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Blind Citizens Australia

# Submission to Senate Select Committee on COVID-19

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# Introduction

## About Blind Citizens Australia

Blind Citizens Australia (BCA) is a peak national representative organization which comprises of, and represents, people who are blind or vision impaired. BCA was founded in 1975 with a mission to achieve equity and equality through the empowerment of people who are blind or vision impaired, created by promoting positive community attitudes and by striving for high quality and accessible services which meet our needs.

We provide peer support and individual advocacy to people who are blind or vision impaired across Australia. Through our campaign work, we address systemic barriers limiting the full and equal participation of people who are blind or vision impaired. Through our policy work, we provide advice to community and government on issues of importance to people who are blind or vision impaired.

As a consumer-based organisation, our work is directly informed by lived experience of blindness and vision impairment. Our members, our Directors and the majority of our staff are blind or vision impaired.

## About Australians who are Blind or Vision Impaired

There are currently more than 453,000 people who are blind or vision impaired in Australia[[1]](#endnote-1) with estimates that this will rise to 564,000 by 2030.[[2]](#endnote-2) According to Vision Initiative, around 80% of vision loss in Australia is caused by conditions that become more common as people age.[[3]](#endnote-3)

Australians who are blind or vision impaired can live rich and active lives and make meaningful contributions to their communities: working, volunteering, raising families and engaging in sports and other recreational activities. The extent to which people are able to actively and independently participate in community life does, however, rely on facilities, services and systems that are available to the public being designed in a way that makes them inclusive of the needs of all citizens – including those who are blind or vision impaired.

# Submission to Senate Select Committee on COVID-19

Blind Citizens Australia (BCA) would like to make a submission responding to the Senate Select Committee on COVID-19. There have been significant and wide-ranging issues faced by people who are blind or vision-impaired in recent crisis in Australia, namely the COVID-19 pandemic.

Pertinently, people with disability have been disproportionately affected by the COVID-19 pandemic. In global terms, an estimated 46% of people over the age of 65 have disabilities.[[4]](#endnote-4) Aging is a known correlation for higher likelihood and severe contraction of COVID-19. Additionally, people with disabilities are at greater risk of contracting COVID-19 due to barriers to implementing basic protection measures and the need for physical contact with other people to meet support needs.[[5]](#endnote-5) Further, people with disabilities are at greater risk of developing more severe health complications or dying from COVID-19.1

# Issues

## Accessible information

During the COVID-19 pandemic, BCA consistently received feedback that gaining information in an accessible format about the crisis was a primary issue.

A major issue faced in getting information during crises include a lack of accessibility for digital information caused by incompatibility with screen readers and voice navigation. This includes presentation of vital information in PDF format which is generally inaccessible. Additionally, information is often presented graphically e.g., the graphs plotting rates of infection and spread in the COVID-19 pandemic. Additional barriers to information access include: lack of captioning even if Auslan is provided for televised information updates, easy-to-read or plain format information, non-digital formats like large print or Braille format information for people who do not have access to digital technology.

Another aspect of people with disabilities lacking access to digital technologies in the COVID-19 pandemic is an inability to access the Australian Government COVIDsafe app to assist themselves in swift identification and response if they have come into contact with an individual who has tested positive for COVID-19. Additionally, reports from BCA members indicate that the app is not fully accessible, with buttons in the app not being labelled.

In terms of emergencies like the pandemic, real-time access to critical information about how to access emergency support for example may be the difference between survival or death.

### Recommendation 1

Government and all news broadcasting services are recommended to ensure the information they are providing to the public is accessible to all. This includes measures like ensuring all critical public information is available in digitally accessible formats (websites and digital documents), hard-copy large print, hard-copy Braille or audio format. All live televised broadcast must include captioning and Auslan interpretation. Any website shown on screen on TV broadcasts must be verbalised.

### Recommendation 2

It is strongly encouraged that planning incorporates steps to mobilise the community who can play a vital information-giving and assistance role for people in the community who have disabilities. Communication measures like radio callback and phone call check-in need to be in place for how members of the community can connect with people who have disabilities or who are elderly in their communities e.g., someone who is offering help or someone who needs help can connect to local radio stations and then they can be put in touch with each other for assistance to be given.

## Access to essential support services

During the COVID-19 pandemic, access to essential support services has been challenging for people with disabilities.

A major issue in the COVID-19 pandemic has been whether essential support services shouldbe continued due to the risk of community transmission of COVID-19. There has been significant disruptions in service provision in addition to people facing disruptions in accessing other informal supports.1 In line with social distancing directives, the need for close physical contact to support workers is often paramount. Particularly for people who are blind or vision-impaired, the use of sighted guide technique to go into the community for essential services i.e., holding an elbow of someone walking beside them, violates the 1.5 m distancing directive. Health directives have not been clear about how these social distancing measures should be applied in the circumstances of working with support people. Additionally, it is unclear if people who are providing support have been provided with sufficient information about infection control in their roles. Many people cancelled support work altogether due to fear relating to having contact with support workers: “In terms of support workers, all my NDIS supports lost at least 90% of their work due to clients being afraid to access workers”- *BCA member*.

### Recommendation 3

In considering public directives in response to emergency situations, essential support services need to be included with clear and consistent messaging provided by government and all new broadcasts about the directives e.g., support workers can continue to provide services using social distancing during the COVID-19 pandemic when appropriate. Any physical support should have increased infection control regime before and after contact with the person or people being supported.

### Recommendation 4

The continuation of essential support services during and in the aftermath of crisis situations needs to be incorporated into planning. A recommendation for appropriate financial and practical support for support agencies by federal or state governments would ensure smooth transition and continuation of these critical services.

## Access to food and nutrition

During crisis situations, access to food and nutrition can be hindered for the community.

In the COVID-19 pandemic, initially access to online shopping was removed and instead an early morning Community Hour was introduced at different outlets for members of the community who had disabilities or were elderly. These measures were welcomed however they did not entirely mitigate the issues surrounding getting access to food e.g., if you were blind or vision-impaired, you cannot ensure that you were practising social distancing when attending a Community Hour, or move about safely due to crowds using a mobility aid and carrying groceries.[[6]](#endnote-6)

After the re-introduction of online shopping only for members of the community who had disability, who were elderly or who were under government-issued quarantine, access to delivery windows remained limited or non-existent. Additionally, panic buying of essential items like toilet paper, person hygiene products, flour and non-perishable goods like pasta still left many people without access to items that they needed. This was handled by introducing boxes with essential items for people in situations where they needed priority access and charities where given access for their clients. Finally, some people who did not have NDIS access codes, Concession cards or other means of identification of having a disability were not able to easily access these Priority Delivery services.

Additional issues in the COVID-19 pandemic were the physical restrictions put into place at supermarkets to allow people to practice social distancing effectively. Unclear and inconsistent protocols are being used at different retailers to ensure people adhere to social distancing requirements and these requirements are often being communicated using visual signs. BCA has received feedback that the lack of communication about these physical barriers have caused physical injury. We have heard of experiences of people walking into a barricade at a supermarket when the usual entrance had been closed to direct all foot traffic into one entrance at the far end of the supermarket. Additionally, information about where and how to queue for the checkout were indicated visually by arrows and lines on the ground.

### Recommendation 5

It is strongly recommended that future measures to ensure access to food and nutrition during crises is developed using codesign, in conjunction with the disability sector, and with input from people with disabilities. Priority delivery services are considered to be ideal, with the continuation of ‘essential items’ boxes for all people with disability to access basic food needs. This would include working with disability organisation to assist with distribution of these goods.

### Recommendation 6

It is strongly encouraged that wherever possible, large, chain supermarkets or outlets provide clear communication to the public about any physical accessibility issues, including changes to the physical layout or access to stores. The mass public communication should incorporate different formats for communication, not just visual signs at the store.

### Recommendation 7

It is strongly recommended that smaller retailers or businesses who are unable to provide public communication about physical changes to the layout of their stores instead provide assistance to people who are blind or vision-impaired who are visiting their stores i.e., approaching them, letting them know about store layout changes and offering assistance to navigate these changes.

## Access to health care

During any emergency, access to essential health care for people with disabilities is critical, including physical or virtual (telehealth) access to health care, access to medications, and other assistive devices or equipment.

In the COV­­ID-19 pandemic, a response of many healthcare providers has been to move appointments from their premises to virtual appointments (telehealth). These measures have been welcomed to make ongoing medical care accessible for people who do not have a choice about isolating to being at high risk of contracting COVID-19 however concerns have also been raised from people who do not have access to devices to access telehealth.

“There are… many folks who do not have resources such as phones and TV and radios nor the practical skills to manage their lives… That is the case with many disadvantaged groups. It is those people… that need [focused] support.” – *BCA member*

Access to healthcare via telehealth is also highly dependent on assistive technology. The National Disability Insurance Agency (NDIA) made allowances for the provision of assistive technology (AT) i.e., smart phones or tablets for accessing telehealth but not everyone is eligible to receive services through the National Disability Insurance Scheme (NDIS). It raises the question, how do those not eligible for the NDIS who have disabilities access low-cost AT?

The issues we have heard from BCA members relating to healthcare access have are similar to physical access issues raised earlier about supermarkets. General practices have implemented changes to their physical environment to ensure patients are in minimal contact however these changes have often not been communicated prior to patient attendance at the clinic; this has caused issues for people who are blind or vison-impaired colliding with barricades. Similarly, social distancing measures are often being communicated through visual signs e.g., signs at a pharmacy stipulating two people could enter at a time meant a BCA member inadvertently breached their social distancing guidelines by not waiting outside the door for the two people inside to exit the pharmacy first.

Additionally, physical access concerns were compounded by transport issues to healthcare services. A BCA member reported that they needed a test for SARS-COV-2 (COVID-19) due to their illness symptoms however they could not drive to the testing centre due to their vision impairment. The staff at the centre were unsure how to recommend transport options to the person to get to the centre, or how to otherwise administer the test. A major issue was the contact to any driver which would potentially expose them to the virus if the person tested positive for COVID-19. This request was made on a Friday. It took three days before they were finally able to access the test administered by a doctor on Monday.

An issue raised by members related to isolation protocols in place at hospitals if someone who is blind or vision-impaired becomes hospitalised with COVID-19. People who are blind or vision impaired often have a need for close or physical contact e.g., to holding onto an arm of someone who is sighted to be orientated to a space. People who are blind or vision-impaired may also need close contact to someone providing audio description about how to assist with procedures, or even to provide information about when food has been brought in and where it has been placed etc. If a patient is placed in complete isolation, the inability for this close or physical contact may cause distress to the person who is blind or vision-impaired by reducing communication about what is happening with their care and limiting their ability to be able to physically and safely move around in a space, without sufficient orientation to that space.

Finally, healthcare ration decision-making means people with disabilities may be at higher risk of discrimination in accessing healthcare and life-saving procedures.1 The list of principles outlined by the Australian Federation of Disability Organisations (AFDO) about how the healthcare system in Australia can best respond to this issue.[[7]](#endnote-7) This particularly relates to decision-making around who receives the ventilation support if there are too many patients requiring ventilation and not enough ventilators. Signatories of AFDO have made a request for six principles to guide ethnical decision making:

Signatories propose the following human rights principles for ethical decision-making:

1. Health care should not be denied or limited to people with disability on the basis of impairment
2. People with disability should have access to health care, including emergency and critical health care, on the basis of equality with others and based on objective and non-discriminatory clinical criteria
3. Health care should not be denied or limited because a person with disability requires reasonable accommodation or adjustment.
4. Health care should be provided on the basis of free and informed consent of the person with disability.
5. Health care should not be denied or limited based on quality of life judgements about the person with disability.
6. Ethical decision-making frameworks should be designed with close consultation and active involvement of people with disability and their representative organisations.

### Recommendation 8

It is strongly recommended that emergency planning ensures that provisions are made for ongoing access to medications, other essential health-related items and especially to assistive technology that people with disabilities rely on for everyday living e.g., magnifiers or other adaptive technology like phones with voice navigation software for someone who is blind or vision-impaired. These provisions need to have a clear stipulation of who will be responsible for ensuring the provision of medications or other items including assistive technology, how it will be distributed to people with disabilities and when it will be distributed i.e., ensuring a rapid turnaround of provision of items during, and in the aftermath, of the event. Although the NDIA made provisions for AT for accessing telehealth services in particular, many people do not have access to the NDIA and they also need to be supported to get low-cost AT support.

### Recommendation 9

It is strongly encouraged that wherever possible, large chain healthcare services or pharmacies provide clear, public communication about any physical accessibility issues, including changes to the physical layout or access to stores. The mass public communication should incorporate different formats for communication, not just visual signs at the healthcare service or facility.

### Recommendation 10

It is strongly recommended that smaller healthcare facilities or services like GP clinics, medical centres or private pharmacies should instead provide assistance to people who are blind or vision-impaired who are visiting their facilities or services e.g., approaching them, letting them know about store layout changes and offering assistance to navigate these changes.

### Recommendation 11

It is strongly recommended that a specific transport solution is determined for people needing testing for SARS-COV-2 (COVID-19) who are unable to organise their own transport to testing centres, for rapid and safe testing to take place. This would include measures to protect any driver from viral infection who provides the transport.

### Recommendation 12

It is strongly recommended that isolation protocols include the specific disability needs of people who have disabilities. In addition to meeting the medical needs, it is advised that planning considers how to support a person with disabilities in a way which considers how their specific needs can be supported e.g., if someone is blind or vision-impaired, how to ensure that they are adequately oriented to the space in which they’re staying including the bathroom or other facilities they might need.

## Housing

In crises, a major issue becomes whether to evacuate in the case of imminent threat like bushfire, flood or cyclone, or whether to shelter in place i.e., stay at home. In either case, there are issues for people with disabilities that need to be considered.

A major concern in the COVID-19 pandemic is crowding in group homes increasing the risk of infection and a greater spread of that infection. Social distancing measures need to be included in these settings to assist with lower the risk of infection and high infection spread.

### Recommendation 13

It is strongly recommended that people with disability in group homes that social distancing and hygiene protocols are implemented for infection control in the case of a heightened risk of highly infectious diseases like COVID-19.

## Income security

In the COVID-19 pandemic, income security has been a major concern for people with disabilities. The Federal Government announced a stimulus package including a Coronavirus Supplement provided to some pensioners. This Supplement was not offered to people accessing the Disability Support Pension (DSP), many of whom are already living in low socio-economic conditions. AFDO campaigned for the increase of the DSP to include the Coronavirus Supplement to alleviate the economic hardship many Disability Support Pensioners are currently experiencing.[[8]](#endnote-8)

### Recommendation 14

It is strongly advised that the Federal Government extends the provision of the Coronavirus Supplement to people receiving the DSP.

## Education

In the COVID-19 pandemic, education shifted from the physical classroom to an online learning environment, causing issues for people who are blind or vision-impaired.

It is critical that online environments for people who are blind or vision-impaired are completely accessible for both education and workplaces, with compliance with Website Content Accessibility Guidelines 2.0 (WCAG 2.0) to ensure that online material is able to be used in conjunction with screenreaders and voice navigation software, e.g., Zoomtext and JAWS. In the shift to an entirely online environment, the issues relating to digital accessibility increased for students, especially those at tertiary level, and for people working from home.

“[It’s] great to have Zoom, MS Meeting & Go To Meeting but when you cannot see and committees you serve on want to use its hard to set these up and learn a new method to navigate.”- *BCA member*

At present, online learning systems at university particularly create accessibility issues for people who are blind or vision-impaired. The shift to a completely online experience may amplify the issues of inaccessible online learning environments for assessments, discussion boards and other activities. Vision Australia’s *Online but Off Track* report highlighted that for 35 students, studying at 24 out of Australia’s 37 public universities, the majority of participants reported problems using their university’s online learning system.[[9]](#endnote-9)

### Recommendation 15

It is strongly recommended that online learning environments in education and workplaces is compliant with Website Content Accessibility Guidelines (WCAG 2.0). Other measures also need to be taken to ensure content is provided in the preferred format of a person who is blind or vision-impaired where online spaces do not currently meet WCAG 2.0 guidelines.

## Community participation and social isolation

People who are blind or vision-impaired are particularly at risk of isolation from community and social activities during the COVID-19 pandemic. For many individuals, their usual support networks are limited through social distancing measures, including interstate border closures preventing regular family or social support.

BCA has implemented “Happy Hours” to combat some of the issues caused by social isolation. These are regularly hourly catch-ups throughout the week with different topics for discussion.

Several BCA members disclosed that they feel “invisible” and “forgotten” in the communication and response to the COVID-19 pandemic. It is important that people do not become isolated in their communities in emergency situations, for their health and mental wellbeing, to ensure that they have a network for care, support and social connectivity. The shift to the online environment has enabled some continuation of social support, however, as mentioned previously, inaccessibility of some platforms has still left people without the capacity to connect virtually.

### Recommendation 16

It is strongly recommended that emergency planning includes a response measure for ensuring that people in the communication who may be at risk of social isolation and being cut-off from community participation are enabled to be supported e.g., the Care Army in Queensland who assisted members of the community in the aftermath of the 2011 floods and during the COVID-pandemic.[[10]](#endnote-10)

## Other issues

BCA has received feedback from members concerned by changed to public transport during the COVID-19 pandemic.

Many buses are only using the rear door entrance instead of the front door to aid with social distancing and some companies are communicating that they will help to board or allow front door access when required, but messaging has been inconsistent.

Another example provided occurred in Sydney with train access, where they have green markers on seats and standing spaces on trains identifying where people should sit/stand. This is problematic for people who are blind or vision-impaired because there is no other way of knowing how to safely access the train. There isn’t always guards on train stations therefore, assistance isn’t always readily available to assist with knowing how to safely access the train.

### Recommendation 17

It is recommended that messaging regarding any changes made to public transport during emergencies is clear, consistent, and current, including measures for ensuring accessibility of public transport to all people.

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