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Title	Toolkit on best practice for states to respect the rights of persons with disabilities in public health emergencies
Author(s)	Flynn, Eilionóir; Doyle Guilloud, Suzanne; Parker, April
Publication Date	2023
Publication Information	Flynn, Eilionóir, Doyle Guilloud, Suzanne, & Parker, April. (2023). Toolkit on best practice for states to respect the rights of persons with disabilities in public health emergencies. Galway: Centre for Disability Law And Policy, University of Galway. https://doi.org/10.13025/q7cc-cg39
Publisher	Centre For Disability Law And Policy, University of Galway
Link to publisher's version	https://doi.org/10.13025/q7cc-cg39
Item record	http://hdl.handle.net/10379/17773
DOI	http://dx.doi.org/10.13025/q7cc-cg39

Downloaded 2024-05-10T17:12:35Z

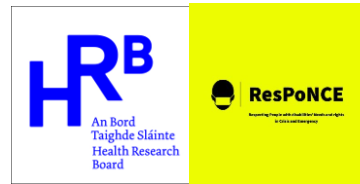
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GAILLIMHE
UNIVERSITY
OF GALWAY

An tIonad Dlí & Beartais Míchumais
Centre for Disability Law & Policy



Toolkit on best practice for States to respect the rights of persons with disabilities in public health emergencies

Introduction & purpose of toolkit

The Covid-19 pandemic exposed the speed at which the rights of persons with disabilities can be either deprioritised or forgotten altogether in times of public health emergencies. The pandemic demonstrated major gaps in State planning for the protection and vindication of the rights of persons with disabilities in public health emergencies. It also magnified the pre-existing inequalities which people with disabilities experience. There were issues with accessibility of information and of testing and vaccination centres, the pausing or ceasing of some disability services, failures in the provision of financial support, denials of reasonable accommodation and increased isolation of some people with disabilities.

This toolkit is intended for use as an advocacy tool by disabled persons' organisations (DPOs) in order to ensure that States comply with their obligations under international human rights law in times of public health emergencies. It is primarily informed by the requirements of the [UN Convention on the Rights of Persons with Disabilities \(CRPD\)](#), as well as the experiences of people with disabilities during the Covid-19. Based on this, it provides examples of best practice, as well as resources which DPOs can rely on when lobbying States for CRPD-compliant reform and action at the intersection of public health emergencies and disability.

It is complemented by a toolkit outlining the obligations of health and social care professionals with respect to the rights of persons with disabilities in times of public health emergencies, which can be found on the ResPoNCE project website.

About the ResPoNCE project

Aims

The ResPoNCE (Respecting Persons with disabilities' Needs and Rights in Crisis and Emergency) project sought to investigate the impact of the pandemic on persons with disabilities in Ireland, UK, Spain, France, Italy, Germany and Sweden. The research team sought to:

- Provide a critical analysis of the normative framework, including national legislation, policy and guidance issued by States throughout the lockdown and beyond, via desk research.
- Carry out key informant interviews with DPOs, health and social care professionals, policymakers and researchers to assess roles/responsibilities, aggravating /mitigating factors and the extent to which human rights obligations were met.
- Engage in other qualitative research – a questionnaire and focus groups - to explore and understand the lived experiences of persons with disabilities during the pandemic, including key topics such as healthcare, education and employment, independent living.
- Inform best practice for States and health and social care professionals to respect the rights of persons with disabilities in the event of another public health emergency, based on the UN Convention on the Rights of Persons with Disabilities (CRPD).

Methods

The research team adopted a human-rights based methodology, guided by the principles of emancipatory research.¹ The participants for the study self-identified as having a disability/being disabled and were valued as experts by experience. Their involvement was facilitated indirectly through representative organisations (DPOs) and directly via a questionnaire (available in various formats). This was supplemented by the conducting of impairment/age specific focus groups to reach marginalised groups who may not otherwise have the chance to contribute e.g., children with disabilities, Deaf adults. The data was then analysed using reflexive thematic analysis.²

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States' human rights obligations towards people with disabilities in public health emergencies

The CRPD is the core human rights instrument regarding the rights of persons with disabilities. It is grounded in the principles of equality and non-discrimination. It moves constructions of disability away from medicalised and welfarist approaches towards a human rights model which recognises the equal legal personhood of every individual and the need for the provision of chosen support to ensure the vindication of all rights on an equal basis with others. It was adopted in 2006 and came into force in 2008. It is therefore a relatively recent human rights treaty. As such, its interpretation is still emerging and evolving as the UN Committee on the Rights of Persons with Disabilities develops its authoritative interpretation of its provisions.

¹ E. STONE and M. PRIESTLEY 'Parasites, Pawns and Partners: Disability Research and the Role of Non-Disabled Researchers' (1996) 47 (4) *The British Journal of Sociology* pp. 699-716

² BRAUN, V., and CLARKE, V., 'Reflecting on reflexive thematic analysis' (2019) 11(4) *Qualitative Research in Sport, Exercise & Health* pp.589-597; BRAUN, V. and CLARKE, V., 'One size fits all? What counts as quality practice in (reflexive) thematic analysis?' (2021) 18(3) *Qualitative Research in Psychology* 328-352; BRAUN, V. and CLARKE, V., *Thematic Analysis: A Practical Guide*, Sage, California (2022)

The International Disability Alliance published [ten core recommendations](#) for a disability inclusive response to the Covid-19 pandemic which have broader application to public health emergencies more generally.

In determining the obligations of States in times of public health emergencies, Article 11 of the CRPD is of particular relevance as it sets out their obligations in situations of risk and humanitarian emergency. It states:

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Article 11 of the CRPD addresses the rights of people with disabilities in situations of risk and humanitarian emergencies and is intended to build on existing international human rights and humanitarian law – applying the lens of disability to those fields in the specific context of emergencies, including public health emergencies. It requires States Parties to take into account the specific needs of people with disabilities in developing inclusive laws and policies in such situations. The CRPD Committee is currently developing a General Comment on Article 11, which will provide an authoritative interpretation of its requirements.

There are a number of initial steps that States can take to ensure compliance with the requirements of Article 11. This ‘advanced planning’ lays the groundwork for States to then engage with the other rights and obligations listed later in this toolkit.

Advance planning by the State

Before setting out what States’ substantive obligations towards people with disabilities are in times of public health emergencies, there are important initial steps that should be undertaken by States in order to ensure that the process of rights vindication is based on evidence and consultation, as required by the CRPD. The following areas should be addressed by States as the building blocks for creating human-rights compatible laws and policies in this area.

Consultation and active involvement of DPOs in all areas of policy development and delivery concerning public health emergencies

In accordance with Article 4(3) of the CRPD, a key obligation of States is to ensure that persons with disabilities, including children with disabilities, are closely consulted with and actively involved in the development of policies regarding public health emergency. This can be done by way of consultation with representative organisations. Article 33(3) also requires that this involvement is ongoing, by including persons with disabilities in systems of monitoring of legislation and policies.

The UN Committee on the Rights of Persons with Disabilities has adopted a [General Comment on Articles 4\(3\) and 33\(3\)](#) in which the Committee outlines what qualifies as a ‘representative organisation’. There, the Committee emphasises the importance of both consultative processes and information about laws and policies being accessible for people with disabilities. The involvement of persons with disabilities should also be ‘early and continuous’. Specifically in situations of risk and humanitarian emergencies, the Committee emphasises the importance of ensuring ‘the active involvement of organizations of persons with disabilities in the development, implementation and monitoring of emergency-related legislation and policies’ (para. 78).

During the Covid-19 pandemic, there was a general failure to include people with disabilities in areas of policy which concerned them, such as the national public health decision-making bodies:

... there was a vulnerable adults working group in NPHET [National Public Health Emergency Team], which did have some representation, not a huge amount, but it had some. You could question was it enough. And there was an ethics group, a NPHET ethics group, there were no disabled people on that. In fact, there was no, as far as I can remember from the makeup, there was no ... lived experience perspective on that from any walk of life ...

IRLHSC1

Consultation with civil society at the advance planning stage will also ensure that those organisations do not need to fill the ‘gap’ created by State action or inaction which results in discrimination and/or inequality for people with disabilities during public health emergencies, as occurred during the Covid-19 pandemic. It also avoids circumstances where States do not consult with representative organisations regarding laws and policies once a public health emergency has arisen due to concerns around the need for a rapid response, as was seen during the Covid-19 pandemic:

... quite urgent circumstances of its drafting meant that the consultation and involvement of people in the drawing up of the [pandemic-related] legislation was very limited ...

IRLPR3

States should:

- Engage in advanced planning for public health emergencies by way of framework legislation and policies which comprehensively address the rights of persons with disabilities.
- This advance planning should include consultation with and the active and ongoing involvement of people with disabilities via their representative organisations.

Data collection

In order for State to meet their obligations under the CRPD and to ensure accurate implementation and assessment of the effect of those laws and policies, they must be aware of the characteristics of the persons with disabilities within their jurisdiction. In its [General Comment on Articles 4\(3\) and 33\(3\)](#) the CRPD Committee has recommended the use of the Washington Group on Disability Statistics, which created the [Washington Group Short Set of Questions on Functioning](#). However, the Committee has also cautioned the need to use other data-collection tools in order to include information on ‘perceptions and attitudes’, which the Short Set of Questions do not address.

The collection of this data will allow States to design laws and policies and direct resources for public health emergencies in such a way as to meet the needs of its disabled population. It will also allow States to take an intersectional approach to its legislative and policy planning, e.g. the rights and needs of women with disabilities, children with disabilities, members of the LGBTQI+ community with disabilities, as well as migrants and refugees with disabilities.

This process of collecting disaggregated data collection should be done in consultation with people with disabilities and should continue throughout public health emergencies, in order to ensure that an accurate understanding of the impact of such crises on people with disabilities is achieved.

... there was discussion emerging fairly early on about marginalised groups and disadvantaged groups, ethnicity, occupation, high-density housing, for example poverty, all those things came up but disability wasn't included on that list so a discretion of inequity would miss out disability...

UKPR3

I think it's important to note that when you look at the statistics of people who have died of COVID-19, it does not include people with disabilities.

SPDPO1

States should:

- Ensure that they have accurate disaggregated data on their population, so that public health emergency policies meet the needs of those groups.
- Ensure that an intersectional lens is applied to that data.
- Continue to collect that data over the course of public health emergencies.

Review of laws and policies

In order to adhere to its obligations under the CPRD, States should engage in a pre-emptive and proactive review of its laws and policies, in order to ensure that both existing and contingent

measures that may come into effect in the case of public health emergencies do not either expressly or impliedly result in treatment which will have a discriminatory impact on people with disabilities.

States should:

- Based on consultation and data, States should review their laws and policies relating to public health emergencies in order to ‘future proof’ them from disability discrimination.

The above overarching principles should inform States’ approaches to complying with their substantive human rights obligations. The next section of this toolkit will provide examples of areas which should be examined. However, this is not an exhaustive list, and a holistic and comprehensive review should take place, informed by the principles of equality and non-discrimination as defined by the CRPD, as well as by the specific contexts within a particular jurisdiction.

Key obligations for States in public health emergencies the context of disability

This section will set out the core areas of obligation for States regarding the rights of persons with disabilities during public health emergencies. They are based on the rights contained in the CRPD and informed by the qualitative research carried out by the ResPoNCE project. This is not an exhaustive list – it provides the foundations for State compliance with their obligations towards people with disabilities in public health emergencies.

Equality and non-discrimination

Equality and non-discrimination are two of the guiding principle of the CRPD and the obligations on States in this regard are set out in Article 5 of the CRPD. Disability-based discrimination is defined in Article 2 as:

... any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation;

The CRPD Committee has also adopted a [General Comment on Article 5](#), which specifically notes the need for non-discrimination to be ensured in situations falling within Article 11 (i.e. situations of risk and humanitarian emergencies) in order to ‘address the increased risk inherent in such situations, of discrimination against persons with disabilities’. The Committee draws particular attention to the increased risk of violence against women and girls in such situations.

Reasonable accommodation

Reasonable accommodation is defined in Article 2 of the CRPD as:

... necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

As noted above, the denial of reasonable accommodation amounts to discrimination on the basis of disability. Provision for reasonable accommodation is particularly relevant in the context of public health emergencies, where people with disabilities may require exemptions to public health measures. Many jurisdictions did make provision for such exemptions, but in some cases these were poorly administered and could lead to additional discrimination and even verbal abuse, leading to people with disabilities being concerned about exercising an exemption for which they qualified. One researcher in Spain explained:

... the problem ... is that there was no mechanism established in order to facilitate that these people could go outside, so especially at the start what happened was that they were fined by the Police, because the local Police were not notified of the exemptions for example, then certain media outlets said, for example, ... that people that could benefit from the exemptions should be wearing something that would identify them, so for example a purple scarf or something like that, but ... this is problematic, because this is ... pointing out a difference, and it's a difference being made between people who had the exemption and people who hadn't.

SPPR4

Another researcher in the UK noted the existence of 'implicit' exemptions to Covid-related restrictions, but also how confusion arose due to the complexity of some rules:

... there was a specific statutory exemption – the mandatory face coverings – and an example where there wasn't in principle a statutory exemption, but in practice... and also in practice all the ones which, in particular in the first wave when we had the kind of rule of six and the, you know, the number of people who could gather at any one time, and at the height of the first wave where, you know, if you leave home without a reasonable excuse, those kind of issues, which never made, they never made express provision for, for instance an autistic person who just needs to get out, you know as part of the routine, but there was always a sort of tacit understanding that they were hoping the Police wouldn't prosecute you if, because you would have a reasonable excuse, but it's very edgy trying to explain to people... it's really edgy trying to explain to people that, you know, it's probably okay, you know and it's this kind of crash, you know this crash course everyone had to undergo in the difference between law and guidance, which is, you know everyone in the country was trying to go through. It's really unhelpful with the cohort of people, I mean the people I work most closely with are people with different forms of cognitive impairments, and it's particularly challenging trying to help people navigate 'Am I okay? Am I not okay?'

UKPR1

A DPO also relayed their understanding of how exemptions operated in Ireland:

... it was very unclear what exemptions were available, and how to apply for them. There was a lack of information around all of that, and a lot of it was anecdotal, and then people weren't believing it because they were like, oh we didn't hear that officially. So, ... they didn't believe that there were exemptions, because ... the information wasn't coming directly from government, or whatever, it was hard to access the information. So, that would have been a huge barrier to it in the first place. The only major exemption that people would have tried to use was the lack of mask-wearing, particularly on public transport. And yeah, I haven't heard of any physical abuse, but I definitely heard of a lot of verbal abuse over that.

IRLDPO4

A medicalised model of disability (i.e. one based on a medical diagnosis rather than a construction of disability based on structural, environmental and social barriers experienced by the person) was applied to exemptions in Germany, with one researcher explaining:

... but they had to have a letter from their doctor so give medical reason why they cannot wear a mask.

GRPR1

Experiences of reasonable accommodation (and its denial), as well as resources relevant to reasonable accommodation in specific contexts, are also contained elsewhere in this toolkit.

States should:

- States should ensure that all laws and policies regarding public health emergencies provide for exemptions based on reasonable accommodation.
- State authorities and law enforcement should have a clear understanding of how these exemptions operate.
- Qualification for an exemption should not be based on a medical model of disability.
- Reliance on an exemption should not require people with disabilities to provide or display official documentation or authorisation.
- An accessible information and awareness campaign should be carried out so that both people with disabilities and other members of the public are aware of the lawfulness of exemptions.

Intersectional inequality

Women and girls, other gender and ethnic minorities, as well as immigrants and asylum seekers with disabilities had distinct experiences of inequality and discrimination during the pandemic. Article 6(1) of the CRPD recognises that women and girls with disabilities 'are subject to multiple discrimination' and requires States to 'take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms'. There were documented global increases in gender-based violence during the pandemic, and women and girls with disabilities were at further risk due to pre-existing higher rates of violence and abuse which they experience.

In its [General Comment on women and girls with disabilities](#), the CRPD Committee noted that where women with disabilities are subjected to violence, exploitation or abuse, 'information and communication helplines and hotlines may not be accessible'. This was reflected in the experience of some women with disabilities during the pandemic:

... during the pandemic we saw an increase in gender-based violence given that many women were locked up with the aggressor, and at the same time may have depended on him for many things, on the perpetrator. ... gender-based violence was aggravated, and ... some types of measures were taken to deal with issues such as an aggravated gender-based violence against women with disabilities, but ... for example something as important as the 016, which is the telephone number to call if you're in a situation of... or in a context of gender-based violence, was not necessarily accessible for people with disabilities.

SPPR3

Some Deaf women experienced particular barriers to accessing support:

... deaf women really suffer lots during the pandemic, they actually found it harder to denounce their problems, they need to use sign language and they couldn't access it, so they have to hide with their phone to text ...

SPD

A number of research participants also highlighted State gaps in data collection on domestic and gender based violence disaggregated based on disability, which meant that it was not possible to have an accurate assessment of the extent of the increase in violence to persons with disabilities during the pandemic.

The [Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence \('the Istanbul Convention'\)](#) references the CRPD in its Preamble and requires that its own provisions be implemented without discrimination on the basis of disability.

States should:

- Ensure that supports for women and girls, other gender and ethnic minorities, and immigrants and asylum seekers with disabilities are accessible.
- Comply with their obligations towards people with disabilities under the Istanbul Convention.

Accessibility

Accessibility is one of the general principles of the CRPD and is addressed in detail in a specific provision of the CRPD – Article 9. Accessibility is defined as an obligation on States to ‘ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas’.

Accessibility was highlighted as a core problem across a number of different aspects of the experience of people with disabilities during the Covid-19 pandemic. This toolkit will focus on three specific areas of accessibility which the ResPoNCE project found were particularly problematic during the pandemic. The following areas should therefore be addressed as a priority in future public health emergencies: accessible information; accessible healthcare; accessible spaces.

Accessible information

The need for accessible information is particularly heightened in public health emergencies, where decisions-making regarding not only healthcare, but also many other areas of life need to be taken based on the existing (and often swiftly changing) laws and guidance. Despite this, people with disabilities experienced inaccessibility in the way in which Covid-related information was communicated. This inaccessibility included communication strategies used to inform the public on risk and health, information on avoiding transmission, the applicable restrictions at different points during the pandemic, and whether persons with disabilities fell within certain groups that should take additional measures around isolation and/or testing. One researcher in the UK provided the following example:

... when there were briefings on TV about the Coronavirus, the pandemic and what was to be done, there was no sign language interpretation for months and months and months and months and months and again that had to be legally challenged before that started to happen.

UKPR3

A DPO in France noted similar problems which arose in that jurisdiction:

... the big problem is the lack of information. On the TV and on the radio, we hear about COVID all the time, there are lots of adverts for COVID but never anything for and about disabled people. ... that is on the government website that unfortunately not many people know about.

FRDPO1

Another research participant explained:

... the information and security measures were not made accessible for disabilities. The government used the same platform to inform all citizens and accessibility criteria were largely not met. So, many organisations identify this issue of accessibility as one of the main concerns in relation to access to information for people with disabilities.

SPPR2

A questionnaire respondent outlined their experience as follows:

Immense confusion at start. Was I on or off shielding list? Finally confirmed I was on. (didn't want to be!) after first lockdown information improved and was first priority for vaccination which reduced anxiety for my family. Advice for family (of a clinically vulnerable person) unclear - should children isolate or not, should they go to school, would they be vaccinated? Should partner go into office/travel for work? This caused a lot of anxiety for my children and partner.

MU-UK-2

The ResPoNCE project found that Disabled Persons' Organisations (DPOs) often had to step in to mitigate for State inaction or failures in the provision of accessible information relating to the Covid-19 pandemic:

... what [the DPOs] have done essentially is to be a channel or information as adapted as possible for service users and their families and that includes through easy reading and generating videos, explanatory documents with simple language, with plain language for everyone to understand the decisions.

SPHSC3

The inaccessibility of official pandemic-related information resulted in some people with disabilities looking to informal, unverified sources:

Different organisations, not from the State, took charge of giving material and information about how to go about the pandemic and it wasn't a public information, it was through social media that they had to access that information.

SPDPO1

The use of digital platforms for the provision of pandemic-related information demonstrated that digital divide that exists for some people with disabilities. One DPO explained:

... what happened was that all of the shopping companies actually went online and by kind of going online, what they did was that actually meant that people that don't actually have online couldn't get food.

... because they either didn't have access to online or if they had access to online, they didn't have the support to actually set up a system. Those that actually set up a system like my wife and I, we couldn't actually get ... the system said well, if you are in these particular categories, we'll prioritise you but our digital knowledge meant that we didn't know how to actually ask for help.

UKDPO1

The focus on internet-based communication by States had a disproportionately negative impact on people with disabilities living in institutional settings:

Most of this was information you could find on the internet and you need to have internet devices, internet access but also devices like a computer or a tablet or anything like that in order to reach it and most people in the institutions don't have that. That's what we know from earlier research that disabled people are not having – yeah, they are excluded from the digital world in many, many institutions and group homes just because they don't have internet connection, which is strong enough for all the inhabitants or because they just don't allow it.

GRPR1

The [EU Accessibility of Websites and Mobile Applications of Public Sector Bodies Directive](#) has been law in EU Member States since September 2018. It is intended to improve the accessibility of websites and mobile applications of public sector bodies. In addition, in preparation for its current Disability Strategy, the Council of Europe commissioned a [Contribution on Accessibility of information, technologies and communication for persons with disabilities](#) which provides detailed guidance on this topic. The European Disability Forum also produced a short guidance note on [Accessible disability-inclusive information during COVID-19](#) which would usefully inform accessibility measures for future public health emergencies. The World Wide Web Consortium (W3C) has produced [international standards on web accessibility](#). CBM have also developed a [Digital Accessibility Toolkit](#).

States should:

- Ensure that all information about public health emergencies is accessible.

- Address the digital exclusion which is disproportionately experienced by people with disabilities in order to ensure their equal access to public health information.

Accessible spaces

The key means by which to ensure the accessibility of physical spaces for persons with disabilities in a public health emergency is to mainstream and normalise a universal design approach to all built environments across all settings and across all State and community planning. The CRPD defines universal design as:

... the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

One DPO explained some aspects of what universal design might look like:

... not having the attitude that wheelchair access is access. That's not access, that's not what everyone requires for an environment to be accessible. Making sure that electronic access is available for people who need it, making sure that there are access to public bathrooms and changing places and seating, and just having benches on the streets so that people can actually just stop and take a rest, if that's what they need. If there's queueing required, then provide some seating. It's really not rocket science – I don't know why it's seen as such a difficult thing for people to get. I don't think it's rocket science at all.

IRLDPO4

A major aspect of accessibility is ensuring equal access to public spaces and infrastructure. One DPO provided an example of how pandemic-related measures impacted upon wheelchair users:

... in supermarkets they say you can only enter when you carry a cart, like a shopping cart, or this box that you can carry, a little thing. But when you have a wheelchair, you cannot carry a shopping cart. Or when I go with my son who uses the wheelchair, I cannot use a shopping cart. I use my own bag. So, a lot of discrimination in those little situations because people want to stick [to] the rule and access is denied because a wheelchair user is not able to use a shopping cart? Come on.

GRDPO1

Standard transmission limiting mechanisms were also not always designed in an accessible manner:

... most places ... had these sanitation or hygienic ... to disinfect your hands at the entrance but it was not at lower place so if you were in a wheelchair or if you had no hands, you had no possibility to disinfect yourself and also when you were

required or are required in order to enter a building where you need to scan a QR Code in order to enter, this is not a level of wheelchair users or people who have to sit down ... it's impossible to scan that QR Code because it is mostly at eyelevel, at a regular standing person, average person standing, eyelevel what I would say it's at least one metre 50 high.

SWPR1

The requirement for digital payments also created inaccessibility for some people disabilities in purchasing food and other retail items, either in-person or online:

... for the majority of people with learning difficulties, having the confidence to actually know that paying for something electronically is safe, most people with learning difficulties and autism are still using cash. And they've not been educated or prepared for this move to digitalisation.

UKDPO1

A person with visual impairment explained how pre-existing deficiencies in digital accessibility were exacerbated when online shopping became a necessity during the pandemic:

... online shopping is not the most accessible... the apps and the websites, they don't seem to be designed with accessibility in mind. And if there is accessibility, it's tagged on later. And even [a major supermarket chain] updated their app recently, and it's even less accessible than it used to be. It's like, oh for god's sake, people. And that was them supposedly consulting with blind and vision-impaired people. I'm like, you clearly got this wrong. Like, how – how do you get it so wrong! And then when it comes to, say clothes shopping or anything like that, it's like, description, anybody? No. So, you're supposed to just choose clothes or shoes or underwear, whatever, without any description, because you can't see the pictures – yeah, that's great, thanks.

IRLDPO4

States should:

- Require and mainstream the implementation of universal design in all medical and community spaces, as well as ensuring the accessibility of pandemic related measures in those spaces as part of State emergency and risk planning.
- Ensure reasonable accommodation in public health related rules in areas such as retail.
- Require public and private entities to ensure the accessibility of their digital platforms.

Education

Article 24(1) of the CRPD recognises the right of persons with disabilities to education and requires States to 'ensure an inclusive education system at all levels'. Article 24(2) requires that persons with disabilities 'are not excluded from the general education system on the basis of disability', that reasonable accommodation be provided and that '[e]ffective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion'.

In its [General Comment on the right to inclusive education](#), the CRPD Committee recognised that:

Many millions of persons with disabilities continue to be denied the right to education and for many more education is available only in settings where persons with disabilities are isolated from their peers and where the education they receive is of an inferior quality.

(para. 3)

While some jurisdictions did prioritise the educational provision for children with disabilities, in some cases this resulted in the maintenance of segregated schools which are contrary to the requirements of the CRPD:

... the segregated schools are exempt from lockdown unlike mainstream schools, ... so everything has been done to keep the system in place which needs to be overcome according to the CRPD ...

GRPR1

And even where children attended mainstream educational settings, a sense of 'difference' was perpetuated:

... the government decided that children with disabilities have access to the schools even if their classmates are at home. ... but it was a kind of a paradox, because the children with disabilities ... were treated differently and they don't have a real inclusion, because they are at school, but they are totally alone.

ITPR1

In its General Comment on the right to inclusive education, the CRPD Committee noted the risk of situations of emergency having a disproportionate impact on the right to inclusive education. As such:

States parties should adopt inclusive disaster risk reduction strategies for comprehensive school safety and security in emergencies that are sensitive to learners with disabilities. Temporary learning environments in such contexts must ensure the right of persons with disabilities, in particular children with disabilities, to education on the basis of equality with others. They must include accessible

educational materials, school facilities, counselling and access to training in the local sign language for deaf learners.

(para. 14)

Nevertheless, the legacy of exclusion continued during the pandemic, with people with disabilities experiencing greater negative impacts on their education. For example, the closure of schools was not always followed by the provision of remote learning arrangements that were accessible for all students, and not all educational supports provided in the school setting (e.g. learning assistants) were transferred to the new learning arrangements.

Once other formats were established, like online learning, it was not... It became clear that nobody ever thought about accessibility or how can it be made suitable for parents now that they have a disabled child at home the whole day and they have to put effort into it.

GRDPO1

I don't think that when everything, all the schools went digital or into video learning that disabled students were – that there was any policy in place how to include disabled students who might have difficulties using a Zoom tool, software. I think that was one of the biggest issues and then also I do know that some what we call inclusion assistants who accompany disabled students to school had to discontinue working because they were not paid for anymore and again the disabled child was left with the support only the family could give.

GRPR1

Alternatively, some people with disabilities found that they preferred online education. A DPO for Deaf people explained:

... Most of the older 18, 19, 20-year-olds, they would have had experience with computers and technology, so it would have been more accessible for them to do it through Zoom and the interpreter was there on Zoom. So, that was actually very handy for them and they would have had their notes done as well. So, some felt very comfortable with it, some didn't want to be in the classroom with hearing peers because it's quite isolating. So, actually at home for them, everyone was isolated so actually it was okay.

IRLDPO2

But this was not consistently the case and a DPO for Deaf people in another jurisdiction relayed the lack of information provided to Deaf parents about changes to educational provision:

... we had parents who were actually approaching us to ask that they had no information about how to cope with the schools at that stage. There was no information coming out from the education departments on how to, how things were going to be rolled out and parents were kind of left, deaf parents were finding it very hard to get access to information, so that had to be explained back that you cannot send them out scripts of information, it has to be translated into sign language, so by approaching the education authorities they were able then to start to translate all of the information on their websites into BSL and ISL clips and the education authority then contacted all the schools to make sure there was awareness there that if you have a parent who is deaf, with a hearing child or to make sure that they are included because ... parents weren't able to contact schools directly, they couldn't call, they couldn't voice call into the school so they started then to set up things like WhatsApp calls where information sent through the education authority and once they looked at it all they ...they set up an agreement with [a video relay service] where they were allowing any deaf parent who wished to contact the school were able to do so through an online interpreter

UKDPO3

In one jurisdiction, the way in which educational provision by the national TV channel was broadcast meant that Deaf children were 'othered' from hearing children, as a DPO explained:

... the TV programme that was created on RTÉ [the national broadcaster], but there was nothing for deaf children. So, then we had to campaign to them and advocate to them to get it. But we were behind. Hearing children were looked after first and then at 11 o'clock, they would have... sorry, the hearing children were at 11 and then at 1 o'clock they would do the ISL. But any deaf child with hearing brothers and sisters, they should have just had it altogether instead of having them separate, a separate programme. So, it was at a different time of 1 o'clock. And then that 1 o'clock one was translated into ISL and it was also on a different channel, it wasn't RTÉ 1, it was just thrown over to RTÉ 2 News Now [a different TV channel]. So, it wasn't even the main channel. So, of course, families wouldn't watch it, they weren't going to watch two programmes at the same time repeated. So, that was extremely frustrating. I wanted the deaf children with their... the deaf children should have been able to watch it with their brothers and sisters, not separating them. You know, having it on a separate TV channel at a separate time.

IRLDPO2

A clear message which emerged from the ResPoNCE study was the sense of injustice felt by people with disabilities at the swift move to remote delivery of education, when similar requests on the basis of reasonable accommodation had often been denied to students with disabilities in the past.

I found it really interesting in, as soon as lockdown came, suddenly accommodations that disabled people have been looking for and being refused for years, overnight became available to everyone. Like, being able to log on and attend a class remotely, or things like that. And it was just like, okay, so it is actually possible to do this, and you couldn't be arsed – pardon my expression, but you just couldn't be arsed before now, because it didn't affect the majority of the people. And I think a lot of people felt that was just a huge slap in the face – and it just showed just the level of... it showed a level of disrespect, and how reasonable accommodation just... it's done in the minimal amount possible, rather than maybe best practice, and what is in the best interest of the student. Or even staff member. And now that things are going back to in-person, on-campus, things are... those accommodations that have enabled disabled students to really thrive in that academic space, they're being rolled back on now, because it's no longer seen as necessary because people can attend in person.

IRLDPO4

The GLAD (Global Action on Disability) Network's Inclusive Education Working Group issued a [statement](#) outlining the requirements for a disability-inclusive response to the pandemic in the area of education.

Universal design in education is a key aspect of ensuring that people with disabilities are not disproportionately impacted by changes to educational provision during public health emergencies. A universal design for learning approach has been endorsed by the CRPD in its General Comment, where it defines this approach as:

... a set of principles providing teachers and other staff with a structure for creating adaptable learning environments and developing instruction to meet the diverse needs of all learners. It recognizes that each student learns in a unique manner and involves: developing flexible ways to learn, creating an engaging classroom environment; maintaining high expectations for all students while allowing for multiple ways to meet expectations; empowering teachers to think differently about their own teaching; and focusing on educational outcomes for all, including persons with disabilities.

(para. 26)

The [UDL Guidelines](#) provide detailed guidance on creating accessible and adaptable learning environments which meet the needs of all learners. And in direct response to the change to distance and/or remote learning for people with disabilities, UNESCO drew up a [policy brief](#) with recommendations.

States should:

- Implement the requirements of the CRPD regarding the abolition of segregated education.
- Ensure that children with disabilities are not 'de facto' segregated from other children due to separate educational provision during public health emergencies.
- Provide accessible learning materials to children with disabilities, including for remote learning.
- Maintain flexible and remote learning options after public health emergencies subside, in order to ensure continued accessibility for some people with disabilities who may prefer these learning options.

Employment

Article 27 of the CRPD requires States to safeguard and promote the right to work of people with disabilities. They must prohibit discrimination on the basis of disability 'with regard to all matters concerning all forms of employment' and ensure the provision of reasonable accommodation. The CRPD Committee has adopted a [General Comment on Article 27](#) which provides further detail on its interpretation.

People with disabilities are employed at lower rates than others, and their forms of employment tend to be lower paid and more precarious. Much of this can be attributed to the systemic disadvantage and stigma which they experience in both education and employment.

Employment is another area where people with learning disabilities do not have equal opportunities because we don't get proper education, it becomes difficult for us to progress to getting qualifications and proper jobs, we are often expected to volunteer or do work in a day centre for very little money and no real responsibility, you feel that society does not value the contribution you can make, to make after the right support.

UKDPO1

This pre-existing inequality positioned people with disabilities at greater risk of unemployment, resulting poverty, and other negative socio-economic consequences during the pandemic. As one DPO explained:

... they had less job security even before the pandemic. Of course, they were much more affected because they didn't have permanent jobs. I mean many of them don't have permanent jobs, it's temporary jobs and of course if you are going to fire people then you fire people with temporary jobs first. So yes, but it was not because of the pandemic, they had low job security even before the pandemic.

SWDPO1

Some jurisdictions were slow to put financial support in place for those who could not work or transition to remote working:

... persons with disabilities they usually have low-income jobs as well and that the type of jobs where you cannot carry out from home so you have to go to your work. So, they had to go to work, they were not able to work remotely from home and at the same time many of them have many chronic diseases which makes them risk group for this virus. So, what happens was that some of these they had to stay home without getting paid and government tried to substitute this with some type of payment but this didn't happen until six months later. So, I think from August 2020 but came out four months after the first wave, they could apply for this type of payment from the government. So, they were very much affected economically as well.

SWDPO1

And for some people with disabilities, the status of their employment and the pandemic-related changes were not clearly explained. As a DPO for people with intellectual disabilities set out:

... one [of our] member[s] during lockdown said, 'I'm on paid leave but it has not been explained to me if this is furlough or not', this shows a gap of communication on having access for information, ...

UKDPO1

The move to remote working was also a powerful factor in how people with disabilities experienced employment during the pandemic:

For some disabilities such as autism, for example, working virtually or remote working was just not possible for them because they have trouble interacting over a camera. It's not natural for them and they found it difficult. So, they did set up telephone solutions, but this was more to keep in contact again and not necessarily to follow up after they lost jobs or to help them in the workplace, it was more psychologically to support them and keep the contact with them.

FRDPO1

Deaf people experienced particular challenges with some aspects of digital working:

... the Zoom meetings with a lot of people for deaf people really challenging because you have all these screens and you have to be watching all the screens all the time, it's very confusing, it can be very, very tiring and then before you will have one or two per day, meetings where now you'll have constantly meetings because

of the situation, so it was really, really tiring even for our eyes, I actually have drops for my eyes because they are really, really hard.

SPD

CBM have developed a useful [toolkit for accessible meetings and conferences](#).

Despite some examples of employment-related adaptations brought about by the pandemic, the period of ‘recovery’ has also been more challenging for people with disabilities:

... the job market is now very competitive because people have lost jobs. Everyone’s competing in a narrowing field. Obviously there are some jobs that are not accessible or adaptable for people who have disabilities and that’s a challenge ... I suppose as well less of a willingness from these businesses to adapt and to have a conversation about adapting what they do. Because they feel ... they did feel so vulnerable in terms of having to just get back up and running and start making money again.

UKPR2

Article 27(1) of the CRPD states that people with disabilities have the right ‘to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities’ and that they have a right to equal remuneration for work of equal value. Article 27(2) also requires that persons with disabilities be ‘protected, on an equal basis with others, from forced or compulsory labour’. The CRPD Committee’s General Comment on employment also makes clear that ‘persons with disabilities should not be segregated in sheltered workshops’ (para. 12) and that segregated employment ‘is not to be considered as a measure of progressive realization of the right to work, which is evidenced only by freely chosen or accepted employment in an open and inclusive labour market’. Despite this, the continued existence of sheltered employment in a number of jurisdictions created even larger rights issues during the pandemic. For example, in one jurisdiction, people with disabilities working in sheltered workshops were subject to pay and leave discrimination:

People working in sheltered workshops did not receive their full salary, which is already far too little and hardly sufficient to defray their living expenses. Further some workshops want to shorten the holiday claim of their disabled workers, with the substantiation that they did not work during the first wave. An unfair and unlawful strategy against disabled workers.

GRDPO1

States should:

- Address the lower rates of employment of people with disabilities by putting in place accessible education and training programmes. Provide financial incentives to employers to

hire people with disabilities in the 'recovery' period after public health emergencies, in order to avoid a greater entrenchment of inequality in employment.

- Ensure that there is accessible public information on employment rights and financial supports available where public health requires changes, such as remote working and salary-replacement payments.
- Require employers to provide reasonable accommodation to employees with disabilities regarding teleworking and other forms of remote work.

Respect for legal capacity

Abolition of all forms of substitute decision-making

In accordance with Article 12 of the CRPD, States are under an obligation to abolish all forms of denial of legal capacity based on disability, and put in place systems which offer chosen supports to people with disabilities, in order to respect their will and preferences in all areas of life. The CRPD Committee's [General Comment on Article 12](#) links the right to legal capacity to other rights which are of central importance to decision-making during public health emergencies, including the right to decide where and with whom to live, the right to health, and the right to education and employment.

Respect for and/or provision of chosen support

A core aspect of respect for legal capacity is the recognition of the right of people with disabilities to choose and avail of their chosen form of support in exercising their legal capacity. Chosen support for decision-making becomes all the more vital where laws, policies and information are changing during the course of a public health emergency. Decision-making supporters play an important role in helping people with disabilities to understand and decide in areas such as medical treatment, testing and vaccination, as well as whether someone is entitled to exercise a lawful exemption to rules and guidance which States impose in such circumstances.

The European Network of National Human Rights Institutes (ENNHRI) and Mental Health Europe have produced a [report on implementing supported decision-making](#) which provides useful guidance on how States can achieve their obligations under Article 12 of the CRPD. Committee for the Elimination of All Forms of Discrimination Against Persons with Disabilities (CEDDIS) of the Organization of American States (OAS) has also published a [Practical Guide for the Establishment of Support for the Exercise of the Legal Capacity of Persons with Disabilities](#) which addresses how support for legal capacity can be achieved in areas such as independent living and ensuring free and informed consent.

States should:

- Abolish all forms of substitute decision-making.
- Recognise and vindicate the right to legal capacity and supported decision-making in all aspects of public health emergency policy.

Respect for autonomy

Acceleration of deinstitutionalisation

The institutionalisation of persons with disabilities is contrary to Article 19 of the CRPD, which provides for ‘the equal right of all persons with disabilities to live in the community, with choices equal to others’.

The CRPD Committee has adopted a [General Comment on Article 19](#) and has also created [Guidelines on deinstitutionalization, including in emergencies](#) - in part as a response to the rights violations which arose in the initial stages of the pandemic. The Guidelines confirm that ‘[t]he exercise of the rights under article 19 of the Convention cannot be suspended in situations of emergency, including in public health emergencies’. Indeed, in light of the increased risk which public health emergencies may pose to persons in institutional settings, the obligation to vindicate the rights of persons with disabilities to live independently and be included in the community should take on greater urgency:

During emergencies, persons with disabilities with the highest health risks should be prioritized for deinstitutionalization.

(para. 110)

However, there is evidence that in many cases, rather than being dismantled, institutional systems were in fact actively maintained and supported during the pandemic. This is contrary to the CRPD Committee’s Guidelines on deinstitutionalization, which state that:

The principles of the [CRPD] should be integrated into emergency preparedness, response and recovery with clear time frames, adequate resources, budget allocations, trained staff and clear responsibilities. Deinstitutionalization should be included in national emergency protocols, including, but not limited to, evacuation scenarios and the provision of accessible information and communication helplines.

(para. 112)

The Guidelines are also clear that:

States parties should ensure that institutions are not rebuilt or repopulated after emergencies. States parties should provide adequate financial and human resources to ensure that persons with disabilities are not left behind in response and recovery processes; measures to do so could include transferring funding from institutions to community support and services.

(para. 113)

Maintenance of disability supports/services - based in the community

The suspension of (or major reduction in) the provision of supports and services in the community, such as day and respite services, as well as access to rehabilitation, arose as a major issue which impacted upon the wellbeing and autonomy of persons with disabilities during the pandemic. In some cases, where support or personal assistance was not transferred to in-home provision, it also

required family members to provide care and support in already challenging circumstances. The failure to maintain disability-related supports and services led to some State actors offering institutional placements, contrary to the clear requirements set out in Article 19 of the CRPD:

... for a lot of people where councils were struggling to kind of get them support, it would be a care home would be the answer and actually that then removes independence and I think becomes really challenging about our values of not going back the way in terms of all the problems that come with institutionalisation.

UKPR2

While States do not have day-to-day control over the running of the health and social care services which provide these supports, they do have a role in the creation of the rules which set out what services are considered as essential (and can therefore continue to operate). Disability services which cannot be provided remotely (either due to the nature of the service or because of the particular support needs of the person) should be classed as a priority and appropriate funding and other support (e.g. the provision of PPE) should be provided.

Provision of financial support (including 'cost of disability' funding).

While many States put in place financial support for people who could not continue to work or who were deemed to be in 'vulnerable' categories, in many cases this took time to put in place:

... some of these [people with disabilities] had to stay home without getting paid and government tried to substitute this with some type of payment but this didn't happen until six months later. So, I think from August 2020 but came out four months after the first wave, they could apply for this type of payment from the government. So, they were very much affected economically as well.

SWDPO1

Some research participants also noted the contrast between the financial support provided by the State to institutional settings, as opposed to financial supports provided to individuals with disabilities living the community:

... there was a lot of benefits released for institutions so that they could continue running like sheltered workshops, like day care centres, like group homes, ...and everything which would be fall into the rehab paradigm or the rehab sector, I would say but for people who organise their assistant services independently, there is hardly any benefit or subsidy out which would help soften the impact of COVID-19 on them.

GRPR1

In addressing inclusive community support services, systems and networks, the CRPD Committee's Guidelines on deinstitutionalization specify that:

Persons with disabilities should receive individualized and direct funding that provides for basic income security and coverage of health-care and disability-related costs, including components related to repairing the harm caused by institutionalization, in accordance with their will and preferences. Individual funding should be regularly revised according to the person's requirements and in case of emergencies. Funding should be adapted to changes in costs throughout the lifespan and take into consideration inflation. Administrative support and empowerment, through peer support and self-advocacy, should be available to encourage the take-up of user-led funding options. For persons leaving institutions, income support should be tailored to their new living arrangements.

Rapid and appropriate levels of financial support for people with disabilities which compensates for loss of employment and other sources of revenue should form part of pre-existing preparations for public health emergencies. Financial support for the payment of personal assistants should also be included, as should the 'cost of disability', i.e. expenses which arise as a result of the person's disability such as the repair of assistive devices, payment for chosen support, medicines and mobility and transport. The administration and management of all financial supports should be by the person themselves.

States should:

- Comply with their obligations to abolish institutionalisation and vindicate the right of persons with disabilities to live independently and be included in the community.
- Until full deinstitutionalisation has been achieved, ensure that public health emergency protocols consider the rights of persons with disabilities, particularly the need to move people out of institutions in light of the increased risk of mortality that they can pose in public health emergencies.
- Ensure that people are not moved back into institutions after public health emergencies and that the funds used to support those settings are instead ring-fenced for community-based alternatives.
- Maintain disability related services to the greatest extent possible during public health emergencies.
- Classify disability related supports which cannot be provided remotely as 'essential services' which should continue, accompanied by the provision of appropriate equipment and funding to people with disabilities and their supporters.
- Provide financial support to people with disabilities who may not be able to return to work at the same time as other members of the public due to additional risks posed by the public health emergency, as well as to cover the cost of their disability and additional measures they may need to take to ensure their health and safety. This funding should be provided directly to the person and should be controlled by them.

Monitoring and Oversight

A core aspect of ensuring that the rights of persons with disabilities are respected during public health emergencies is the existence and maintenance of oversight bodies at various levels of governance. The purpose of this should be to safeguard against rights-violations which could result from legislative and policy responses to public health emergencies, as well as changes to the operation of State actors which could potentially give rise to such violations. In respect of all of these aspects, the active consultation with and involvement of people with disabilities in monitoring of oversight should be ensured, as well as during all stages of emergency planning prior to emergency events.

Policy oversight

National Human Rights Institutions (NHRIs) have an important role in assessing a State's compliance with its obligations under the CRPD, including during public health emergencies. NHRIs are generally one of the national monitoring mechanisms charged with promoting, protecting and monitoring the implementation of the CRPD.

While NHRIs in a number of countries played an important role in evaluating the compatibility of State responses to the public health emergency in accordance with the CRPD, their role should begin earlier in the process – ensuring that they are actively consulted (along with representative organisations of people with disabilities) on the formulation of framework legal and policy responses, before the public emergency occurs..

Oversight of services

States' ultimate objective should be the dismantling of institutions and support for the right of persons with disabilities to live independently in the community. However, while institutional settings do still exist, there is an important role for oversight bodies that are charged with monitoring disability-related health and social care services. In a number of jurisdictions, the monitoring of places of detention of persons with disabilities ceased due to public health restrictions. One representative of a monitoring body explained what this meant in practice:

... we stopped doing site visits about April 2020. I think we started again about a year later. And then it's been kind of off and on. We're still doing a fair amount of what we call virtual visiting depending, you know, on what's going on. So, some of our visits were reduced to an experience a bit like this. Which actually, some of it's not too bad. You know? I mean, we kind of assumed it was very second-best thing to do anyway because obviously there's no... There is no proper way to see what's going on in the ward other than to just cross the threshold and be there and experience everything about it. So, through the medium of this, it was a very different type of oversight we were giving to services. We still did... In theory, we would still have gone in if anywhere was dangerous. If we were really concerned that people were being abused, we would have gone in. That was very rare. It wasn't very necessary that much. But I suspect of course the difficulty is we say things like that quite confidently but how would we know?

Even where monitoring did continue, constraints meant that that oversight procedures and practices could not be conducted in the same way as before the pandemic:

... one of the big things actually that was very, very difficult for us as inspectors was the voice of the resident. We found that very difficult because we couldn't spend more than 15 minutes whereas before pre-COVID you'd go in, you'd have a cup of tea with the residents at the kitchen table. You'd really get the voice of the resident through that. They'd see your face. We'd to wear a face covering. They wouldn't know if you were smiling, you know? ... So, it took that away from us as inspectors because we get so much from talking to residents and we couldn't give them that time. And residents told us that as well. They found it very difficult.

In light of the fact that institutionalisation is itself a rights violation, as well as the known increased risk of other rights violations which can occur in such settings (e.g. the right to liberty and to protection from torture or cruel, inhuman or degrading treatment or punishment) States should explicitly ensure the continuation of in-person visits to such places during public health emergencies.

States should:

- Ensure that NHRIs are actively involved in the formulation and monitoring of public health emergency responses and all other emergency and risk planning by States.
- Classify the monitoring and oversight of institutions as essential and create protocols to ensure that oversight continues to be conducted during public health emergencies.

Examples of good practice

There have been examples of good practice in a number of areas affecting people with disabilities during the pandemic, which deserve to be highlighted and built upon in planning for a rights-based approach to planning for future public health emergencies.

Exemptions

... when the decision was made that for restaurants in malls people were only allowed to sit alone, sit one-by-one, then there were also the exemption that if you have a Personal Assistant with you, then you can sit with that person. So that was another one where they referenced...

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SWPR1

Accessibility and reasonable accommodation

... our communications department, and they would have set up... they have a user group which includes disabled persons – so, for testing, tracing. And actually, the deaf community were very active because of testing, and because of results, because it wasn't compatible with... whatever way the results were coming out. Actually, one of the things that was really good, that people were very quick to be able to say, hang on a second here, this isn't reaching us, you need to do something about it. And quick off the mark, and consistently.

IRLHSC1

For person with ASD being touched by a person, by another person, can be very stressful, and some hospitals try to arrange some particular structures with dedicated personnel in order to make this process, the swab test process, less traumatic.

IRLHSC1

... but what I am aware of is work that was undertaken during the earlier stages of the pandemic to ensure that the health passport for people with intellectual disability was, I suppose, quickly brought to a more broad level so that people going to hospital – I suppose the difference in accessing mainstream. So, let's say you had to go to an acute hospital because you had appendicitis, one of the key concerns that we had as a federation was that or as an umbrella body if you want to anonymise it is that people attending those appointments wouldn't have their support worker with them in the way that they would normally have had. So, we worked, all of the different umbrella bodies in the HSE and in the department, etcetera, looked at ways to support people. So, there was a health passport project that had been done in one region and we kind of together suggested that this would be made much more distributed much more widely and also that families would be encouraged to fill it out or support people - ... at this moment when the persons are well before they have an acute hospital appointment. So, for instance then we were supporting people across the organisations to say no my health and communication passport is this so that if a person was to go into hospital, not have a support worker, or family member with them, their preferred communication styles, key medications, etcetera would be understood by somebody in that

situation. So, we did try and do some forward planning in case people had acute episodes later on that that already been filled out and available quickly.

IRLHSC3

... we would have asked, okay so somebody who has needle phobia, or is going to be really overwhelmed in this kind of setting, what measure are in place. So, we were assured that, make it known, either when you're booking or when you are... now you see, because we had those big vaccination centres, because we had different approaches, people could be vaccinated, if they were in a congregated setting, they could be vaccinated with their GP, they could be vaccinated in those big centres. The big centres were probably more challenging, but they did have provision that, you know, first slots, last slots, when there's not that many people there. But the alternative was GP – GP is probably the safest, because they can do it first thing, last thing when it's quiet. And also, GPs are quiet, because nobody is going into them, they're all sitting in their cars outside.

IRLHSC1

Other relevant resources

- UNICEF, *COVID-19 response. Considerations for Children and Adults with Disabilities* (2020): <https://www.unicef.org/ukraine/en/documents/covid-19-response-considerations-children-and-adults-disabilities>
- United Nations, *A Disability-Inclusive Response to COVID-19*: <https://www.un.org/en/coronavirus/disability-inclusion>
- OHCHR Guidelines on COVID-19 and the rights of persons with disabilities: <https://www.ohchr.org/en/documents/tools-and-resources/ohchr-guidelines-covid-19-and-rights-persons-disabilities>
- The World Federation for the Deaf compiled a [toolkit on the inclusion of Deaf people during the Covid-19 pandemic](#) which also has broader application to other public health emergencies.
- UNESCO have drawn up [best practice recommendations](#) to ensure a disability inclusive response to the Covid-19 pandemic which can be drawn on in planning for future public health emergencies.
- Australia's National Disability Service (NDS) created a [Covid-19 toolkit](#) which contains additional resources on many of the areas covered in this toolkit.
- The Commonwealth Forum of National Human Rights Institutions' report on ['Protecting disabled people's rights during COVID-19: good practice from across the Commonwealth'](#) contains examples of good practice.
- UNICEF produced a report, [Learning About Meaningful Engagement with Organizations of Persons with Disabilities in Public Health Emergencies, Including COVID-19](#), which contains

examples of good practice and learnings from partnerships with organizations of people with disabilities (OPDs) in public health emergencies, including COVID-19.