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Blind Citizens Australia

# Response to Issues Paper: Emergency Planning and Response

**7th July 2020**

**To:**

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# Introduction

## 1.1 About Blind Citizens Australia

Blind Citizens Australia (BCA) is the national representative organisation of people who are blind or vision impaired. Our mission is to inform, connect, and empower Australians who are blind or vision impaired and the broader community.

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 a majority of our staff are blind or vision impaired.

## 1.2 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.

# Response to Issues Paper: Emergency Planning and Response

Blind Citizens Australia (BCA) would like to make a submission responding to the Issues Paper: Emergency Planning and Response. This response also incorporates feedback and recommendations specifically on education from the South Pacific Educators in Vision Impairment (SPEVI Inc). BCA would like to thank SPEVI for their contribution to this submission.

There have been significant and wide-ranging issues faced by people who are blind or vision-impaired in recent crisis in Australia, namely the Black Summer bushfires of 2019-2020 and the current 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, some people with disabilities are at greater risk of developing more severe health complications or dying from COVID-19.1

# Submission context

This submission is based on existing legislation and frameworks, noting gaps in the fulfilment of requirements laid out in existing documentation. The pertinent acts and legislation are:

* *The Disability Discrimination Act 1992* (Cth) (Austl.)
* *National Disability Insurance Scheme 2013* (Cth) (Austl.)
* *Aged Care (Living Longer Living Better) Act 2013* (Cth) (Austl.) and associated standards
* United Nations Convention on the Rights of Persons with Disabilities (CRPD) 2006
* The National Disability Strategy 2010-2020 (this strategy coordinates the implementation of the UNCRPD)

# 4. Issues

## 4.1 Accessible information

In both the Black Summer Bushfires of 2019-2020 and the COVID-19 pandemic, BCA consistently received feedback that gaining information in an accessible format about the crises was a primary issue. Article 9, Accessibility of the UNCRPD covers the need for accessibility both physically and for communications for people with disabilities, pertinently for emergency services.

A major issue faced in getting information during crises include a lack of accessible digital information caused by incompatibility with screen readers and voice navigation. The presentation of vital information in PDF and image format is generally inaccessible. For example, the roadmap for the easing of COVID-19 restrictions in Queensland was presented in PDF format.[[6]](#endnote-6) There is a requirement for websites to comply to accessibility standards under Website Content Accessibility Guidelines 2.0 (WCAG 2.0).[[7]](#endnote-7) PDF format is inaccessible due to incompatibility with screenreader and voice navigation software. Additionally, information is often presented graphically e.g., the line graphs plotting exponential rates of infection and spread in the COVID-19 pandemic. Images often do not have Alt Text or embedded image description, which would be read out by voice navigation software. Alt text provides a verbal description of what can be seen in an image e.g., exponential graph of COVID-19 infection rates in Australia by state. Ideally any graphic information would be accompanied by a text description on the same webpage.

Researchers at Monash University found corroborating evidence from research conducted both looking at media sources and by interviewing individuals who are blind or vision impaired.

The analysis of media sources included primarily Australian news articles curated from online platforms, state and federal website information about COVID-19, statistical data from health reporting organisations and video / television broadcasts from news networks. The analysis uncovered inaccessibility of the information provided by these sources. Graphic information was accompanied by textual explanations that were not granular enough to adequately portray what was shown in the images. Additionally, alt text was frequently not used because graphic information was often updateable or interactive, therefore they did not support the addition of alt text. Compared with 70% of images supporting alt text in research conducted in 2018, only 41% of the images used in pandemic information supported alt text. Additionally, web pages using interactive data provided the greatest challenges to navigating the page using voice navigation or screenreader software.

The second part of the research surveyed participants who were blind / vision-impaired (n = 20) or sighted (n = 63) about their access to information during the COVID-19 pandemic. Both groups predominantly regarded themselves to be highly proficient with technology. The survey found participants who were blind or vision impaired were more likely than participants who were sighted to rely on emails or community groups to obtain information during the pandemic. This potentially reflects the need for participants who are blind or vision-impaired to require more specialised information. Additionally, almost half of the participants who were blind or vision impaired relied on sighted assistance to access information about COVID-19, suggesting that the information they were seeking was inaccessible to them. Finally, fewer participants who were blind or vision-impaired had accessed vital information about infections by location, infections over time and the concept of “flattening the curve” which were all information generally presented in graphic formats. Many participants also stipulated that they were relying on the podcast by ABC *Coronacast* because it was designed to be accessed non-visually and they felt information came from a trusted source, physician Dr Norman Swan.

Additional barriers to information include easy-to-read or plain format information, or non-digital formats like large print or braille format information for people who do not have access to digital technology. Additionally, some people only have access to radio, and broadcasts of emergency information on this medium are essential.

In terms of televised content, the need for Australian Sign Language (Auslan) translators and closed captioning of content for people who are Deaf or hard of hearing is critical. For people who are blind or vision impaired, any on-screen text, including websites or phone numbers for further information, must be verbalised. During the bushfires and COVID-19 pandemic, continuous live briefings took place, with inconsistency in the provision of either Auslan interpreters or closed captioning for these briefings.

Alongside the need for accessible format production of information, there is a need for clear, consistent, and current messaging. This is especially the case when there is no precedent for the public health messaging being promoted. This clear messaging is beneficial for the entire community. For example, if the messaging is that you need to practice social distancing, that does not provide enough information on the definition or reasoning behind it. It would be better to have a message that if someone has COVID-19, you are at a greater risk of contracting COVID-19 from them if they sneeze, cough or breathe when you are standing or sitting within 1.5 m of them. Therefore, you need to maintain a minimum distance of 1.5 m away from others. Additionally, information for exemptions to the restrictions for people with disabilities needs to be clearly communicated to the whole community. During the pandemic there was confusion about being able to go into public with support workers where social distancing had to be breached for the purposes of assisting the person with disability. When specifically asked, the National Disability Insurance Scheme, and relevant government departments acknowledged that people with disability who needed personal support for essential travel, could breach the social distancing directives. This, however, was not publicly acknowledged, leading to confusion and stress for those who need this type of support while out in public.

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 when first released the app was not fully accessible, with buttons in the app not being labelled. Additionally, BCA has received feedback that the COVIDsafe app was affecting some glucose monitoring equipment for people with diabetes (current on 5 May 2020). Diabetes Australia advised that people using Glucose Monitoring should closely monitor for connectivity issues and delete the COVIDsafe app temporarily if an issue is noticed, until a solution can be advised by Diabetes Australia.

Similarly, in the Black Summer Bushfires, many people were making use of apps to track the bushfires in their regions, e.g., in NSW, the Fires Near Me app. A BCA member reported that they downloaded the app to monitor the situation near their home, however the app was highly inaccessible. For example, a notification may indicate that a fire was occurring in a watch zone they had set up, however clicking on the notification would take them to a map which they could not see to know where the fire was exactly located. Additionally, they reported that “the app includes a List feature. This lists all features [of current fires], according to their distance…The list feature gives no information which can be used to judge risk and there is no way of getting information about the direction or speed at which fire is travelling."

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

In the bushfire emergency, we received the feedback that in the area of the Blue Mountains, locals were “encouraged to call [and check] on people who were elderly or vulnerable… to ask people if they needed help, and to discuss our emergency plans with each other.” In this instance, the radio was being used by people who were blind or vision-impaired for real-time and accessible information, and the radio station was relying on people calling in to provide updates about fire outbreaks and movement.

Other members additionally reported that during the bushfires, they did not receive and would have appreciated a welfare check e.g., phone calls or visits to check on their wellbeing.

A BCA member provided feedback that obtaining critical information was difficult in the bushfires, e.g., how to prepare their house and yard for potential bushfire threat and a checklist or information for essential items they might need in the case of evacuation. Information about preparing their house for bushfire often included diagrams without explanations about what information the diagram was indicating to the reader. In terms of information about preparing their house or yard, the information needed included what might need to be removed from the yard due to being a combustion risk, and they would have used their NDIS support service to assist in removing risks. This again highlights the necessity of providing written information alongside picture-based information in an emergency.

The member also reported that the only clear, consistent, and current messaging for their area that they were getting was accessed via a Facebook page for a local mayor. The member remarked, “while very grateful my children told me to access this page, it is not satisfactory that this was my only source of reliable information.”

A further point augments this issue, when a member lost access when electricity was cut off during the bushfires, therefore preventing them from using vital assistive technology (AT) that would have enabled them access to bushfire updates. Alternate format production and multiple streams (tv, radio, social media etc.) are needed to ensure that people are still able to access critical safety information.

During the COVID-19 pandemic, an information line was established for people with disabilities to get critical information and support.[[8]](#endnote-8) A BCA member indicated that a similar helpline would have assisted them during the Black Summer Bushfires to obtain the information and support they needed. “There was a bushfire information line, but I felt this would be essential for people experiencing imminent threat or aftermath. It would be helpful if there was a phone number dedicated to the needs of people with disability, like that recently established for information on COVID-19. Operators could be trained to interpret map and graphical information in a way that was helpful.”

The International Disability Alliance in conjunction with the International Disability and Development Consortium have launched a campaign for public health information and communications around COVID19 to be fully accessible, considering some of the issues raised in this submission.[[9]](#endnote-9)

## 4.2 Access to essential support services

During the COVID-19 pandemic and Black Summer bushfires, access to essential support services was challenging for people with disabilities. The provision of essential services including disability support services is covered under the National Standards for Disability Services, 2013. Under Service Access, it states that: “the intent of this standard is to ensure that access to services and supports is fair, equal and transparent so that, individuals are supported when services are not available and barriers to access are identified and removed.”[[10]](#endnote-10)

In the case of the Black Summer bushfires, the access to essential support services helped to drive decision-making for people to shelter in place or to evacuate. BCA members reported they decided to stay despite being in an area of risk due to feeling that they had access to essential support services. Unfortunately, not all people with disabilities will have the access to essential services that will enable them to shelter in place during an emergency. A member reported that during the bushfires in their region, “carers [were] busy managing their own disaster plans [and were] unable to care for clients to the same extent or at all.”

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 have been significant disruptions in service provision and informal support for people with disabilities due to the COVID-19 pandemic.[[11]](#endnote-11) 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. State government 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. This was compounded by disability support workers being unable to obtain Personal Protective Equipment (PPE).[[12]](#endnote-12) 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*.

Many blindness services providers moved to providing telehealth services in lieu of face-to-face service provision in the COVID-19 pandemic. This move was welcomed overall because it allowed participation for people who could not leave home due to being immunocompromised and at risk of contracting COVID-19, with severe complications. The NDIA stepped in to assist people to get assistive technology (AT) to aid with accessing telehealth. These measures are discussed at greater length in the section, *Access to health care*.

## 4.3 Access to food and nutrition

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

In the Black Summer bushfires, the damage to agricultural areas meant that access to fresh produce became limited. In addition, restricted access due to ongoing bushfires in some areas hindered getting supplies into bushfire-affected regions.[[13]](#endnote-13)

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.[[14]](#endnote-14)

After the re-introduction of online shopping only for members of the community who had disability, who were elderly or who were under government-directed 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.

In collaboration with The Kindness Pandemic, BCA launched an awareness and action campaign to highlight how social distancing measures have made it challenging for people who are blind or vision impaired to move around safely in public.[[15]](#endnote-15) Additionally, the campaign covers how organisations or media outlets can use Alt Text or embedded image description (more detail can be found in the section, *Accessible information*). The Kindness Pandemic is a social media page and group, which has over half a million global followers.

## 4.4 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. Access to healthcare is covered under Article 25 of the UNCRPD.

In the aftermath of the Black Summer bushfires, different states reacted to ensure people could access medicines under the Pharmaceutical Benefits Scheme (PBS). In bushfire-affected regions, along with accessing other essential food and personal items, being able to access medications was a key issue. In the aftermath of the bushfires, participants of the NDIS were eventually able to access assistive devices or equipment lost, however a difficultly remained that many of these devices were essential for the everyday lives of people. For people with disabilities, emergency planning needs to ensure the continuation of access to medications, assistive devices, or other equipment.

In the COV­­ID-19 pandemic, a response of many healthcare providers was to move appointments from their premises to virtual appointments (telehealth). These measures were welcomed to make ongoing medical care accessible for people who do not have a choice about isolating due to being at high risk of contracting COVID-19. A major issue remained though for 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*

The National Disability Insurance Agency (NDIA) made allowances for the provision of assistive technology (AT) i.e., smart phones or tablets for accessing telehealth. However not everyone is eligible to receive services through the National Disability Insurance Scheme (NDIS), either due to age or other eligibility requirements. 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 are paralleled by physical access issues raised earlier about supermarkets. General practices have implemented changes to their physical environment to ensure patients had minimal contact with others. Changes were generally not communicated prior to patient attendance at the clinic. This has caused issues for people who are blind or vison-impaired, including 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.

An extension of social distancing measures implemented in the COVID-19 pandemic has extended to issues with hospital access for visitation. A BCA member reported that they require the support of a sibling to be a sighted guide when they go to the hospital to visit their mother. A sighted guide is a person who is blind or vision impaired holds onto the arm of the person who is sighted for them to safely get to a destination. In this instance, the ward staff allowed two visitors due to the circumstances of one person needing a sighted guide. The issue occurred at the entrances of the hospital where staff wanted to enforce the one visitor rule irrespective of the situation of the person who was blind needing someone to guide them to visit their mother.

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. For example, someone who is blind or vision impaired may hold 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 more detailed verbal information 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. This occurs by reducing clear communication with someone face-to-face about what is happening with their care. Further, it limits their ability to move around physically and safely in a space, without sufficient physical orientation to that space.

Finally, healthcare ration decision-making means people with disabilities maybe at higher risk of discrimination in accessing healthcare and life-saving procedures.1 Article 10, Right to Life in the UNCRPD stipulates that “every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.” 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.[[16]](#endnote-16) 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.

## 4.5 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 the COVID-19 pandemic, this became a nuanced issue with border closures and isolation measures forcing decision-making around being in a location where someone could have their disability support needs met.

In crises like the Black Summer bushfires, people had to decide to stay and defend, shelter in place or to evacuate. In the case of evacuation, there are two main issues: transport to an evacuation centre and the physical accessibility of that centre.

For people who are blind or vision-impaired, transport is an important consideration. When a person does not drive, evacuation procedures must occur with the assistance of others. Emergency planning needs to have measures for how to assist members of the community to evacuate if they are unable to drive. For example, a BCA member living in the vicinity of bushfires in the Black Summer Bushfires reported that if they did not have access to someone to drive them to an evacuation centre, without the trains operating in their area due to bushfires, they would not have been able to evacuate.

Further, once an individual arrives at an evacuation centre, it will be an unfamiliar environment that doesn’t always consider their specific access needs.[[17]](#endnote-17) For example, for someone who is blind or vision-impaired, they will need orientation to the space, to be told where they can go for the bathroom, toilet, bed, kitchen or food etc. This includes where they can toilet or feed a dog guide and where the dog can comfortably sleep. Further, the space will need to be relatively free of obstacles for someone who is blind or vision-impaired to safely navigate their way through the space. Finally, they might need assistive technology that they had at home like screen readers to access documents or printed information given to them and without it, they may be relying on other people to assist them to get this information. It is important that emergency planning includes measures for dealing with the physical accessibility of evacuation centres or having specific centres which are set up for accessibility with the community being clearly notified of what centre/s is/are accessible.

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 lowering the risk of infection spread.

## 4.6 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.[[18]](#endnote-18) A report produced by People with Disabilities Australia (PWDA) indicated that people with disabilities incurred increased costs of living in the pandemic. In the survey, 91% of the 204 respondents reported increased costs due to groceries, healthcare, internet / phone, and hygiene / sanitising products.[[19]](#endnote-19)

## 4.7 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. The Disability Standards for Education 2005 under section 31 (1) (b) of the DDA covers the terms of education provision to people with disabilities, including the needs for reasonable adjustments and accommodations to enable attainment of education. Further, Article 24, Education of the UNCRPD stipulates the rights of people with disabilities to receive education.

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 amplifies 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, most participants reported problems using their university’s online learning system.[[20]](#endnote-20)

Parents who were blind or vision impaired experienced additional challenges in having accessibility considered when they were overseeing arrangements for their sighted children studying from home due to COVID-19 restrictions closing schools. A BCA member reflected on their experience during the pandemic. “Where their need for accessibility usually extends only to communication about tasks and classroom management, during the pandemic it became imperative to access and monitor their children's work and instructions. Communications with teachers were understandably limited, due to teachers' other work commitments, and there was nowhere for parents to go to address their accessibility needs or problems. This causes potential disadvantage to the children of parents with disability, which will often be attributed by schools and potentially by the parents themselves to their disability rather than to their lack of accessible options.”

Additionally, parents of children who were blind or vision impaired expressed the need for children who are blind or vision impaired to require greater time for access to the teacher not just for their technology needs, but also time with the teacher to ensure their overall needs are being met in regards to their education, especially for students in senior levels of their secondary education. Unfortunately, the pandemic situation has resulted in less access to classroom teachers. Future crisis situations need to ensure the educational needs of students with disabilities are still met.

BCA has received feedback specifically on the impact of the COVID-19 pandemic on education from the South Pacific Educators in Vision Impairment (SPEVI Inc). SPEVI is a major professional association for educators of students with vision impairments in Australia, New Zealand, and the South Pacific region.

In late March 2020, as a response to the Covid-19 pandemic, SPEVI initiated an online ‘Community of Practice’ to share opportunities and barriers in education provision for learners with vision impairment during the COVID-19 pandemic. To date, three online meetings have been held, with participants including Australian and New Zealand professionals in vision impairment education and parents of children with vision impairment. The initiative has provided support for specialist teachers (Vision Impairment) and parents as a collective to support students who are/were learning at home, using online learning. Discussions highlighted the many changes that had to be made to the way teachers could reach and teach their students with vision impairment, including students with additional disabilities. The online Community of Practice has provided a platform for Professional Development, sharing of resources and best practices, collaborative discussion, and a central point of contact for educators during the crisis.

Based on discussions during the online Community of Practice meetings and feedback from SPEVI members, relevant information on the topic of education was collected for the Royal Commission Inquiry into Emergency Planning and Response. SPEVI strongly encourages an evaluation of the experiences of educators and students who are blind or vision impaired, in order to harness knowledge acquired during the pandemic, avoid problems in the future, and build on positive outcomes from the required transition to home-based online learning for Australian children.

Summarised below are key issues identified by professionals and parents in the field of vision impairment education within the context of the COVID-19 pandemic in Australia.

Issue 1: Communication with students

Not all students with vision impairment could be reached at home; some could not be located. As a result, emergency response or educational intervention was delayed or impossible. We recommend that a better system be put in place so that in any future national or state emergency, every student’s location is registered or can be traced.

Issue 2: Student access to educational materials in accessible formats.

Many students who are blind or vision impaired require texts and other educational materials in alternative formats, such as braille, digital, tactile graphics or large print, or a combination of formats. During the crisis, post/mail services were down or limited in different regions of Australia. Furthermore, state and territory departments of education sometimes did not know whether individual students with disabilities were at home or at school. Students first needed to be located, then educators needed to communicate with each student and his or her family to ascertain how best to teach the student and send and receive learning materials and accessible resources.

Issue 3: Communication with teachers

State and federal government communication regarding the changing requirements and restrictions in educational practices have at times been not sufficiently detailed or accessible, resulting in uncertainty for educators and families in how to adapt and best to support their students.

Issue 4: Online learning - Decision making

Because of the unprecedented nature of the pandemic and the need for a rapid transition to home based education, some education decisions were made in a hurry at all levels of education systems (federal, state, and local schools). Some online learning platforms, for example, were officially recognised as accessible, however in practice, access issues were experienced by students with specific vision requirements. Furthermore, resources were shared by schools and individual teachers via the online school platforms without consideration for accessibility of the platform itself or the lessons to be completed by students with vision impairment or other disabilities.

Issue 5: Online learning – Technical problems

Many specialist vision teachers reported spending considerable amounts of time trouble shooting technical problems experienced by students with vision impairment and parents at home, rather than delivering teaching and learning activities. The specialist teachers also found it hard to access support from Information and Communications Technology (ICT) professionals with knowledge and skills in vision impairment (VI) education services. There is a need for better and easier access to VI-specific technical support for teachers and parents, and provision of professional learning for teachers and students so that they can better respond to future changes in education due to emergencies.

Issue 6: Predicting required student support

The current global COVID-19 pandemic has highlighted that a national or state crisis can produce a clear change in the level of teacher support needed by students with vision impairment or other disabilities. Students with vision impairment who under normal circumstances only require low tech solutions at school may require different kinds of teacher support during an emergency. Students who are skilful in independently using assistive technology at school are in a better position to work independently at home – if the school online platform and learning materials are accessible.

Issue 7: Self-advocacy more difficult in crisis

Students with vision impairment require individualised accommodations and adjustments to curriculum, pedagogy, and learning environments to receive a quality education without discrimination and on the same basis as their sighted peers. In normal times, equitable education for students with vision impairment is achieved through collaborative partnerships between class and specialist vision teachers and parents/carers. During the COVID-19 pandemic, these partnerships have at times broken down and as a result, students with vision impairment have struggled to access learning. Specialist vision teachers recognise that self-advocacy is essential to resolve such problems, however, self-advocacy can become more difficult in an emergency or when individuals are under undue stress.

## 4.8 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. Article 30 of the UNCRPD, Participation in cultural life, recreation, leisure, and sport covers the ability for people with disabilities to participate in their communities.

BCA has implemented “Happy Hours” to combat some of the issues caused by social isolation. These are regularly hourly catchups 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.

## 4.9 Other issues

### 4.9.1 Public transport

BCA has received feedback from members concerned by changes 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. While some companies are communicating that they will help to board or allow front door access when required, 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. Guards are not always on train station platforms and therefore, assistance is not always readily available to safely access the train.

### 4.9.2 Dog guides

During the bushfire crisis, there was an identified issue in gaining credible information about protecting dog guides from the potential harm of smoke inhalation. Smoke spread widely across the East coast of Australia at the height of the bushfires. A BCA member reported contacting a blindness service provider for advice about how to protect his dog however they did not provide the member with any information.

In the COVID-19 pandemic, blindness service providers were swift to address the potential of viral transmission from dogs and how to best minimize the potential for viral contamination from dog fur.

### 4.9.3 Building access

Issues have been raised about the overflow of tables and seating for restaurants in NSW to comply with social distancing recommendations and allow for restaurants and cafes to reopen.[[21]](#endnote-21) The spread of tables and chairs beyond normal al fresco dining arrangements is impeding clear access for pedestrians navigating the area. Access to premises for people with disabilities is covered under theDisability (Access to Premises - Buildings) Standards 2010 under section 31 (1) of the DDA. Additionally, NSW has an Outdoor Dining Policy (2019) which stipulates that accessibility needs to be considered with enough room left for mobility scooters and wheelchairs, with adequate lighting for people with vision impairment. Further, it stipulates “when using footpaths and other public places for outdoor dining activities, reasonable consideration should be given to the suitability of the site and all users of the location.”[[22]](#endnote-22) This would include pedestrians navigating the area.

## Recommendations

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 address or link written in text on the screen for TV broadcasts must be verbalised. Graphics need to include alt text and / or enough granular detail in accompanying text to adequately convey what the graphic shows.

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 call-back and phone call check-in need to be in place so that 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.

Recommendation 3

It is strongly recommended that apps developed for the purpose of being used in emergency situations e.g., COVIDsafe or Fires Near me, are developed in a way that ensures accessibility for people who are using screenreaders or voice navigation software with the app. In addition, graphic information in the app e.g., map showing fires, needs to also be accompanied by a text description of what is being shown that someone using voice navigation can access in lieu of being able to see the graphic.

Recommendation 4

During the COVID-19 pandemic, a dedicated helpline was established for people with disabilities to phone for information, although there was no similar helpline during the Black Summer Bushfires. It is strongly recommended that all emergencies have a dedicated phone line for people with disabilities to contact to obtain information.

Recommendation 5

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 6

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

Recommendation 7

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 ideal, with the continuation of ‘essential items’ boxes for all people with disability to access basic food needs. This would include working with disability organisations to assist with distribution of these goods.

Recommendation 8

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 9

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.

Recommendation 10

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. This would include provisions for being able to operate AT via solar chargers or back-up generators in the circumstance of losing electricity. Although the NDIA made provisions for AT for accessing telehealth services; many people do not have access to the NDIA, and they also need to be supported to get low-cost AT support.

Recommendation 11

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 12

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 13

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

Recommendation 14

Isolation protocols are strongly recommended include the specific disability needs of people. In addition to meeting 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 met. This must include communication, and provision of information in a way that the person access independently 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.

Recommendation 15

It is strongly recommended that an ethical decision-making framework underpins health and medical care during emergency situations, using the principles set out by AFDO and endorsed by signatories (see section 4.4).

Recommendation 16

Emergency planning is strongly recommended to include working with companies who can provide accessible transport options to evacuation centres i.e., transport that can carry wheelchair, mobility scooters or other assistive mobility devices a person with disability may need for everyday living.

Recommendation 17

Emergency planning is strongly recommended to include identifying evacuation centres for emergencies like bushfires that are or can be made accessible for people with disabilities. This planning would ideally be approached using co-design with disability organisations and people with disabilities having input. Additionally, evacuation centres are advised to be equipped with staff or volunteers who can provide orientation to the space for people who are blind or vision impaired. Further, provisions at evacuation centres for dog guides need to be made to ensure their wellbeing i.e., helping the handler by letting them know where they can toilet or feed the dog.

Recommendation 18

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

Recommendation 19

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

Recommendation 20

Online learning environments in education and workplaces must be 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.

Recommendation 21

Government leadership in producing and distributing information for education and ICT leaders and decision makers on how to create accessible learning platforms, emergency information bulletins, and educational resources and learning materials that are founded on universal design for learning (UDL) principles. Such information should highlight that digital information does not necessarily equate with “accessible information”. Ideally, state, and federal governments should be able to make well-informed, empirically based decisions that support and promote the selection of the best education solution and the required learning tools and technology, under all circumstances.

Recommendation 22

a. Government organise a technical helpdesk to provide knowledgeable practical support to educators (i.e., classroom and specialist teachers (Vision Impairment), and to provide essential support to parents and students regarding accessibility, alternative formats (braille, digital, large print), and assistive technology software and hardware.

b. Government provide efficient and effective ways for teachers to upskill and learn how to use such technology as online communication and learning tools; how to offer accessible formats on online platforms; and what platforms are preferable for ensuring equitable access to learning for students with vision impairments, including those with additional disabilities.

c. Government facilitate the upskilling of students with vision impairment in the use of new accessible, assistive technologies to empower the students to independently access their education in future emergencies.

Recommendation 23

Government and education sector recognition that in an emergency, students’ need for support will change, and specialist and class teachers need to be prepared to assess and respond quickly and effectively to student needs so that no disruption to learning occurs.

Recommendation 24

Education sector awareness and understanding of the personal stress and self-advocacy challenges that may be experienced by students with vision impairment (as with all students) during emergency situations.

Recommendation 25

It is strongly recommended that emergency planning includes a response measure for ensuring that people in the community 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.[[23]](#endnote-23)

Recommendation 26

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.

Recommendation 27

It is highly recommended that dog guides be considered in emergency response, to ensure the wellbeing of the dog guide in addition to the handler at all stages of the emergency response.

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