



Australia's response to women with disability during the pandemic

Submission to the Senate Select
Committee on COVID-19

2 June 2020



Women
With
Disabilities
Australia
(WWDA)

WWDA has Special Consultative Status with the Economic and Social Council of the United Nations

Dear Committee Secretary

[Women With Disabilities Australia \(WWDA\)](#) welcomes the opportunity to provide this submission to the Senate Select Committee on COVID-19.

WWDA is the national Disabled People’s Organisation (DPO), managed and run by women with disability, for women and girls with disability, and representing more than two million disabled women and girls in Australia. Our purpose is to promote and advance the human rights and freedoms of women and girls with disability.

WWDA is a founding member of [Disabled People’s Organisations Australia](#) (DPO Australia), an alliance of four national DPOs in Australia – WWDA, First People’s Disability Network Australia, National Ethnic Disability Alliance, and People with Disability Australia. The key purpose of DPO Australia is to promote, protect and advance the human rights and freedoms of people with disability in Australia by working collaboratively on areas of shared interest, purpose and strategic priority.

Australia ranks fourth on the Global Health Security Index (GHS Index) out of the 196 countries that are signatories to the World Health Organisation (WHO) International Health Regulations 2005 (IHR).¹ The IHR is the foundational legally binding international standard for health, and the GHS Index is an assessment and benchmarking of health security and related capabilities, and a key resource for mitigating against outbreaks of infectious diseases and pandemics.² In the context of mitigating against and containing the COVID-19 pandemic, Australia has to date far surpassed the three countries ranked above it on the GHS Index – the United States, the United Kingdom and the Netherlands – as well as many other countries rated as the ‘most prepared’ in terms of health security.³

OVERALL SCORE		1. PREVENTION OF THE EMERGENCE OR RELEASE OF PATHOGENS		2. EARLY DETECTION & REPORTING FOR EPIDEMICS OF POTENTIAL INTERNATIONAL CONCERN		3. RAPID RESPONSE TO AND MITIGATION OF THE SPREAD OF AN EPIDEMIC					
Rank	Score	Rank	Score	Rank	Score	Rank	Score				
1	United States	83.5	1	United States	83.1	1	United States	98.2	1	United Kingdom	91.9
2	United Kingdom	77.9	2	Sweden	81.1	2	Australia	97.3	2	United States	79.7
3	Netherlands	75.6	3	Thailand	75.7	2	Latvia	97.3	3	Switzerland	79.3
4	Australia	75.5	4	Netherlands	73.7	4	Canada	96.4	4	Netherlands	79.1
5	Canada	75.3	5	Denmark	72.9	5	South Korea	92.1	5	Thailand	78.6
6	Thailand	73.2	6	France	71.2	6	United Kingdom	87.3	6	South Korea	71.5
7	Sweden	72.1	7	Canada	70.0	7	Denmark	86.0	7	Finland	69.2
8	Denmark	70.4	8	Australia	68.9	7	Netherlands	86.0	8	Portugal	67.7
9	South Korea	70.2	9	Finland	68.5	7	Sweden	86.0	9	Brazil	67.1
10	Finland	68.7	10	United Kingdom	68.3	10	Germany	84.6	10	Australia	65.9

Source: Global Health Security Index

However, the COVID-19 pandemic is not simply a health crisis, and there is global recognition that the pandemic is exposing and exacerbating pre-existing inequality and discrimination for the most marginalised and excluded groups in our society, including people with disability.⁴

Since early 2020, globally and in Australia, there has been constant and growing anxiety, fear and concern among the disability community about the exclusion and lack of response to the specific issues and concerns of people with disability. This exclusion not only significantly increases the risks from the pandemic, it sends a clear message that the lives of people with disability are worth less than others.

In Australia, there was a two month gap between the 17 February release of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) (Emergency Response Plan)⁵ and the 16 April endorsement by National Cabinet of the Management and Operational Plan for COVID-19 for People with Disability (Disability Operational Plan).⁶ While the Emergency Response Plan highlights the need for specific health responses for 'at-risk groups', people with disability were largely excluded from risk mitigation measures and health responses to the pandemic until the development of the Disability Operational Plan.



WWDA, along with many other national, State and Territory DPOs, and disability peak and advocacy organisations have consistently demanded specific and targeted measures to protect and respond to critical issues for people with disability. Many of these organisations, including WWDA began to post online COVID-19 resources and information, develop accessible information resources and respond to significantly increased demand from the disability community, as many people with disability were unable to access or obtain information to address their issues and concerns.⁷

On the 18 March, a month after the release of the Emergency Response Plan, the Council of Australian Governments (COAG) Disability Reform Council issued a Communiqué that “acknowledged that COVID-19 presents a significant and unprecedented challenge for people with disability, the people who care for them and the disability sector as a whole”.⁸ The Council agreed on a number of priorities directed at the ongoing delivery of the National Disability Insurance Scheme (NDIS); access to critical health services, such as Telehealth and personal protective equipment; increased flexibility of NDIS planning; responses to disability workforce shortages; and the viability of NDIS providers. While these measures were welcome and addressed some of our concerns, they only focused on particular elements of the NDIS, which currently only covers less than 10% of people with disability. Most people with disability do not receive support through the NDIS, and the NDIS does not address the broader socio-economic and human rights impacts of the COVID-19 pandemic.

On 20 March, eight national peak disability organisations,⁹ including WWDA publicly expressed our disappointment at the Disability Reform Council and Cabinet meetings that “have yet again failed to meet the growing and urgent needs of people with disability”.¹⁰ Our organisations urged “all levels of government, agencies such as the NDIS, and the private sector to work with us to make sure that people with disability aren’t left behind in this current crisis”.¹¹ We released a full package of measures, [Immediate Proactive Response to Coronavirus \(COVID-19\) for Australians with Disability](#), to urgently ensure the wellbeing of people with disability.¹²

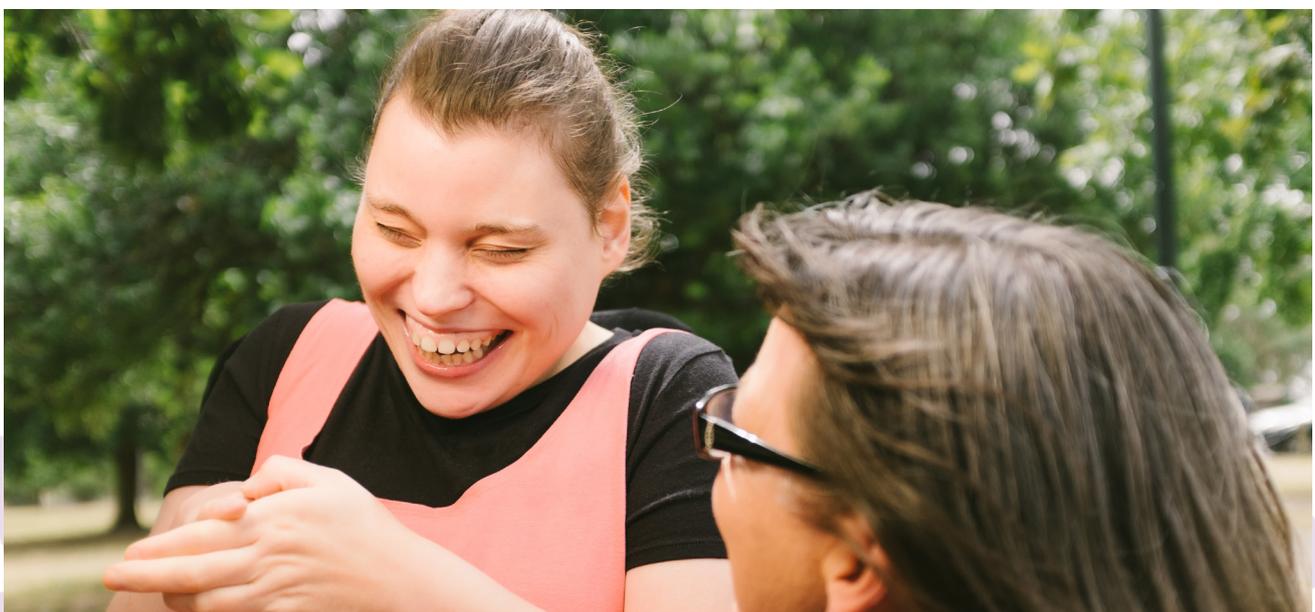
These measures included the need for:

- a dedicated Disability Taskforce;
- increased supports through the NDIS;
- increased disability support for those not eligible for the NDIS;
- a range of specific healthcare, employment, income support, education and telecommunication measures; and
- the need to extend the time for the Disability Royal Commission given disruptions caused by the pandemic.

The package also included a range of specific measures that acknowledged the diversity and intersectional issues of the disability community, including for women and girls with disability, Aboriginal and Torres Strait Islander people with disability, people with disability from culturally and linguistically diverse backgrounds, children and young people with disability, people with intellectual disability, people with psychosocial disability, Deaf Auslan users, the Deafblind community and the hard of hearing and Deaf community.

WWDA participated in a number of other collective calls to action that highlight the significant socio-economic and human rights impact of the pandemic on people with disability, including:

- [Increase Disability Support Pension now to deal with coronavirus](#) – people with disability on the Disability Support Pension (DSP) are facing additional, unforeseen costs during the pandemic but have been excluded from the Coronavirus Supplement of \$550 per fortnight.¹³
- [No Australian Left Offline](#) – people with disability are among many on low incomes and/or living in remote areas that are not connected to the internet and require specific measures to ensure access to information and online services, particularly in response to the pandemic.¹⁴
- [Keep us safe: Government-funded workplaces putting up to 20,000 Aussies with intellectual disability in the firing line of COVID-19](#) – while people were being encouraged to work from home, many Australian Disability Enterprises (ADEs) were continuing 'business-as-usual', and putting their workers at risk, despite one confirmed case (as at the 1 April) of a worker with intellectual disability diagnosed with COVID-19.¹⁵
- [Statement of Concern – COVID-19: Human rights, disability and ethical decision-making](#) (attached to this submission) – a growing demand for critical health treatment and life-saving measures created significant anxiety that people with disability would be triaged out by medical decision-making protocols based on value judgements and discriminatory criteria;¹⁶ this Statement of Concern by internationally recognised human rights and bioethic experts outlines human rights principles and standards to underpin ethical decision-making in the medical context.¹⁷



advocacy organisations, universities, and supporters from across Australia to send an Open Letter to the Prime Minister and the National Cabinet calling for comprehensive measures to be taken immediately to address the health, socio-economic and human rights impact for all people with disability during the COVID-19 crisis.¹⁸ The full Open Letter is attached to this submission for the consideration of the Senate Select Committee on COVID-19.

In summary, the Open Letter provides a list of ten actions that are considered urgent to proactively protect and support people with disability, their families, carers and support persons from the impact of COVID-19:

1. Guarantee continuity of supports for all people with disability.
2. Expand criteria for COVID19 testing to include people with disability and their support persons.
3. Urgently improve information and communications to be inclusive of all people with disability.
4. Take measures to remove the barriers to adequate healthcare for people with disability.
5. Include recipients of the Disability Support Pension (DSP) in the Coronavirus Supplement of \$550 per fortnight.
6. Urgently define what constitutes an 'essential service' for people with disability.
7. Ensure effective measures are in place to recognise and respond to violence, abuse, exploitation and neglect of people with disability.
8. Prevent discrimination of students with disability in the provision of education.
9. Ensure the human rights of people with disability in congregate and other settings are upheld.
10. Adequately resource Disabled Peoples Organisations (DPOs) and Disability Representative Organisations (DROs) to enable support of, and advocacy for, people with disability.

On the same day, 3 April, the Government responded and announced that it had established an advisory group to guide the development and implementation of the Disability Operational Plan.¹⁹ This important development meant that the Government had finally recognised the significant risks for all people with disability that warranted a specific, targeted national response as part of the Emergency Response Plan. It also recognised the importance of including within the advisory group the expertise of people with disability, DPOs and disability advocates along with disability service providers, researchers, healthcare professionals, and Australian, State and Territory government officials.

The Disability Operational Plan states that it “reflects the Government’s commitment to upholding the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the National Disability Strategy 2010-2020”.²⁰ It emphasises the importance of ensuring that health services and health care respect the rights of people with disability, including the right to life, the right to the same standard of health care, the right to non-discriminatory health care free from value judgement and bias, and the right to autonomy and dignity in health care.²¹ The Disability Operational Plan is described as “a living document”²² and its implementation is being overseen by the advisory group. WWDA will continue to monitor its implementation and outcomes for people with disability.

While WWDA is pleased that the Disability Operational Plan has finally been developed and is now being implemented, its focus on “broad, clinical, public health and communication actions”²³ means that the broader socio-economic and human rights impact of COVID-19 for people with disability, as outlined in the attached Open Letter, largely remain unaddressed.

In particular, WWDA remains concerned about:

- Violence, abuse, exploitation and neglect of people with disability, in particular women and girls with disability: the specific measures announced by the government to respond to the increase in domestic and family violence will not necessarily address the greater risks of violence for women and girls with disability, particularly those in institutional settings, such as group homes, aged care and psychiatric facilities; ‘lock down’ measures are already increasing violence and abuse in these settings.
- Increase in the use of restrictive practices, particularly in congregate settings: social distancing and other preventative measures are resulting in the ‘lock down’ of many institutional settings and the use of restrictive practices that go beyond public health orders, such as locking people in rooms, stopping people going out to exercise, work or see health professional,²⁴ and increased use of chemical, physical and environmental restraints.
- Increased poverty: 45% of people with disability live in poverty, which is more than double the OECD average of 22%;²⁵ the pandemic has significantly increased additional and unforeseen costs, particularly impacting on DSP recipients who have not received the Coronavirus Supplement, and those not eligible for NDIS support.

While the Disability Operational Plan notes Australia's commitment to the CRPD, this commitment has largely not been evident to people with disability in Australia's response to the COVID-19 pandemic. Article 11 of the CRPD Situations of risk and humanitarian emergencies requires States Parties to take all possible measures to protect people with disability in situations or risk,²⁶ and article 4 General Obligations requires that people with disability be closely consulted and actively included in the development and implementation of legislation and policies that impact their lives.²⁷ A human rights approach to the pandemic response would recognise pre-existing inequality and discrimination as increasing risks and vulnerability for people and disability, and take action to address this.

As Australia continues its response to the pandemic and plans its recovery efforts, it is critical that Australia adopts a human rights approach and genuinely integrates the CRPD into these response and recovery efforts. In this regard, the United Nations (UN) provides guidance for all States Parties on a disability-inclusive, human rights approach in its May 2020 policy brief, [A Disability-Inclusive Response to COVID-19](#).²⁸ The policy brief also emphasises that a disability-inclusive response to COVID-19 will make progress towards the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development.²⁹ The SDGs are the global goals that Australia has committed to in addressing poverty and inequality.



It is disappointing that Australia's domestic response to the pandemic for people with disability has not matched its international rhetoric. On 18 May 2020, Australia joined with 137 UN Member States and observers to publicly respond to and support the UN policy brief on a disability-inclusive response to the pandemic.

This response, [Disability-inclusive response to COVID-19 – Towards a better future for all](#)³⁰ highlights the disproportionate impact of the pandemic on people with disability, which is further exacerbated by intersectional discrimination faced by women, children and older persons with disability. It emphasises that:

“COVID-19 response and recovery should be disability-inclusive, protect the rights and needs of persons with disabilities and place them at the centre of all our efforts, as envisaged in the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development...[A disability-inclusive COVID-19 response and recovery will better serve everyone and prevent the gains made in the inclusion and rights of persons with disabilities from being lost.](#)

It will provide persons with disabilities with accessible and agile systems capable of responding to the pandemic. As every crisis can also become an opportunity, let us pave the way for a better future for all, where no one is left behind.”³¹

This international commitment made by Australia must now translate into genuine domestic action.

Thank you for the opportunity to make this submission. We confirm that this submission can be made public, and that we would be pleased to provide further information or clarification if required.

With kind regards



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Executive Director

Finalist, 100 Women of Influence Awards 2015
Australian Human Rights Award (Individual) 2013
State Finalist Australian of the Year 2010
Inductee, Tasmanian Women’s Honour Roll 2009
Australian Capital Territory Woman of the Year Award 2001





Women
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(WWDA)

Winner, National Human Rights Award 2001
Winner, National Violence Prevention Award 1999
Winner, Tasmanian Women's Safety Award 2008
Certificate of Merit, Australian Crime &
Violence Prevention Awards 2008
Nominee, National Disability Awards 2017
Nominee, French Republic's Human Rights Prize 2003
Nominee, UN Millennium Peace Prize for Women 2000

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Endnotes

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- 5 Department of Health, Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19), Commonwealth of Australia, 2020.
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