of People First is to see all citizens living equally in the community. For further information contact Shelley Fletcher, Executive Director for People First of Canada Phone: 204-784-7362 or by Email: sfletcher@peoplefirstofcanada.ca Find out more at www.peoplefirstofcanada.ca

**See Scotland** Glasgow Disability Alliance Appendix 2

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| |  |  | | --- | --- | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | | **Covid-19 has supercharged inequalities already faced by Glasgow’s 150,000 disabled people, according to extensive evidence gathered by Glasgow Disability Alliance over the last 5 weeks.**   Since 23rd March, the organisation, run by and for its 5000 disabled members, has made contact by phone, post and online, with thousands of disabled people, to understand and offer support on pressing needs and impacts of the pandemic and lockdown.   CEO Tressa Burke highlighted their key findings so far on [BBC Disclosure: Pandemic Frontline (BBC1 8.30pm 27 April 2020)](https://gdaonline.us5.list-manage.com/track/click?u=734ae51fda16fde4cac718a37&id=e5c40b63dd&e=1b4cad5be8), alongside Fern Adams, a GDA member, who shared her personal experiences.   Burke said “Our survey and member engagement have reached thousands, and provide vital evidence of the actions needed to protect disabled people during and after COVID. Disabled people are harder hit by the pandemic not only because we may be at greater risk of severe illness – but equally or more so - because existing inequalities and persistent barriers like isolation and digital exclusion make us even more vulnerable. On top of this, lifeline services are being removed and our very rights to life are on the line. It is more important than ever that we make sure disabled people’s voices are heard – and that the issues raised by the vast numbers we’ve spoken to are acted on in the response efforts. There are ongoing lessons to be learned and swift actions needed, to make sure that disabled people aren’t left behind.”    In 5 weeks GDA has reached out through **postal surveys to over 5000 disabled people, wellbeing telephone calls to over 1500, with an in-depth survey completed by 1177 disabled people**. Findings so far highlight that:   **1.   The Covid pandemic is supercharging inequalities already faced by disabled people.**   * **40% of disabled people so far are worried about food, medication or money.** **Existing poverty and financial exclusion** mean many of our members have no way to pay bills or buy essentials under lockdown. Many are falling between the cracks, with huge delays processing benefits applications. * **Food insecurity has spiked**: many disabled people already reliant on foodbanks or supermarket deliveries tell us they are left short of food, as demand has overwhelmed these services. * **Isolation**, already twice as high amongst disabled people, is now even more of a concern with **over 72% worrying about becoming acutely isolated**. This was partly because many disabled people have no internet access, and many rely on others for support with day to day tasks and looking after themselves. While lives clearly depend on reducing our contact with others, isolation is a huge worry, with knock on impacts on our mental and physical health, and resilience. * **Vital Information** is not reaching disabled people in clear, accessible formats. * **Digital exclusion** is a huge factor: **only 37% of disabled people reported to have home broadband or IT, and many lack the confidence or skills to use it**. * Despite a huge mobilisation of local voluntary sector responses, of disabled people we spoke to **76% were not aware of any of these local support services or were unable to access them.**   **What GDA is doing:**   * **GDA’s Welfare Rights and Resilience Response teams** have delivered advice, support and essential supplies to **404 disabled people** and their families in Glasgow including food, medication and communication resources, and **registered a further 571 on the edge of crisis, requiring support in the coming weeks.** * **GDA is connecting disabled people** to information and vital services, including digital inclusion efforts locally and nationally.   **2. The Covid-response risks leaving disabled people behind**   * **Lifeline services are being removed** at a time of acute need and uncertainty leaving disabled people even more vulnerable. * **Social Care** has been already cut to the bone under austerity and **due to COVID, vital social care supports have been withdrawn from a further 1884 people in Glasgow since 19th March** – with some given no notice at all, and no idea when or if their care would be reinstated. Many disabled people have been left reliant on neighbours, other vulnerable relatives, or simply with no-one to meet intimate personal care needs like meals, medications, support to shower or use the toilet. Disabled members of GDA warn this is unacceptable, and far from sustainable, yet many fear their care may never be reinstated. * **Mental Health**: the pandemic has seen vital supports removed from many who live with long term mental health conditions. Some members report mental health teams are uncontactable, leaving them extremely vulnerable at this incredibly challenging time. Austerity and cuts have long eroded capacity of our mental health services, with GDA members report longstanding barriers to accessing mental health support: services for those with long-term mental health needs must be protected and invested in at this time, alongside broadening access to low-level supports. * **Rights to life are on the line**: GDA members are terrified that ‘resource rationing’ guidelines are stripping them of their rights to equal access to potentially life-saving treatment. Several individuals have reported feeling pressured into agreeing Do Not Resuscitate notices, or being told they won’t be eligible for hospital treatment should they fall ill. * **Over 90% of disabled people responded saying they want disabled people’s voices to be heard, in decisions about their own lives, and the evolving Covid-response, to ensure the ‘new normal’ is one which includes and values disabled people.**   **What GDA is doing:**   * GDA’s Social Care Expert Group are meeting remotely to offer peer support and speak out about their direct experiences of cuts, to raise concerns and to call for action * GDA has secured emergency funding for a Wellbeing Helpline to provide lifeline support to those falling through the cracks, and amplify calls for our specialist services to be protected. * GDA is supporting individuals to assert their wishes and know their rights in relation to health treatments e.g. health passports. * As part of the [Scottish Independent Living Coalition](https://gdaonline.us5.list-manage.com/track/click?u=734ae51fda16fde4cac718a37&id=db382cbeb6&e=1b4cad5be8) of Disabled People led Orgs in Scotland - GDA has called for clear guidance to protect disabled people’s Rights to Life and Health. * GDA has been continually feeding in voices, views and experiences of members in relation to COVID from the outset including speaking with Scottish Government Ministers on 31st March, 1 week into Lockdown to outline headline issues. GDA is determined and will continue every effort to ensure no disabled person is left behind.   **GDA is calling on leaders from all sectors to hear and understand the specific impacts of Covid19 and the response, on disabled people, and to work with disabled people and our organisations, to protect rights and mitigate the unequal impacts evidenced through our member engagement.** | |  |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | **GDA’s Covid Resilience Engagement ad Response, Interim Report 27 April 2020 is available in**[PDF](https://gdaonline.us5.list-manage.com/track/click?u=734ae51fda16fde4cac718a37&id=ac11e96beb&e=1b4cad5be8)**,**[Plain text](https://gdaonline.us5.list-manage.com/track/click?u=734ae51fda16fde4cac718a37&id=122784a3ee&e=1b4cad5be8)**and**[audio](https://gdaonline.us5.list-manage.com/track/click?u=734ae51fda16fde4cac718a37&id=22121b4173&e=1b4cad5be8)**on our**[website.](https://gdaonline.us5.list-manage.com/track/click?u=734ae51fda16fde4cac718a37&id=496215fa00&e=1b4cad5be8) | | | |

Appendix 3



**Recommendation 1: Involvement and meaningful partnership of Persons with Disabilities or representatives of Disabled People’s Organizations (DPOs) in COVID-19 responses. The objective is to ensure the needs of Persons with Disabilities are considered in policy-making and in implementation.**

Supporting documents:

1. Work with people with disability and their representative organizations to identify actions to protect people with disability who may be in high-risk situations

Source; Actions for Government, Disability considerations during the COVID-19 outbreak by WHO

1. Involving disabled people

* *Disabled people, through their representative organisations (Disabled People’s Organisations- DPOs), are the best placed to advise authorities on the specific requirement and most appropriate solutions, when providing accessible and inclusive services.*
* *All COVID-19’s containment and mitigation activities (not only those directly related to disability inclusion) must be planned and implemented with the active participation of disabled people and DPOs - this applies to community and population wide initiatives as well as to individual situations.*

Source; Recommendation E: Principles and Statement to Governments on Disabled People and the impact of Pandemic of COVID-19 Coronavirus. Commonwealth Disabled People’s Forum (CDPF)

1. Ensure that all pandemic responses are disability-inclusive, including through close consultation, meaningful participation and partnerships with persons with diverse disabilities.

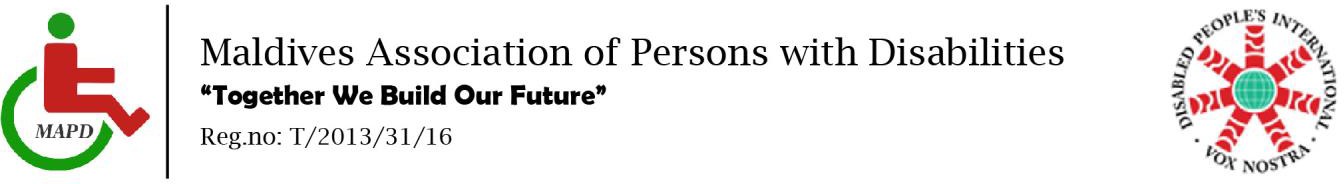
*Given the diverse range of disabilities and their respective specificities, there is a need for governments to consult organizations of persons with disabilities (OPDs) throughout the process of policy design and implementation to ensure the needs of persons with diverse disabilities are adequately met, with their rights and dignity respectfully upheld. Further, there is an opportunity for governments to collaborate with OPDs as service delivery partners to allviate human resource shortages while tapping into their expertise during this critical period.*

Source; Recommendation 1 of UNESCAP Policy Brief – COVID-19 and Persons with Disabilities (20 March 2020)

1. States must ensure that persons with disabilities, through their representative organizations, are closely consulted with and actively involved in the planning, implementation and monitoring of COVID-19 prevention and containment measures.

Source; Statement 8 of Joint Statement: Persons with Disabilities and COVID-19 by the Chair of the United Nations Committee on the Rights of Persons with Disabilities, on behalf of the Committee on the Rights of Persons with Disabilities and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility





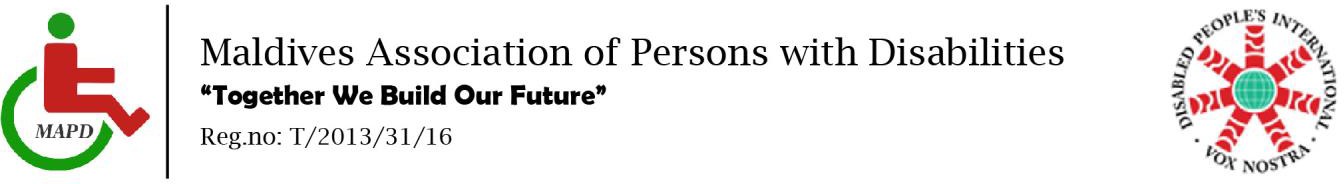
1. Involve organizations of persons with disabilities in consultation and decision making. (RCCE action plan)

Source; Action 4 of COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement (RCCE) (March 2020) [formulated by UN Women]

1. We call on all governments to establish Covid-19 Task Forces, inclusive of all persons with disabilities including persons who are blind and partially sighted and their representative organizations to monitor the evolving needs of persons with disabilities and advise on the implementation of inclusive response plans, programs and strategies.

Source; Recommendation 1 of Call to Action: 19 Actions for an inclusive Covid-19 response by World Blind Union (WBU)





**Recommendation 2: Ensure Persons with Disabilities have access to personal assistance, access to communication and physical accessibility in a situation where he/she is held in quarantine facility.**

Supporting Documents:

1. During quarantine, support services, personal assistance, physical and communication accessibility must be ensured

* *Quarantined persons with disabilities must have access to interpretation and support services, either through externally provided services or through their family and social network;*
* *Personal assistants, support workers or interpreters shall accompany them in quarantine, upon both parties’ agreement and subject to adoption of all protective measures;*
* *Personal assistants, support workers or interpreters should be proactively tested for COVID 19 to minimize the risk of spreading the virus to persons with disabilities*
* *Remote work or education services must be equally accessible for employees/students with disabilities.*

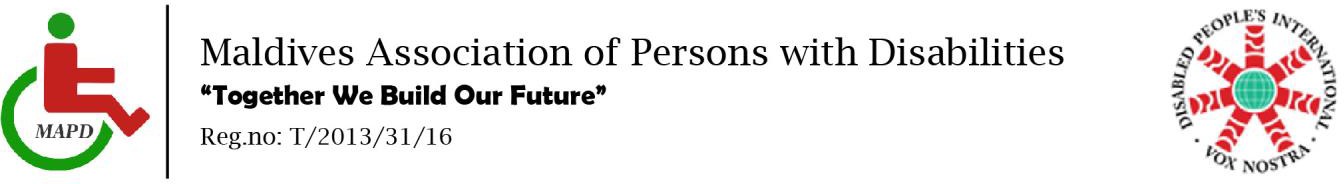
Source; Recommendation 6 of Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance (March 2020)

2. Make COVID-19 related medical and quarantine policies and processes accessible and disability-inclusive.

*There is a need to make sure that designated health facilities such as testing and quarantine centres are accessible so as to allow persons with disabilities to seek medical assistance when required. Medical providers need to stand ready to offer sign language interpretation, including exploring the use of relay services and/or remote signing via smart phone applications and Page 3 of 4 video technologies. Where required, governments should allocate trained personal assistants to address the daily needs of persons with disabilities in quarantine; medical and social service professionals should also stand ready to support their emotional and mental wellbeing during the confinement, especially for those with psychosocial and/or intellectual disabilities. Throughout the process, the attitudes of healthcare professionals should be respectful and non-discriminatory – and all unlawful seclusion, restraints, non-consensual medication should be strictly prohibited.*

Source; Recommendation 4 of UNESCAP Policy Brief – COVID-19 and Persons with Disabilities (20 March 2020)





**Recommendation 3: Disseminate public information regarding COVID-19 in accessible formats, especially in EASY-TO-READ formats targeted to people with intellectual disabilities and cognitive impairment.**

Supporting Documents:

1. Ensure public health information and communication is accessible,

* *Convert public materials into “Easy Read” format so that they are accessible for people with intellectual disability or cognitive impairment.*
* *Develop accessible written information products by using appropriate document formats, (such as “Word”), with structured headings, large print, braille versions and formats for people who are deafblind.*
* *Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatize disability.*

Source; Actions for Government, Disability considerations during the COVID-19 outbreak by WHO

1. Deliver public information in accessible formats – with public communication messaging that is bias-free and respectful of all population groups, including persons with disabilities.

*To empower persons with disabilities to protect themselves against COVID-19, it is critical that governments disseminate public information in accessible formats. This would include, among others: the provision of onsite or remote sign language interpretation and real-time captioning for press conferences and public service announcements; the development of public communication materials in audio, Braille, large print, E-pub and easy-to-understand formats; the use of accessible digital technologies; and the compliance with W3C accessibility standards for web-based information.*

Source; Recommendation 3 of UNESCAP Policy Brief – COVID-19 and Persons with Disabilities (20 March 2020)

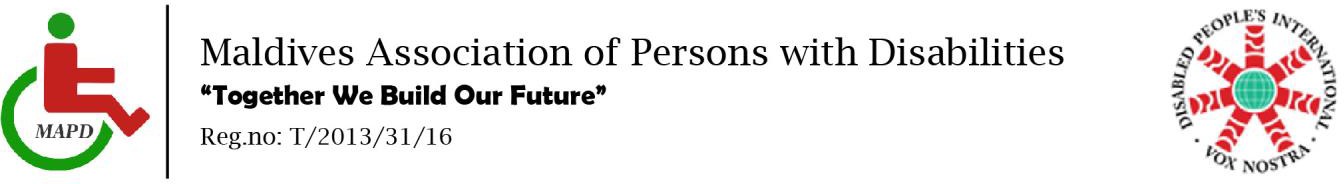
1. RCCE Actions that can be taken to include Persons with Disabilities

* Ensure active outreach to collect feedback from persons with disabilities.
* Disseminate information that uses clear and simple language.
* Provide information in accessible formats, like braille, large print. Offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.

Source; Action 1, 2 and 3 of COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement (RCCE) (March 2020) [formulated by UN Women]

4. Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats





* *Digital media should include accessible formats to blind persons and other persons facing restrictions in accessing print.*
* *All communication should be in plain language.*
* *In case the public communications are yet to become accessible, alternative phone lines for blind persons and email address for deaf and hard of hearing may be a temporary option.*
* *Sign language interpreters who work in emergency and health settings should be given the same health and safety protections as other health care workers dealing with COVID19.*

Source; Recommendation 1 of Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance (March 2020)

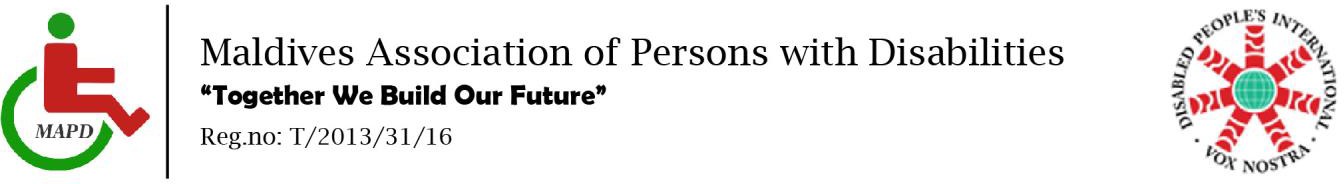
5. Access to information

* *We call on all governments, local and national agencies to provide information related to Covid- 19 in accessible formats including large print, tactile format, accessible multimedia as well as written, audio, plain-language. In addition, we urge all broadcasting and mass media networks to ensure that information and announcements on Covid-19 are accessible to all persons with disabilities including persons who are blind and partially sighted.*
* *We request governments, local and national authorities to provide toll free phone numbers where persons who are blind and partially sighted can access relevant public information and appropriate emergency support.*

Source; Recommendation 2 and 3 of Call to Action: 19 Actions for an inclusive Covid-19 response by World Blind Union (WBU)

1. Making public health communication accessible, respectful and non-discriminatory
   * *Ensuring all information is in plain language and easy to read.*
   * *Providing alternative and accessible methods of accessing general information, not only relying on websites (automatic phone lines, videos, leaflets, etc).*
   * *Appropriate sign language interpretation and captioning. * *Information provided in community languages, plain language and in easy to read format.*
   * *Ensuring telephone numbers and other direct channels providing public health information are fully accessible, including relay services for deaf and hard of hearing people.*
   * *Ensuring emergency numbers (both general health emergency and specific phone numbers set up for this pandemic) are fully accessible, including relay services for deaf and hard of hearing people*

Source; Recommendation A: Principles and Statement to Governments on Disabled People and the impact of Pandemic of COVID-19 Coronavirus. Commonwealth Disabled People’s Forum (CDPF)



**Recommendation 4: Grant exemption for Persons with Disabilities especially to people with ADHD, intellectual disabilities and cognitive impairments during curfews and lockdowns to leave their home in a safe way for a limited time.**

Supporting Documents:

1. Ensure that emergency measures include the needs of people with disability

*Grant exemptions, so that people with disability who may experience significant distress with home confinement are permitted to leave their homes for short periods and in a safe way during curfews and other lockdown measures*

Source; Actions for Government, Disability considerations during the COVID-19 outbreak by WHO

