**THE IMPACT OF COVID-19 ON THE FIGHT FOR DISABILITY RIGHTS WORLDWIDE AND IN THE UK – A JOINT CDPF AND ROFA MEETING.**

Aim: To learn what is going on across the Commonwealth, which comprises 40% of the world. 450 – 500 million disabled people. Share ideas & practises. How disability rights can be enhanced by building back better from now until 2030. Govt, DPO’s, individuals.

Co chairs –

Sarah Kamau/ Kenya CDPF

Peadar O’Dea/ UK ROFA

Speakers:

Sruti Mohapatra: India – CDPF/ SWABHIMAN

Thandiwe Mfulo: South Africa – CDPF/ Disabled Persons South Africa

Richard Rieser: UK – CDPF/ World of Inclusion

(Abia Akram/ Pakistan CONNECTIVITY FAILED)

Emile Gouws: South Africa – CDPF/ Autism South Africa

Tracey Lazard: UK - CEO Inclusion London

Michael Njenga: Kenya – CDPF/ Kenya Users & Survivors Psychiatry Association

**Sruti/ India**

INCLUSION OF PWD’s

\*3 things:

1. Unprepared govts. – unique challenges of PWD’s
2. Health issues of PWD’s not addressed
3. PWD’s are vocal in bringing issues to the fore – India pressured the ministry

\*Challenges faced by PWDs:

Communication, accessible information, access to helplines.

Access to essentials (food, clothing, shelter). 60% of govt websites inaccessible.

Access to healthcare, medical aid – deprived of essential medicine etc

Access to caregivers, assistive devices, support groups

Financial challenges – most PWD’s work in the unorganized sector – immediate job loss, self-employed frequently became poor overnight, no financial assistance

Issues related to CWD’s – abuse, malnourished (lack of meals), unable to access digital education

Psychosocial issues

Women with disabilities facing sexual assault

20% of world’s poorest people have a disability. They are a high risk population and more susceptible to contracting Covid-19. They are more likely to have serious symptoms, requiring more care and an elevated level of debt.

**Thandiwe Mfulo/ South Africa**

HOW PWD’S IN SOUTH AFRICA HAVE BEEN AFFECTED.

* South Africa has a Bill of Rights, which is part of the constitution. All people are equal (inc. PWD’s). In theory they have access to health & healthcare services; they are protected & respected; they have a right to life.
* Actually it seems that PWD’s are excluded from receiving life-saving support during the pandemic.
* Despite the policies, there is no document which directly addresses disability.
* There is prejudice to race, gender and socio-economic status.
* There is a strong link between disability & poverty. Most PWD’s cannot afford medical aid and they don’t get the disability grant.

We now have a presidential working group, to assist the government in monitoring the implementation of Covid-19 policies.

The group is made up of social justice practitioners, activists, civil society and academics.

It communicates between the government and society, to ensure they’re not missing PWD’s, and makes sure the crisis committee are informed of any issues raised by PWD’s.

It also makes sure there is a constant engagement with organisations that represent PWD’s.

We need to focus on identifying, reviewing and assessing policies because when they were drafted, PWD’s and organisations and other DPOs were not involved.

We need to ensure that the most vulnerable communities, which is people with disabilities, are not left behind.

**We must be included in everything.**

**Emile Gouws/ South Africa**

IMPACT OF C-19 ON THE AUTISTIC COMMUNITY

* The pandemic has had a tremendous effect on the autistic community. It has magnified pre-existing inequalities.
* Lockdown had a huge impact on neurodiverse individuals & their families from low to middle income countries.
* Common challenges faced: disruption in daily routine, health care/ therapeutic intervention/ medication, schools/ teaching transitioning to online teaching, adjusting to health regulations (masks etc), travel restrictions, insufficient surveillance, access to caregivers, higher levels of anxiety & stress, increase in domestic & gender-based violence, social regressions, rise in unemployment.
* The management of organisations has been affected – autism awareness events cancelled.
* Easing of lockdown restrictions allowed autistic individuals & their caregivers to exercise/ go for walks. They also had access to get social refunds, as well as to feeding schemes.
* Majority of high-functioning individuals coped generally well. Some individuals still need a secure and structured environment in uncertain times, as well as social recreation.
* Management of organisations involved in self-advocacy - found new ways in supporting families, like educational support measures.

**Together we can make a difference.**

**Michael Njenga/ Kenya**

ISSUES THAT PERSONS WITH PYSCHO-SOCIAL DISABILITIES (PSD) HAVE FACED ACROSS AFRICA, DUE TO THE IMPACT OF COVID 19

* A lot of mental distress & anxiety due to uncertainties and measures implemented to mitigate against Covid-19.
* We have to adopt a holistic approach not only increasing investment into mental health but also addressing inequalities, violence and the social economic factors.
* People with PSD’s generally live in abject poverty.
* Restrictions have made it difficult to hold support groups.
* Gender-based violence, especially for people with psycho-social and intellectual disability, has been a big, big issue of concern.
* Most Govts have directed health budgets towards addressing the massive challenges of Covid-19, which has meant that the availability of comprehensive mental health services within communities have been significantly affected.
* There have been some Govt social protection measures but quite a large number of people with PSD’s did not have, or do not have disability cards, which meant they were significantly affected by the pandemic.

Going forwards, we really need to invest in comprehensive community-based mental health services and these services must be recovery-orientated and they must promote human rights.

Secondly, we have to look at the issue of how persons with PSD access social protection measures. We must address and allow systematic challenges that might hinder them, for example, during assessment and registration processes, in order to be able to access disability services in particular countries.

Strengthening the support system is very important – family, social workers, peers, paralegal support.

**Addressing mental health must be done in a non-discriminatory and inclusive way.**

**Tracey Lazard/ CEO Inclusion London**

COVID & STRUCTURAL INEQUALITY: IMPACT ON DISABLED PEOPLE

Key issue – disproportionate effect on PWDs in UK due to structural inequality.

Life for 14m disabled people living in UK has got worse not better over last 10 years (austerity).

* (pre/ excluding Covid-19): Historic exclusion & discrimination, twice as likely to live in poverty and be unemployed, daily barriers, hate crime risen by one third (since 2018), huge cuts to statutory support (especially social care).
* (Since Covid-19): 6 out of 10 deaths in UK are disabled people: DNR notices, NICE guidelines, social care ignored, people in institutions abandoned/ voice not heard (planning, rights), no guidance, no BSL interpretation (England); lack of access to food, health & social care, PPE, benefits, community face to face services.
* Erosion of rights – Care Act ‘easements’; access to health treatment, transport, CWDs excluded from school
* Isolation – lack of support, increase in mental health distress
* Community responding with vital support on the ground – have secured some money, campaigning to get Coronavirus Act withdrawn.
* Priorities for winter ahead – access to health & social care, food, medicine; social isolation & loneliness; changes to roads & pavements….
* Primarily there has been no learning - we seem to be going back to what happened in wave one for us.
* We have many issues around lack of access to health, social care, social isolation, disproportionate impact.
* we are losing our jobs more than other people. Financial hardship.
* We are seeing many thousands of disabled children excluded from school and haven't actually got back to school since March, and an ongoing exclusion and erosion of our rights.
* We are very fearful about new austerity, which will be absolutely disastrous.

**Our big message is we need to join forces and really, really tackle structural inequality.**

**Richard Rieser/ UK**

Round up in demands we can make across the CW and in the UK on our Govts. Draw on a report that came out last week, disability rights during the pandemic which was put together by international disability rights, the Disability Rights International which is a legal group, ENIL, the Centre for Human Rights Pretoria, validity, Disability Rights Fund which are our funders and IBBC, surprisingly not with 2 one 52 respondents from 134 countries, covering many of the countries represented here in 25 languages they came up with very similar things to what we had previously came up with in our report in the Commonwealth and also that Inclusion London and ROFA had come up with.

Richard’s presentation:

The CDPF also calls on governments to take the following longer-term steps to avoid future human rights emergencies:

1. Actively involve persons with disabilities and their representative organisations, and civil society, in planning the recovery process and emergency deinstitutionalisation plans.

2. Allocate adequate financial and human resources to support the transition from institutions to the community, in line with Article 19 of the CRPD.

**A. De-Institutionalisation**

CDPF calls for :-

1.Develop an emergency deinstitutionalisation plan in line with Article 19 of the CRPD and General Comment No. 5: Right to independent living (2017) of the CRPD Committee.

2.Implement an immediate no-admissions policy to large- and small-scale institutions.

3.Closely monitor the situation in institutions and release data and information on the number of infections and fatalities in institutions.

4.Guarantee immediate, unfettered access to independent national human rights authorities, including NHRIs and NPMs, to all institutions, ensuring safety protocols and procedures are in place to enable independent monitoring and direct communication between monitors and residents.

5.Provide immediate access to food, PPE, social distancing measures, and appropriately trained staff.

6.Provide accessible information in multiple formats about the state of emergency.

7.Ensure full access to healthcare on an equal basis with other citizens.

8.Implement immediate measures to ensure that residents can contact law enforcement and complaints mechanisms, and to ensure contact with family and friends.

9.Ensure that persons within institutions have access to mental health supports and services.

10. Prevent family separation and institutionalisation of children (or parents) due to COVID-19 pandemic.

**B. Disabled People living in the Community**

1. Guarantee full participation and meaningful involvement of disabled people and their representative organisations at every stage of the response.

2. Safeguard community-based services including personal assistance, home supports, and assistive technology.

3. Provide information about the state of emergency in multiple, accessible formats.

4. Enact emergency measures to ensure adequate and affordable food and medication distribution throughout the country, including rural and remote areas.

5. Provide immediate financial assistance to disabled people to cover the additional cost of living and the rise in the cost of food, medications, and other essential supplies.

6. Work with private sector companies such as supermarkets to ensure that food is delivered to the homes of disabled people, who are unable to leave, and encourage them to allocate dedicated times for vulnerable shoppers, including persons with disabilities.

7. Investigate and hold accountable police and other security services which abuse, injure, or kill disabled people.

8. Put in place necessary measures to protect persons with disabilities who are in situations of risk, especially during curfews, lockdowns, shielding orders, or shelter at home orders related to the COVID-19 pandemic.

9. Ensure all security briefings and reports take into consideration the perspectives and rights of persons with disabilities during the COVID-19 pandemic.

10. Ensure police officers and security forces are trained to take into account the specific needs of disabled people during the COVID-19 pandemic.

**C. Denial of access to healthcare**

1. Guarantee full participation and meaningful involvement of disabled people and their representative organisations at every stage of health policy making.

2. Prevent denial of health information, health care, or health services on the basis of impairment. Provide access to justice for those who have been denied access to healthcare.

3. Disabled People, including persons living in institutions, enjoy the highest attainable standard of health without discrimination on the basis of impairment .

4. Require health professionals to provide healthcare and health information to disabled people on an equal basis with other citizens, including persons in institutions.

5. Raise awareness of disability rights among health professionals, including the right to access information and give free and informed consent to medical treatment

6. Ensure access to specialised health services including rehabilitation.

7. Guarantee free or affordable healthcare, food and medicine, and prohibit discrimination against disabled people in the provision of health insurance

8. Provide health information and services as close as possible to people’s own communities, including in remote and rural areas.

9. Ensure that health information and services are age- and gender-sensitive.

10. Provide information about healthcare in multiple, accessible formats.

**D. Education**

1. With up to 1.6 billion children locked out of education recognise that disabled children, girls and poor children were least likely to continue learning or to return to school.

2.Governments need to make every effort to get all children back to school

3.Develop inclusive and engaging teaching to meet children where they are in terms of learning

4.Strengthen education workforce with teachers leading child-centred teams drawing together parents and community to enhance learning

5.Expand the scope of education technology to provide teacher training and learning at home in future lockdowns.

6. Ensuring all learners get access to online or radio learning.

7. Protect and enhance funding especially for reasonable accommodations and support for disabled learners.

8. Mobilise international resources to fill the resource gap internationally to achieve SDG 4 has increased to $150 to $450 billion.

9. Cancel loans and debt servicing to low income countries

10. Improve organisation focused on learner’s achievements at every level.

**Note** This list of requirements draws on the recent report of the **COVID-19 Disability Rights Monitoring Group** <https://integratedcarefoundation.org/wp-content/uploads/2020/10/Disability-Rights-During-the-Pandemic-report-web.pdf>

**And**

**Save Our Futures White: Paper Averting An Educational Catastrophe For The World’s Children** <https://reliefweb.int/report/world/save-our-future-averting-education-catastrophe-world-s-children#:~:text=The%20white%20paper%2D%2D%2DSave,the%20international%20community%20commit%20to%3A&text=Focus%20education%20technology%20where%20it,technology%20continues%20to%20exacerbate%20inequality>

**Q&A**

**HOW DOES THE CRPD COME INTO THIS? IS IT TIME THAT THE GENERAL COMMENTS OF THE CRPD ARE MADE MANDATORY?**

TRACEY:

We have spent the last 8 years really campaigning to get the CRPD recognised in domestic court cases, and referenced. One of the strengths of the CRPD is being able to point to it as an example of human rights, as a kind of holistic framework. We can point to and say that needs to be in domestic legislation.

So, we know the UK government has systematically undermined and dismissed not just the UN Disability Committee and the UN CRPD, and lots of other treaties it signed up to, that's really, really dangerous, I think we need to join forces with a lot of other progressive alliances to say that we need international institutions, we need human rights that are an actionable and real in people's daily lives that they can actually have a right to call on and enforce. We need to join forces, maintain presence and profile of the CRPD in everything that we are doing.

DPOs in the UK have in the last five years centred the CRPD a lot more in campaigning strategies and communications. The new organisations, like Liberation that are here in the UK, pin that as a central value and approach, so we need to get good and consistent about that as well.

MICHAEL:

Ensure that laws comply with CRPD. All laws. Recognise the fact that the wants can be addressed by the law or within the law. That is the starting point.

Secondly, looking at the CRPD, at Article 32 on international co-operation, there is an opportunity for us to comply with the CRPD, especially in the area of international co-operation. Whether it is from the technical aspect or whether it's from a financial aspect, how do we ensure for example, programmes which are being implemented or being funded by international development partners reflect the letter and spirit of the CRPD.

General comments can be very, very useful in terms of changing practice because we have to change the laws and we have to change practice because they give deeper interpretation, for example, of Article 12 in general comments number 1. That for me provides some substantive guidance in terms of how we change you know practice.

I think my last point is the need to create the linkage between the CRPD and the SDGs, so how do we implement the SDGs and agenda 2030 in a way that is compliant, of course, with the CRPD.

THANDIWE:

Now as a presidential working committee on disability, advisory committee, we are pushing the legislation so that the policies that are there are very good. They are very inclusive, but they don't have what I can call 'teeth that bite', that make sure that if something is not iconography they can take the government to court so they can abide by their own policies that have been developed together. W are pushing for a Disability Act in the country, because the Act will take our government to task for the implementation of the CRPD –

they must implement what they have said.

RICHARD:

I think we have to get ourselves out of the disability silo. We have to make links with other human rights organisations. We have to really approach the human rights institute's in our countries, and get them to take us on.

We are the second biggest oppressed group after women.

We need to reach out to families.

This is a longer-term issue to actually challenge governments that they cannot put disability as an afterthought or even something that they sign-up to and then not do.

Use social media and the media.

Use the courts much more.

Need to keep reminding world leaders. Rebuild disability movements.

**HOW ARE COUNTRIES MANAGING THE RECOVERY PROCESS FOR PWD’S? FUNDING?**

SARAH:

In Kenya treatment for COVID is very expensive. Persons with disabilities, they are poor, and they can hardly afford access to good healthcare.

TRACEY:

Luckily in London there is a whole group of funders (philanthropists not govt) who have pooled funds to finance emergency Covid work for marginalised communities, self- organisations (disabled, women’s, LGBT, BAME).

(UNKNOWN – microphone disturbance) :

We do have what we call the community-based health insurance, where everybody pays a certain amount of money a year, and people can be treated as 90% with government subsidy. So, the person only pays 10%.

**WHAT CAN PANEL MEMBERS SUGGEST TO BRING AN END TO DETENTION IN PSYCHIATRIC HOSPITALS AND FORCED TREATMENT AT THIS TIME?**

*Bangladesh – study of impact of C-19 on PWD’s.*

*Thank you Richard I'm from Bangladesh, just I want to share you the, we had a study just finding things, we conducted a study in a project, an assessment on the impact of COVID 19 on persons with disabilities, and conditions. The study was to make the situation and analysis to understand the needs, tiff needs of persons with disabilities to get experience of how the Coronavirus, COVID-19 and everything personally in their daily lives, such as social care and employment and any government benefits and support they are getting. The study was conducted in urban and pre-urban areas of Bangladesh, the interviewer contacted remotely with the persons with disabilities, including 59 women, 71 men and five others, [Inaudible] 2018 to 2020, six types of disabilities were selected considering the Washington Group questions, physically, visually, hearing, mental health, intellectual and multiple. Key findings, in general the Coronavirus pandemic has affected the wellbeing of the persons with disabilities as part of the response [Inaudible] the majority of the response that they are under quarantine and lockdown. The majority of the persons with disabilities our facing problems with getting food items or cash money, people with disabilities can't work as they are staying at home because of the reductions. They have expressed not to have the caregiver and medical support and the [Inaudible] version of them, feeling insecure and depressed, the person with disability who has access to the [Inaudible] during the COVID pandemic is unable to access government and privately provided food and other support. The majority of the responders are mostly concerned about the no access to food and day dailyinessties during the pandemic. Mostly of the responders are feeling insecure in the current job situation, as the factories are now closed due to the COVID 19 pandemic.*

*The concerns of the persons with disabilities, is the economic impact of response the COVID-19, highest response to that group is support, followed by healthcare and medication, thank you for giving me time to share the findings.*

MICHAEL:

Firstly start with legislation – that legal framework is in compliance with the CRPD. Secondly we must invest in community-based mental health services & alternatives. Also to emphasise that these services have to be recovery orientated and fundamentally they must respect human rights. Psychiatric wards etc. must be run in compliance with international human rights law. There must be access to effective remedies when people’s human rights are violated.

We also need to think about how much govts spend on such institutions and look at the benefits of investing instead in inclusive community-based services.

RICHARD:

We need to change attitudes in wider society. There is a fear of people with psycho-social mental health issues, which is stuck in ancient stereotypes and stigma. Govts have a responsibility (under Article 8 of UN Convention) to challenge old-fashioned views. Make links with media – representation in soap operas, advertising….

THANDIWE:

It’s also important to involve, educate and support families of people with psycho-social challenges, instead of resorting to institutions. A family knows and understands the person better than anyone else.

EMILE:

Medical facilitators & practitioners don’t receive proper training, particularly in rural areas. We must self-advocate and raise awareness – through public speaking and social media.

STEVE ESTEY (via Peadar):

In Canada we are advocating for and working towards a pan-disability coalition to push for CRPD implementation.

***(To Thandiwe) WHY DO YOU THINK THAT DISABLED PEOPLE WERE NOT PRIORITISED FOR CARE SERVICES?:***

*It’s not so much that they weren’t prioritised, more that they weren’t involved in*

TRACEY:

It’s another symptom of structural inequality and systematic exclusion and marginalisation. All of that is really revealed in times of emergency, like this. It’s really important for the Disabled Rights Movement to get us mentioned in the Covid narrative, not just older people. Nearly half of social care users in UK are people under the age of 65. Very overlooked by the media so we have to be really active in getting our needs on the agenda.

RICHARD:

Really beneficial to have people from across the Commonwealth and people from UK DPO’s here. Next thing is to find out how we can collaborate more between specific DPO’s to share our expertise and experiences (ie from successful campaigns) that can be used both in the UK and elsewhere in the Commonwealth. Large numbers of disabled people who need capacity building and help taking things forward. ROFA International are trying to secure funding from the Govt to set up some pilot projects.

SARAH:

This pandemic has taught is that health is a very essential service in every continent and, in terms of Covid-19, we must look at how we can build back better, make improvements and ensure inclusion of PWD’s needs in this sector.

RICHARD:

We would welcome anyone who is on the call but not yet affiliated with CDPF to join. Organisations, not indiviudals.