

## Resolution on COVID 19 and Disability

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### Document for information

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EDF will adopt and publish the full resolution by the Annual General Assembly. For communication purposes we will use the headline recommendations; we are adopting a long resolution to be sure that all issues our members have raised are included and considered

### **Resolution on COVID 19 and the rights of persons with disabilities Adopted by EDF General Assembly 2020**

#### **Calling on the European Union, and European countries to ensure the full inclusion of persons with disabilities in their efforts to combat the COVID 19 pandemic**

In light of the fact that all European countries are currently dealing with a global health pandemic which is affecting every area of society and the economy, with levels of death and infection rates continuing to increase daily;

In light of the fact that there are an estimated 100 million persons with disabilities in the EU, representing 15% of the total population; and that the pandemic itself, and all of the measures taken to combat it are having a disproportionate effect on persons with disabilities and their families;

Recognising that the European Union (EU) as a regional organisation, all EU Member States and most European countries outside the EU have ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and are thus bound by the all obligations enshrined within it;

Recalling that the CRPD imposes obligations on all its states parties undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability, including the the right to health (article 25), the right to life (article 10), the right to a decent standard of living and social protection (article 28), the right to involvement and participation (article 4.3), the right to be free from violence (article 16) and the right to education (article 24);

Recalling that under the CRPD, states have obligations to ensure the rights of persons with disabilities in situation of risks and emergencies (article 11) and in international cooperation (article 32);

Recalling the Inter-agency standing committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, as well the World Health Organisation (WHO) considerations on disability during the COVID-19 outbreak, to ensure the rights and needs of persons with disabilities are met in the UN Global humanitarian response plan COVID-19 and other operational plans;

Recognising that the EU and all EU member states have committed to the 2030 Agenda for Sustainable Development and its 17 sustainable development goals, including on good health and wellbeing, quality education, gender equality, clean water and sanitation and reduced inequalities;

Recognising that the Charter of Fundamental Rights of the EU sets out the full range of civil, political, economic and social rights to which the EU is bound as well as the EU member states when implementing EU law, including the right of human dignity (article 1), the right to life (article 2), the right to non-discrimination (article 21), the right to health care (article 35), the right to social assistance (article 34), the right to education (article 14), the right to integration of persons with disabilities (article 26) and the rights of children (article 24) and the elderly (article 25);

Acknowledging that the COVID 19 pandemic has resulted in the deaths of a disproportionate number of inhabitants of residential homes and group homes, where older people and people with disabilities live;

Taking into account that support services for persons with disabilities have been closed, lost funding and lost staff, almost overnight, leaving persons with disabilities and their families with no support;

Given that the lack of personal protective equipment available to persons with disabilities, their family members and service providers;

In view of the fact that persons with disabilities may be obliged to continue to self-isolate for a longer period of time than the rest of the population, if they also have pre-existing health conditions;

Recognising that persons with disabilities, living in segregated institutions, including institutions and psychiatric hospitals, are obliged to isolate at home, are more at risk of violence and abuses- this applies in particular to women with disabilities;

Recognising that children and students with disabilities have more difficulty accessing quality inclusive education than other children and students, and that exclusion may worsen during the pandemic;

Recognising that COVID-19 will not only devastate Europe's society and economy but is also set to wreak havoc globally, and low and middle income countries will be in a very vulnerable position to manage the pandemic and ensuing crisis, and to protect the lives and dignity of persons with disabilities;

The European Disability Forum and its members call on the EU institutions, the Member States and all European countries as well as partner countries in EU external action, international cooperation and humanitarian action to:

## **Ensure the EUs global response to COVID-19 is compliant with the UN Convention on the Rights of Persons with Disabilities**

The EU must prevent discrimination, in any forms, made on the ground of disability, health conditions, gender or age; and denounce situations firmly when discrimination would happen. This should be carefully monitored within the EU but also in all EU country partners around the globe.

## **Make public health communication accessible**

Every person has the right to immediate and correct information on the pandemic and the measures they and their families should follow. This includes:

- Ensuring that all public websites, mobile applications, and digital content providing relevant information to citizens comply with accessibility standards (e.g. the European Standard EN 301 549 or WCAG 2.1) – this is required by EU Law: Directive (EU) 2016/2102
- Making sure broadcast of emergency information, including public communications and announcements, is accessible to persons with disabilities (this is required by EU Law: Directive (EU) 2018/1808). This can be done by:
  - ensuring all emergency messages are clear, easy to understand and action-based (for example, stay inside, do not come into close contact with others, etc.).
  - ensuring emergency information is broadcasted with both live captioning and sign interpretation
  - making live captioning is adjustable in format (for example, adjusting font size can make it accessible for persons with low vision)
  - ensuring sign language interpretation is provided by skilled professionals and avatars are avoided, to make sure crucial elements of the information such as sense of urgency are properly transmitted and understood
  - making use of pictograms to make information accessible for viewers who might not understand the language, or persons with intellectual disabilities
- ensuring all published information is in plain language and easy to read format

- providing alternative and accessible methods of accessing general information, not only relying on websites (automatic phone lines, videos, leaflets, etc.)
- use of fully accessible digital technology
- ensuring telephone numbers and other direct channels providing public health information are fully accessible through total conversation and real-time-text services, as well as through relay services for deaf and hard of hearing people
- ensuring emergency numbers and hotlines set up for the pandemic (both 112 and specific phone numbers set up for this pandemic) are fully accessible through total conversation and real-time-text services, including relay services for deaf and hard of hearing people
- ensuring availability and affordability of assistive technologies necessary to access emergency information and communication by persons with disabilities
- Special attention is paid to the accessibility needs of deafblind people, as they will be very negatively impacted by social isolation or physical distancing measures – authorities must provide websites with plain text and sign language interpretation in adjustable size and colour contrast (as opposed to small windows on the corner of the image)
- This applies to all public and private information including national and local news providers (both live and recorded) and health services. Specific web pages with frequently asked questions for concerns of persons with disabilities and their families can be also useful.
- Support EU partners low and middle-income countries putting in place accessible technology in order to reach out to persons with disabilities. All persons, including those living in remote rural areas, as well as citizens on the move must have equivalent access to emergency public information and communication channels

## Issue and enforce non-discriminatory ethical medical guidelines

- In countries where healthcare professionals will not be able to provide the same level of care to everyone due to lack of equipment and underfunding of the healthcare sector, medical guidelines need to be non-discriminatory and follow international law and existing ethics guidelines for care in the event of disaster and emergencies. These are clear: persons with disabilities cannot be discriminated against.
- In producing these guidelines authorities must take into account their commitment to the UN Convention on the Rights of Persons with Disabilities, especially [article 11](#) - situations of risk and humanitarian emergency.

## Ensure accessible, inclusive, hygienic health services and other facilities

- Remove any financial barriers to access healthcare.
- Facilities and services involved in providing quarantine should be fully accessible to persons with disabilities, including full accessibility of information.
- Ensure that any support provided to homeless persons is accessible.
- Sign language interpreters, personal assistants and all others that support persons with disabilities in emergency and health settings should be given the same health and safety protections as other health care workers dealing with COVID 19.
- Health care workers should be informed about the risks facing people with pre-existing conditions which leave them vulnerable to respiratory conditions.
- Instructions to health care personnel should highlight equal dignity for people with disabilities, that communication should be done directly with the person with disabilities whenever possible. They should include safeguards against disability-based discrimination. Rapid awareness-raising of key medical personnel is essential to ensure that persons with disabilities are not left behind or systematically deprioritised in the response to the crisis.
- All entry points to health facilities (including those which may have been deemed 'secondary' entrances and which are, in fact, the only accessible approach) should be treated with the same hygiene protocols as all other parts of the service. This includes cleaning handrails of ramps or staircases, accessibility knobs for doors, etc.
- Sterilisers and other hygiene materials should be equally available for persons with disabilities. They should be located in an accessible place, there should be accessible information to point to its location, and the mechanism to dispense the product should be accessible.
- The EU should provide countries with a lack of personal protection kits with kits to avoid infection. This equipment should be for frontline employees such as healthcare staff, social workers, law enforcement officers, persons with disabilities and disability service providers etc.
- Persons with disabilities should not be segregated into separate facilities, where healthcare for COVID-19 is often of a lower standard.

- The EU should support partners low and middle-income countries with the strengthening of their health systems, providing universal access to health services and social protection or other cash transfers that reach persons with disabilities.

### **Invest in provision of services and support - European solidarity is needed to ensure strengthening of essential services**

- Health and social care systems are consistently underfunded across the EU. Investment in these services is essential and urgent to ensure they can meet the increased costs associated with the crisis, including medicines, protective materials and overtime of staff, in a way that is inclusive of everyone in the affected population.
- EU needs to provide additional emergency financial support to help Member States at this extremely difficult time for some countries.

### **Involve persons with disabilities in the COVID 19 response and recovery**

- Persons with disabilities, through their representative organisations (Disabled People's Organisations - DPOs), are the best placed to advise authorities on the specific requirements and most appropriate solutions when providing accessible and inclusive services; this applies within the EU and also globally
- All COVID-19's containment and mitigation activities (not only those directly related to disability inclusion) must be planned and implemented with the active participation of persons with disabilities and DPOs - this applies to community and population wide initiatives as well as to individual situations and low and middle-income countries partners of the EU.
- Financial measures to combat COVID 19 and to implement the COVID 19 response and recovery should include investment in the capacity of organisations of persons with disabilities to fulfil their support and advocacy role.

### **Ensure marginalised and isolated people are not left without essential goods, support and human contact**

- Put in place flexible mechanisms to authorise persons with disabilities to be able to leave their homes during mandatory quarantines, for short periods and in a safe way, when they experience difficulty with home confinement.
- Check and guarantee that residents are not being abused and neglected and that forced seclusion, forced restraint and forced medication are not being used or escalated during this crisis



- Introduce proactive testing and stricter preventive measures for groups of persons with disabilities, including those living in institutions, in prisons, or homeless people, and those who are more susceptible to infection due to the respiratory or other health complications. These measures should extend to their support networks.
- Ensure that persons with disabilities, wherever they live, including in residential institutions, have equal access to treatment.
- Persons with disabilities should not be institutionalised because of quarantine procedures beyond the minimum necessary to overcome the stage of their illness, and should be treated on an equal basis with others.
- Authorities should take measures to drastically reduce the number of people in residential institutions and psychiatric units and institutions: it is not only an infringement on human rights, but they are also settings with higher likelihood of infection.
- If residential and psychiatric institutions are not closed, authorities should urgently ensure that strict hygiene and prevention measures are guaranteed.
- Authorities should conduct visits and carefully monitor the activities of institutional care facilities to ensure that residents are not left abandoned or put in danger by staff shortages and absence. Residents should have access to information on their rights and means to report violations.
- Government planners must consider that mobility and business restrictions disproportionately impact persons with reduced mobility and other persons with disabilities and allow for adaptations. Examples of such adaptations can include specific opening hours to persons with disabilities and older persons or priority delivery services.
- When visits to residential care facilities are banned and social distancing is recommended, people who are already more isolated will be among those most impacted. Nobody should be left without support, food and essential services. Planners must ensure that no-one is left behind and measures are taken to reduce isolation.
- EU guidelines should ensure that EU countries focus support on particularly vulnerable groups, such as persons with disabilities and their families. They need to make sure they receive all the support they may need as a result of their greater vulnerability and risk at this time.
- Provide an accessible hotline for disability services so that service users and people in the support network are able to communicate with government and raise concerns.

- Provide persons with disabilities and their family members with information and guidance on what steps they can take in case their personal assistants, members of their support network, or other professionals providing support become ill with COVID-19.
- In case of food or hygienic products shortage, immediate measures must be taken to ensure that people with disabilities are not left out and receive essential goods and services as a matter of priority.
- All plans to support women should be inclusive of and accessible to women with disabilities and, conversely, programs to support persons with disabilities should include a gender perspective
- Conduct community outreach activities to identify and rescue persons with disabilities deprived of their liberty or ill-treated at home or within communities and provide adequate support to them in a manner that respects their human rights.
- Provide support to incarcerated persons with disabilities and the services they rely on.

### **Strengthen support networks and provision of assistive devices**

- Earmark EU funding from the European Coronavirus Response Investment Initiative specifically to support community-based disability support services.
- Funding and practical solutions must be available to ensure that persons with disabilities are not negatively affected by the temporary loss of people from their support networks (including personal assistants, family, and specific professional services) through illness or indirect impact of COVID-19.
- Designate providers of support services (including interpreters, disability support workers, family carers and personal assistants) as 'key workers' who should continue to work and be provided with the personal protective equipment and instructions needed to minimise exposure and spread of infection, as well as be proactively tested for the virus on a priority basis. Workers should be allowed to travel to and from the workplace (both organisations or clients' homes).
- Urgently provide personal protection kits to persons with disabilities (including those in residential institutions and penitentiaries), to members of their support network, including personal assistants and deafblind interpreters.
- Provide persons with disabilities and their family members with information and guidance on what steps they can take in case their personal assistants, other professionals providing support become ill with COVID-19.



- Support agencies providing disability services, and user-led organisations of persons with disabilities, in developing continuity plans, for situations in which the number of available staff may be reduced. This includes reducing bureaucratic recruitment barriers while still maintaining protection measures, such as background checks for disability support staff.
- Invest in support services and ensure they can meet the increased costs associated with this crisis, including medicines, protective materials and overtime of staff, in a way that is inclusive of everyone in the affected population;
- Ensure that support services have hygiene supplies and that strict hygiene and prevention measures are undertaken. These supplies should also be available to residents and posted in accessible formats publicly in the institutions
- Similarly, services involved in the provision and repair of essential assistive devices must be prioritised.
- Deafblind interpreters and support staff often need to be physically close to deafblind people— authorities must ensure they receive adequate personal protective equipment and that social isolation measures allow them to do their job.
- Authorities should provide an accessible hotline for disability services so that service users and people in the support network can communicate with government and raise concerns and report human rights abuses.
- Crisis and confinement measures will affect mental health and generate fear and anxiety; demonstrating solidarity and community support is important for all.

## **Protect the income of persons with disabilities, now and in the future**

- Authorities need to put in place financial measures (within a broader-based economic stimulus package) to support persons with disabilities. These measures may include but are not limited to lump sum payments for qualifying individuals, tax relief measures, subsidies for goods or leniency for the payment of specific expenses and automatic extension of any soon-to-expire disability related entitlements.
- Authorities must extend cash transfers and disability entitlements to all persons with disabilities officially registered that may not be eligible under regular circumstances, regardless of their current work status.
- Authorities need to ensure that persons with disabilities and underlying health conditions can work from home, and, if this is not possible due to the nature of the job

or any other reason, need to ensure a special leave that guarantees 100% of the employee's income.

- Remote work or education services must be equally accessible for employees/students with disabilities. Authorities, organisations and educational institutions should ensure sign interpretation, live captioning, adapted work and any other measures in close consultation with employees and students with disabilities.
- Many persons with disabilities with underlying health conditions may need to stay at home for longer periods than average. Organisations and educational institutions must ensure that the remote systems will be kept in place to ensure persons with disabilities can still work and study during these extended periods.
- In many countries, there are radical changes being made in public services, including closure of education and rehabilitation services, day care facilities and crèches. It is essential that people who must leave work in order to support their family members, or others they may be assisting, continue to receive an acceptable level of income during this period.
- Ensure a minimum income for students, volunteers workers participating in a mobility programme such as Erasmus+ and the European Solidarity Corps. No matter whether the project needs to stop or continue young people with disabilities or workers in the framework of a mobility programme should have the necessary financial means accommodation and support they need.
- Allocate extra funding for the hosting organisations in these programmes to pay any additional costs linked to disability and the pandemic circumstances that are not covered by their projects; an extra ticket to be able to return home and come back when the confinement has been lifted, provision of protection materials etc.
- Allocate adequate and additional funding to the EU global response plan, as redirecting current funding only would be insufficient and detrimental.

### **Ensure that public health communication messages are respectful and non-discriminatory**

- Many people with pre-existing health conditions, older people, and people with complex needs are more at risk of serious health complications due to COVID-19. However, public messaging on the topic must be respectful and free of bias, avoiding potential of discrimination towards any part of the population based on age or disability.
- Ensure that public health messages in accessible format reach persons with disabilities segregated in institutions (including psychiatric institutions).

- Use images that are inclusive and do not stigmatise people.

## **Guarantee the rights of women and girls with disabilities and take measures to combat violence and abuses**

- Ensure data disaggregated by sex and disability is available when compiling information: include differentiated infection rates, information on barriers faced by women when accessing available humanitarian aid, and the rates of domestic and sexual violence.
- Consult directly with organisations of women with disabilities concerning the situation faced by women and girls with disabilities, and in particular their needs and the steps that must be taken to face the pandemic.
- Include the gender dimension in the responses you are offering to people with disabilities. Responses should differentiate the particular needs of women and girls with disabilities, but also the specific needs they may have within each specific disability group.
- Involve women with disabilities in all stages of your responses and in all decision-making processes.
- Ensure women with disabilities working in all essential sectors (including healthcare, social services providers, shops, farming, sanitation, food production) are adequately taken care of and protected in the face of potential infection. This includes access to information, to personal protective equipment and hygiene products (including menstrual products).
- Support local organisations of women with disabilities or community-based groups of women with disabilities in developing accessible messages about prevention strategies and responses.
- Ensure access to sexual and reproductive health services, including prenatal and postnatal healthcare for women.
- Adopt measures to provide direct compensation to informal women workers, including healthcare staff, domestic staff, migrants and those in other sectors most affected by the pandemic.
- Foster policies to recognise, reduce and redistribute the unpaid work inside homes for healthcare reasons and to look after persons with disabilities, work mostly carried out by women, including women with disabilities.

- Ensure services in response to violence against women and girls stay available, including to women and girls with disabilities, or introduce them where they do not currently exist (helplines, shelters, etc).

## **Guarantee the rights of young people with disabilities**

- Ensure that when the recovery period starts young people with disabilities are fully included, and that programmes to support youth unemployment such as the Youth Guarantee are not suspended, postponed or underfinanced.
- Ensure housing and support solutions for young people living in a precarious situation.
- Ensure that mobility projects that are ongoing can continue in an adapted way and that upcoming programmes are not cancelled but postponed

## **Ensure education and training measures are accessible and inclusive of children, youth and all learners with disabilities**

- Ensure measures taken by schools and universities are accessible and inclusive of children and students with disabilities.
- Ensure that there is quality inclusive education during and beyond this crisis with the allocation of adequate resources as well as alternative and accessible education, based on the individual needs of learners.
- Ensure that all students (including those from low-income families) have access to remote learning with specialised digital equipment on an equal basis (laptops, notebooks, netbooks, laptops).
- Create an open communication channel proposing real-time messaging between educational staff and persons with disabilities and their support network to ensure better support
- Specific measures should also be put during the recovery phase from COVID 19 to encourage students with disabilities to go back to school and prevent permanent dropouts after the crisis ends.
- In light of new flexibility given to Member States on the use of Structural Investment Funds to fight COVID 19 and help with the economic recovery, ensure that funds are not channelled away from activities on the inclusion of persons with disabilities in education. We should not see any divestment from improving the physical accessibility of schools, the training of teachers on disability issues, and the hiring of teaching assistants to support pupils with disabilities, for example.
- Ensure that measures made available for distance learning are kept available as an option even after educational establishments eventually re-open. Certain learners with disabilities might be required to self-isolate past this date and must

be guaranteed continued access to teaching during this period. However, under no circumstances must persons with disabilities be compelled to use remote learning as an alternative to the provision of accessible mainstream educational settings.

- Ensure that teachers and other educational workers with disabilities, or that are part of the support network of persons with disabilities are given the opportunity, the tools and support necessary to continue distance-teaching if they are required to continue self-isolation after the re-opening of schools and universities.
- Provide extra support for learners for whom the break from routine and the sudden return to the classroom setting after months of confinement might prove especially difficult.
- The CRPD guarantees the right to quality inclusive education for children with disabilities in mainstream educational settings. Inclusive education is not a reality for all children with disabilities today. Ensure that learners with disabilities who are presently enrolled in 'special schools', or who are educated in segregated residential schools for children with disabilities are fully protected against COVID 19 in terms of hygiene and access to testing and healthcare. No child should be isolated from their family or support network and every effort should be made to ensure learning, inclusion, and social participation of children with disabilities.

## **Ensure persons with disabilities are counted**

- Health information systems and monitoring, and new systems used to monitor and contain the spread and effect of COVID-19 should be disaggregated by age, sex and disability.
- Ensure extended identification and registration of persons with disabilities, including use of different relevant data registries to facilitate provision of support.
- Carry out needs assessment of persons with disabilities, with attention to children, women and girls with disabilities, ethnic minorities with disabilities, persons with complex support needs and older persons.

## **Ensure EU non-nationals are protected**

The EU should guarantee Member states pay due attention, without discrimination of any kind, to every person regardless of their nationality.

## **Ensure the EUs external policies and funding, including international cooperation and humanitarian action, are inclusive of and accessible to persons with disabilities**

In light of the EU and partner countries commitment to the CRPD and the UN Global Disability Strategy- all international actions in response to COVID 19 should be disability inclusive:

Ensure and support the meaningful participation DPOs and partners, in the design, implementation, monitoring and evaluation of EU supported international COVID-19 response programmes.

Ensure that the EU global response plan is comprehensive and creates synergies and collaboration across human rights, governance, health, social protection, Water and Sanitation, education, livelihoods and other sectors, with the consistent goal to reach out to the most marginalised and deprived people, including persons with disabilities.

Make full use of a twin-track approach to both ensure that disability inclusion is mainstreamed throughout all COVID-19 response efforts as well as investing in targeted actions and programmes to support livelihoods and access to essential services for persons with disabilities.

Prepare targeted economic empowerment strategies, and cash transfer programming which specifically includes persons with disabilities, to mitigate the socio-economic impact of the pandemic.

Provide immediate flexibility on funds already available and additional funding to humanitarian organisations to ensure that existing humanitarian operations can rapidly scale up and adapt their operations to the risks posed by COVID-19.

Ensure that all the EUs humanitarian partners fully include persons with disabilities in their programmes, as experts and partners, and include reporting on their programmes and beneficiaries with data disaggregated according to age, gender and disability.