COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Belgium

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1 Executive summary

Belgium as a country was severely affected by the COVID pandemic. The country has had two periods of 'lockdown' so far. A first lockdown took effect on 18 March 2020 and lasted for about four months. Linked to the second wave of infections, a second lockdown was installed on 19 October 2020. This second lockdown continues to date.

After the first national lockdown in Belgium, at the end of March 2020, an article appeared in the New York Times[1] on 8 August 2020 entitled 'When COVID-19 hit many elderly were left to die'. This article discussed the very high death rates of older people in Belgium and, more specifically, of older citizens staying in collective residential care centres. The article exposed not only high mortality rates, but also the uneven fight against the disease in residential care centres that suffered from a shortage of protective equipment, such as masks, hygienic aprons and gloves, oxygen and COVID-19 test kits. Most of the staff were also untrained to deal with an infectious disease outbreak. In addition, a picture was given of the first months of the pandemic, in which older people were not always admitted to intensive care, even though the potential of intensive care beds was not fully used yet. The exhausting struggle of the health workers in our residential homes became clear: many were also infected, and some went into quarantine together with their residents. At many places, Médecins sans Frontières and the Belgian Army were asked to assist.

The family members of those staying in the residential care centres were not allowed to visit their parents or grandparents for a long time; some older people had to die alone, without family / friends being present. The same article outlined the great fragmentation of responsibilities of the Belgian state structure. At a certain moment, nine different Ministers responsible for healthcare had to consult with each other and were expected to enter into discussion with six different parliaments to democratically assess their political decisions.

Disability inclusivity of disaster and recovery planning

Most emergency plans were developed for people who live collectively. Of major concern were older people in residential care centres. Only later in the process, more attention was paid to people with disabilities and their families. Many, therefore, felt as if the Government had forgotten them.[2]

Very good work was done by the National Supreme Council for Persons with Disabilities, which has formulated various recommendations in close consultation with its members. Attention was paid to triage practices in intensive care units, general COVID recommendations, the exit strategy, the restart of public transport, financial support in COVID times.

Impact of the virus on mortality among people with disabilities

There is clear scientific evidence of an excessive mortality rate among older people in collective housing facilities in Flanders. For people with disabilities, there are not enough comprehensive data available for the whole country to make conclusions. The fact that in some parts of the country figures were kept for collective settings can be

1 https://www.nytimes.com/2020/08/08/world/europe/coronavirus-nursing-homes-elderly.html.
2 https://sociaal.net/verhaal/in-lockdown-met-ons-zorgenmeisje/.

seen as a plus (e.g., Flemish part of the country). The fact that these data are based on self-reporting does not benefit their reliability.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

1. At many levels - as discussed in chapters 4 and 10 - additional concerns arose regarding the potential disability-based triage of access to intensive care and access to medical/paramedical healthcare. As discussed in chapters 4 and 10, the COVID-19 crisis has intensified the discussion about clarity regarding triage policies. From involved advocacy organisations such as GRIP, through federally organised bodies such as Unia, to the National Supreme Council for Persons with Disabilities, have placed this topic high on their agenda.
   This attention and discussion can be called positive and can only ensure that the policy of emergency doctors becomes clearer and more transparent, so that those involved are treated with equal rights.

2. The immense pressure exerted on families of children with disabilities and on people with disabilities themselves, to decide within 24 hours whether they would either stay with the family during the lockdown or whether they would stay on the campus of the residential facility, is a traumatic event that will leave traces for a long time to come. The fact that people have spent weeks at home without (or with minimal) support brought entire families in a state of isolation. The fact that people who have stayed on campus for weeks have been cut off from essential contacts with families is unjustifiable (see chapter 7 of this report).

3. The COVID crisis has also exposed the weak position of special education and of children with special needs in regular schools (see chapter 12). There was not enough hardware and software to organize quality distance learning. Lack of attention was paid to ICT literacy in special education classes. Many children have had discontinued education for too long. For children with disabilities who follow lessons in regular education, it was not all rosy; the safety regulations (keeping your distance, disinfection, etc.) were not always sustainable for pupils who need a lot of personal and close support.

Examples of good practice

1. Inter,[3] the expertise centre in accessibility and Universal Design, produced a roadmap for the management of the accessibility of the construction of the vaccination centres. *(*read 14.1.)
2. Wablieft!,[4] the expertise centre for accessible language produced and collected accessible information about the COVID crisis. Subjects such as: 'measures against Corona' - vaccination - traveling, quarantine and isolation - contact tracing - mouth masks - are discussed in different languages, including sign languages and easy to read versions. (read 14.1.)
3. All personal budget holders who directly employ assistants received a package of face masks around mid-April 2020. (read 14.1.)

[3] https://www.inter.vlaanderen/.
[4] https://www.wablieft.be/nl/over-wablieft.

Recommendations and opportunities for change

1. At the start of the corona crisis, people with disabilities were not mentioned in emergency response. The hospitals and frail elderly were a priority. The fact that they were not considered, and some necessary decisions were made late in the disaster management process made people with disabilities and their families feel irrelevant. They stated that they were seen as not fully human beings and non-citizens. ("…Persons with a disability are given the 'silent treatment' by the Ministry of Education and Welfare, we do not receive any attention or recognition. We are a forgotten group…")[5] So it is of the highest urgency level to systematically identify persons with disabilities in monitoring pandemics, emergency plans and disaster management.

2. The COVID crisis has exposed the very dire situation of bus transport for children and young people with disabilities. It will be important to follow pilot projects such as the RAKET project[6] in the city of Antwerp. This project aims to organise bus transport based on the Children's Rights Convention. For example, the right to rest / sleep, e.g., the right to leisure time is also included.

3. If the renewed system of person-centred budget is taken seriously, we learn from this crisis that it is not yet sufficiently following the person. Working with a voucher system creates confusion: is it the organization that provides care and support through vouchers that must be rescued in case of calamities? Or is it the people who are left without care when they choose to stay at home during a crisis. This pandemic makes it clear that the institutions must make more efforts to develop outreach. The flexible conversion of care on campus to care at home (for families who choose to receive their children or relatives at home during an emergency) is a necessity.[7]

5 https://sociaal.net/verhaal/het-afgelopen-jaar-hadden-we-maar-een-optie-doorzetten/.
6 https://www.onderwijsnetwerkantwerpen.be/nl/onderwijsnetwerk-antwerpen/pilootproject-leerlingenvervoer-buitengewoon-onderwijs.
7 https://docs.vlaamsparlement.be/pfile?id=1602234.

2 Disability-inclusive disaster and recovery planning

Article 11 – Situations of risk and humanitarian emergencies & Article 4(3) – involvement of persons with disabilities

2.1 Commitments to disability in disaster management and recovery strategies

The Belgian government invested, at the end of 2005 and the beginning of 2006, in the development of an operational plan for the management of an influenza pandemic[8] in the country. This operational plan was developed within the Interministerial Commissariat Influenza (ICI), with a staff consisting of employees of the Federal Public Service Health, Food Chain Safety and Environment (FPS VVVL), the Scientific Institute of Public Health (IPH), the Federal Agency for the Safety of the food chain (FASFC) and of the services of the Regions and the Communities. This operational plan is a practical working tool for everyone involved in the management of a flu pandemic.

The first press reports[9] about this plan and its testing, from 2006, were very positive.

At the start of the COVID pandemic, many of these positive reports turned out to be wrong and[10] large stocks of masks were destroyed between 2015 and 2018.

In the large pandemic plan dating from 2006, there are no specific references to persons with disabilities. Reference is made here and there to 'institutions'. We did not find any specific references to institutions/residential facilities set up specifically to care for people with disabilities.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

We do not know whether advice has been provided at the request of the competent Ministers or Consultation Committee or Expert Committees COVID. It is clear that various bodies and organizations have formulated and delivered advice on the approach of COVID-19 with a specific focus on persons with disabilities and their families.

1. Giving advice is the core task of the National Supreme Council for Persons with a Disability (NHRPH). The Royal Decree of 9 July 1981 stipulates that the NHRPH is responsible for investigating all problems concerning persons with disabilities, which fall within federal competence. As an independent body, the NHRPH may, on its own initiative or at the request of the competent ministers, give advice or formulate proposals. The minister responsible for allowances for persons with disabilities must request the advice of the NHRPH with regard to any draft royal decree implementing the Act of 27 February 1987 on allowances for persons with disabilities. In 2020 and 2021, the NHRPH has delivered at least 7 advice papers directly connected to COVID and its management, with special focus on persons with disabilities.

8 https://d3n8a8pro7vhmx.cloudfront.net/pvdaptb/pages/5350/attachments/original/1585077188/Belgisch_noodplan_voor_een_grieppandemie_-_Operationeel_plan.pdf?1585077188.
9 https://www.standaard.be/cnt/dmf14072006_072.
10 https://www.vrt.be/vrtnws/nl/2020/10/06/de-stock-die-levens-had-kunnen-redden/.

2. Unia,[11] the independent public institution fighting discrimination and promoting equal opportunities, delivered in July 2020 an extensive Report about the effects of the COVID lockdown on persons with disabilities and their families. This very influential report (which led to hearings in the Flemish Parliament) makes clear that people with disabilities and their families were overlooked during the pandemic.
3. GRIP[12] (NGO for equal rights for persons with disabilities) delivered 'a reflection paper' titled: "COVID-19: persons with disabilities and ethical considerations in triage People with disabilities". This Report gives attention to the eventual discrimination of persons with disabilities in access to health care and in 'processes of triage'.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

Although Belgium has an internationally renowned Scientific Institute of Public Health (Sciensano),[13] [14] responsible for daily overviews of statistics concerning COVID-19, we can observe that they mainly refer to action plans for 'care collectives'.[15]

2.4 Use of disaster management and recovery planning funds

The federal government[16] decided to award a monthly corona bonus of EUR 50 from July 2020 to March 2021 to persons with disabilities who receive an income replacement and / or integration allowance.

At the beginning of 2021,[17] Belgium was able to reach its first agreements on the distribution of the EUR 5.9 billion from the Recovery and Resilience Facility between Federal and Regional Entities. Five Key themes were defined (sustainability - digital transformation - mobility - social issues - productivity). Within the mobility axis, Belgium wants to meet the mobility challenges of its citizens. Within the digital inclusion axis, Belgium wants to ensure all citizens have access to technology and information. The integration of e-health systems and processes becomes a priority. These options seem promising to us for including people with disabilities in these processes.

At regional level, Flanders, for example, has started the discussion to use a limited part of the budgets allocated to it for the elimination of the phenomenon of 'waiting lists'. (listing persons with disabilities waiting for a care voucher or personal budget).

11 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.
12 https://cdn.digisecure.be/grip/2020331123235822_31.03.2020--grip-reflectie-bij-triage-covid-19.pdf.
13 https://www.sciensano.be/nl/gezondheidsonderwerpen/coronavirus.
14 Bustos Sierra, N., Bossuyt, N., Braeye, T. et al. All-cause mortality supports the COVID-19 mortality in Belgium and comparison with major fatal events of the last century. Arch Public Health 78, 117 (2020) https://doi.org/10.1186/s13690-020-00496-x.
15 https://covid-19.sciensano.be/nl/procedures/bewoners-van-zorgcollectiviteiten.
16 https://handicap.belgium.be/nl/news/270121-verlenging-corona-premie.htm.
17 https://dermine.belgium.be/en/recovery-plan-federal-government-has-determined-its-projects.

3 Mortality connected to COVID-19 among people with disabilities

Article 10 – The right to life

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

Stats are available for the entire population without specification for persons with disabilities yet.

1. Statistics for Belgium: In the Statbel publications, we can find the historical data, with mortality figures per year since 1841 and per month since 1919. In 2020, the mortality figures are highest in the months of April (15 518 deaths) and November (14 032 deaths). For both months, never since 1919 has such a high absolute monthly mortality rate been recorded.[18]

   In Belgium, Statbel publishes open data of the mortality statistics for the entire population of Belgium for the period 2009-2020.[19]

   For the population of Belgium, the percentage of extra deaths is calculated by taking the ratio per province between the number of observed deaths for weeks 12 to 19 of 2020 and the average number of deaths for these weeks over the period 2009-2019. Over-mortality refers to all deaths regardless of whether they are COVID-related or not. Weeks 12 to 19 of 2020 (from end of March till mid-May) are the weeks in which excessive mortality was observed.

2. Statbel is offering the average number of deaths (2010-2017) per month by cause of death.[20]

   Statbel is using ICD-10 codes, so within code F01-F99 (Mental, Behavioral and Neurodevelopmental disorders) we can find diagnostical groups like ‘intellectual disability’ or ‘pervasive development disorder’. At present, national precise data for the group of persons with disabilities are not yet available for the year 2020.

3. For the Flemish community, one can find statistics about causes of death (based on ICD-10, so F00-F99 available) between 2004-20017, each year in a different report.[21]

   At present, regional precise data for the group of persons with disabilities are not yet available for the year 2020.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

Yes, for the Flemish Community, the Flemish administration (VAPH) has offered weekly overviews of persons with disability getting ill by COVID, persons in quarantine,

[18] https://statbel.fgov.be/nl/themas/bevolking/sterfte-en-levensverwachting/sterfte.
[19] They are available at https://statbel.fgov.be/nl/open-data/aantal-sterfvallen-dag-geslacht-arrondissement-leage.
[20] https://statbel.fgov.be/nl/cijfers/gemiddeld-aantal-sterfgevallen-2010-2017-maand-volgens-doodsoorzaak.
[21] https://www.zorg-en-gezondheid.be/statistiek-van-de-doodsoorzaak.

… (https://www.vaph.be/maatregelen-coronavirus/cijfers). The first description starts on 11 April 2020 and is running until now. These statistics are not consistent over this period, they are based on self-reporting, and are focused on citizens with disabilities living on a campus in a residential facility. In a hearing[22] (September 2020) of the Flemish Parliament Commission, the Head of the Administration is using the expression "… we are confronted with a relatively limited excess mortality."

Inconsistent data are leading to following (discontinuous) overview:

Period	**People living in residential facility who are deceased**
11/04/2020→ 19/06/2020	34
19/06/2020→ 18/10/2020	No stats
Week of 25/10/2020	3
November 2020	21
December 2020	5
January 2021	5
February 2021	5
March 2021	9

[22] https://docs.vlaamsparlement.be/pfile?id=1602234.

4 Access to health

Article 25 – Health

4.1 Emergency measures

No conclusive data[23] are available for Belgium concerning citizens with disabilities, only reports based on personal testimonies, or based on information collected from families. The National Supreme Council for Persons with Disabilities[24] published *Advice 2020/08 on the idea of regulating the influx of patients with COVID-19 at the intensive care level* (issued on 27/03/2020), leaving it open to different interpretations – between University Hospitals and the Belgian Association of Emergency Physicians - concerning 'disability' as a selection criterium within triage processes.

> *"…Given the increase in the number of patients infected with COVID-19 who report to the emergency department, the medical community could be faced with the issue of priority between patients. For the NHRPH, the question therefore arises whether disability is taken into account in the overall assessment of the priority.*
>
> *The NHRPH takes note of the ethical charter drawn up by the Ethics Committee of the Belgian Intensive Medicine Association and points out that the charter only applies in case of extreme saturation of the emergency collection system. The NHRPH also notes that University hospitals have their own charter with an addition to the age criterion.*
>
> *The NHRPH notes that the triage is intended to protect against arbitrariness. Therefore, the triage is subject to the combination of several hierarchical criteria:*
>
> *- The first selection criterion is the patient's medical situation.*
> *- For the same medical situation, the age of the patient is decisive: the youngest patient is given preference, taking into account the criterion of life expectancy.*
> *- The third criterion is "first come, first served".*
> *- An ultimate criterion, in case of a large influx at the same time, would be a draw…"*

4.2 Access to hospital treatment for COVID-19

There are no figures available for Belgium. However, Unia[25] already raised questions on 10 April 2020 with following statement:

> *"The extent to which a patient receives care should not depend on a person's age or disability. Unia heard that not all patients with corona have the same access to healthcare.-A lot of people are told that they are not a priority.*
> *Unia therefore calls on the authorities to equip hospitals, care institutions and specialized institutions with sufficient (personnel) resources to provide the right care for all COVID-19 victims.*

[23] https://pro.guidesocial.be/articles/carte-blanche/covid-19-et-handicap-de-grande-dependance-les-aidants-proches-payent-le-prix-fort.
[24] http://ph.belgium.be/nl/adviezen/advies-2020-08.html.
[25] https://www.unia.be/nl/artikels/personen-met-een-handicap-en-ouderen-hebben-recht-op-zorg.

Unia is also waiting for a clear message from the authorities about patients with disabilities. A person with a disability should be able to receive the same care as a person without a disability with the same health condition.
In addition, we argue that the elderly and persons with disabilities, together with their families, are priority persons for protection and screening. The social distancing measures are not always feasible for this group. People who are blind, have autism or have an intellectual disability need assistance, care and support. And that often requires physical proximity.
We urge governments to provide reasonable accommodations in access to health care for persons with disabilities: human and logistical assistance to accompany and care for them at home and in hospital, with the necessary protective equipment…"

4.3 Treatment for COVID-19 in congregate settings

For the Flemish speaking part of Belgium, VAPH has been delivering information about 'the pandemic situation' on their campuses. This includes statistics about staff and residents (being infected, being in quarantine, deaths etc.).[26] The first description starts on 11 April 2020 and is running until now. These statistics are not consistent over this period, due to the fact that this is self-reported information and should therefore be handled with care.

Inconsistent data are leading to following (discontinuous) overview:

Period	Number of confirmed COVID infections	Number of hospitalisations
11/04/2020→25/05/2020	558	140
29/05/2020→19/06/2020	230	No stats
26/07/2020→06/09/2020	11	No stats
September 2020	29	No stats
October 2020	447	11 in the week of 25/10
November 2020	1418	58
December 2020	486	31
January 2021	345	37
February 2021	402	28
March 2021	309	35

4.4 Public health promotion and testing during the pandemic

The Belgian Government has made information about the Corona virus and the protective measures available in 38 different languages.[27] It is important to note that Flemish, French and German Sign Language are included. In addition, easily readable texts have also been made available in Dutch and French.

The following topics are discussed: protect yourself, information for those who are ill and their environment, dealing with stress, instructions for washing hands, face masks, how do you protect yourself and others, working safely, updates on measures.

[26] https://www.vaph.be/maatregelen-coronavirus/cijfers.
[27] https://www.info-coronavirus.be/en/translation/; https://www.integratie-inburgering.be/corona-meertalige-info; https://www.wablieft.be/nl/corona-in-eenvoudige-taal.

This information is available on official public websites, but also on the website of 'Wablieft', an NGO specialised in making complex texts accessible.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

No clear data are available for Belgium. Some information about the barriers which health care workers, patients with disabilities and their families are confronted with was published by the National Supreme Council for Persons with Disabilities[28] (NHRPH), in their statement on the measures taken in response to the crisis caused by COVID-19, issued on 30 March 2020. We provide the main elements from this Statement:

> *"Quarantine facilities and services should be fully accessible to people with disabilities (including full access to information).*
>
> *Sign interpreters, personal assistants and all other people assisting persons with disabilities in emergency situations and in health care facilities must have the same health and safety protection as other health professionals dealing with COVID-19. This also applies to maintenance personnel who are also often involved in the daily life of the patient.*
>
> *Healthcare workers should be informed about the risks to which people with pre-existing diseases that make them vulnerable to respiratory diseases are exposed.*
>
> *Any entrance to healthcare facilities (including those that are considered "secondary" and are in fact the only accessible entrance) must follow the same hygiene protocols as all other parts of the service. Special needs in healthcare should be taken into account when caring for a person with a disability who is infected with the coronavirus.*
>
> *Hygiene materials should be made available to persons with disabilities. These must be in an accessible place, there must be accessible information to indicate their location and the distribution system must be accessible.*
>
> *Informal carers should receive all necessary support when taking their loved ones home, either of their own free will or of necessity. Children, young people and adults with disabilities lose their frame of reference, their usual activities and become very confused. This situation is becoming untenable. The State must either provide support and respite to families caring for a highly dependent person or abolish teleworking while ensuring the income of the carers.*
>
> *Necessary consultations and treatments in the hospital outside the framework of COVID-19 must be accessible and continued.*
>
> *Ensure that home and family help providers have masks and gloves, of adequate quality and in sufficient quantities."*

[28] http://ph.belgium.be/nl/adviezen/advies-2020-09.html.

4.6 Vaccination programmes

The COVID Task Force[29] (3 December 2020) has determined which groups should be vaccinated as a priority, namely:

1. Residents and staff in residential care centers for the elderly, followed by collective care institutions, including volunteers.
2. Healthcare professionals in hospitals and healthcare professionals who work in primary care. This category includes all persons at high risk of infection through close contact with COVID-19 patients in the context of their professional activity.
3. Other employees in hospitals and health services, including structures investing in prevention (for example vaccination and cancer screening centers, Child & Family and Office de la Naissance et de l'Enfance (ONE). This category includes all persons who have a lower risk of infection due to their professional activity.
4. Persons aged 65 and over, either indiscriminately or in descending age ranges, depending on the availability of the vaccine.
5. Persons aged 45-65 years with specific co-morbidities: obesity (BMI ≥ 30), diabetes, hypertension, cardiovascular disease, chronic lung, kidney and liver disease and haematological malignancies up to 5 years after diagnosis and any recent solid cancers (or recent cancer treatments). The list of comorbidities is not yet finalized. Expansion should be considered if scientific evidence indicates new priority vaccination groups (effect on transmission).
6. Persons who perform essential social and / or economic functions, according to criteria to be further determined.

As a result of not mentioning 'disability' at all in the vaccination priority list, NOOZO[30] (Nothing about us without us – Flemish Council for Equal Rights and persons with disabilities) offered following advice to the Prime Minister after analysing the first public information on the vaccination strategy for Belgium. We provide the main elements from this NOOZO advice:

> *"NOOZO notes that the theme of disability is not systematically included in the communication about priorities. Collective facilities for people with disabilities are not listed by name in the priority list under priority 1. NOOZO assumes that they belong to this priority group 1.*
>
> *For the target group of people with disabilities, NOOZO further emphasizes the importance of taking a case-by-case approach for a number of people.*
>
> *NOOZO recommends explicitly including all employees from the broad home and family care sector as well as personal assistants, supporters in inclusive education and informal carers in priority group 2. Customers with disabilities of this care system also belong to priority group 2 according to this logic.*
>
> *The priorities do not mention schools for special education, social enterprises/sheltered workshops, day centres, ... at all. NOOZO does*

[29] https://cdn.nimbu.io/s/yba55wt/assets/Regeringscommissariaat%20Corona%20-%20Vaccinatiestrategie%20voor%20Belgi_.pdf.

[30] https://www.trefpuntstan.be/nieuws/nieuws-detail-pagina/2020/12/22/Open-brief-aan-minister-van-welzijn-Beke.

recommend doing this. Therefore, according to NOOZO, they belong to priority group 3.

Encourage voluntary vaccination

A vaccination against COVID-19 is recommended but not mandatory. There is no legal basis for such an obligation. NOOZO agrees with this. NOOZO advises you as Minister of Health to emphasize and monitor two things.

On the one hand, the positive importance of vaccination for everyone personally. In solidarity with vulnerable people and for the containment of the pandemic. People with disabilities can and want to contribute to this as well. On the other hand, (disability-specific) services cannot be made dependent on prior vaccination. Everyone, including people with disabilities, must be able to continue to count on help and support when necessary, regardless of their own choice."

Concerning priority groups, the Superior Health Council issued an advisory report[31] entitled "Recommendations for prioritizing sub-groups of patients under 65 years for vaccination against SARS-COV-2 (Phase IB)." Within the group of high-risk patients, only persons with Down Syndrome (18-65) are mentioned as a specific risk group within the population of persons with disabilities.

[31] https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/20210205_hgr-9618_priorites_vaccination_covid-19_vweb.pdf.

5 Income and access to food and essential items

Article 28 – Adequate standard of living and social protection

5.1 Emergency measures

Concerning shops, the Belgium Government[32] decided (24 March 2020) that:

> *"Non-essential stores and shops will remain closed, with the exception of food stores, pharmacies, pet food stores and newsagents. In addition, access to supermarkets will be regulated, with a restriction to a specific number of customers (1 person per 10m² and a maximum presence of 30 minutes). Pubs are obliged to put their patio furniture indoors.*
> *Night shops may remain open until 10 p.m., subject to social distancing instructions. Hairdressers also close from 24 March at midnight to 5 April…."*

Later on, more shops would reopen, except hairdressers and beauty salons which had to close, and pubs and restaurants that were closed too.

The Flemish Government[33] has taken a number of accompanying measures to limit the financial impact for budget holders through a decision that will be enshrined in regulations:

- On the one hand, it is ensured that there are no additional costs for budget holders who are covered full-time in the provision during the COVID-19 period.
- On the other hand, financial compensation is provided for budget holders who cannot go to their facility during the COVID-19 period and who have to organize support at home.
- At the same time, financial compensation is also provided for budget holders who are faced with additional costs due to the sick leave of their care providers and assistants or care givers.
  If a voucher agreement or a cash agreement has been concluded with a licensed healthcare provider in the context of the person-linked budget, then that agreement will continue unchanged during the COVID-19 period, even if no or more support is offered than agreed. The same applies to short-stay contracts within the framework of the personal assistance budget with a licensed care provider or a multifunctional centre. This way the staff can be permanently deployed.
  If a holder of a person-linked budget or personal assistance budget incurs additional costs during the COVID-19 period to organize care and support at home, he can receive financial compensation. The budget holder may then exceed his annual budget (PAB or PVB) if the budget is insufficient to cover the costs of additional agreements during the COVID-19 period. This only applies to cash contracts that provide for the provision of care and support in a one-on-one relationship with the person with a disability or for an agreement with a service such as home care.
  Persons with disabilities who reside in a facility full-time during the COVID-19 period cannot claim an overrun of the budget.

[32] https://www.belgium.be/nl/nieuws/2020/coronavirus_versterkte_maatregelen.
[33] https://www.vaph.be/documenten/mededeling-aan-pab-en-pvb-budgethouders-30-september-2020.

The VAPH has worked out concrete measures to compensate the extra costs for holders of a personal assistance budget or person-tracking budget through COVID-19.

5.2 Impact of the COVID-19 crisis

Concerning income and standard of living, the Unia survey (p. 26) found that "during the COVID-19 epidemic, persons with disabilities experienced financial difficulties in relationship to the increase in the cost of food, loss of income, higher household expenses (water and energy consumption, etc.)".

In the beginning of the first COVID lockdown (March 2020), a lot of families of and persons with disabilities had to decide if they stayed full time on the campus of a residential facility or if they went to live with their family 24/7. Day care centres for adults were closed. This situation went on for weeks and was having a large (financial impact) on persons with personal budgets and their families.

Concerning income/standard of living (following the observation in 5.1.1), in April 2020, the Flemish Government[34] took following decisions…:

"…The measures taken by the government to combat COVID-19 have an important impact on the way in which the care, support and assistance of persons with disabilities is organized. For example, some people with a disability could no longer visit a day centre or they stayed at home permanently, while in normal circumstances they stay in a facility. People who work with their own (personal) assistants or (individual) care givers may be confronted with the contamination by COVID of their assistant or care givers and may then have to look for replacement."

Concerning shopping, the survey[35] (pp. 21-22) found that citizens with a disability considered goods and services to be insufficiently accessible and shopping became very difficult.

"A large number of people with disabilities report that it is very difficult to access shops (forced to shop alone, impossible to keep social distance, difficulties to stay in a queue, problems with requirement to shop for no more than 30 minutes). Moreover, there is great uncertainty about which exceptions (reasonable accommodations) are possible for persons with a disability. We read reports of people who could no longer purchase their specific products; others talk about not daring to tell volunteers that they have brought the wrong products. Still others complain about volunteers not shopping for price-consciously enough."

34 https://www.vlaanderen.be/vlaamse-maatregelen-tijdens-de-coronacrisis/vlaamse-coronamaatregelen-rond-gezondheid-en-welzijn.

35 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.

6 Access to transportation and the public spaces

Article 9 – Accessibility

6.1 Emergency measures

Some measures were taken due to COVID.

E.g., for citizens with reduced mobility, who are using trains of the National Railway company[36] following specific measures were presented:

> *"…The National Railway Company (NMBS) provides assistance in the provided assistance stations on the condition that physical contact between the assistance provider and the customer is kept to a minimum.*
>
> *Domestic assistance*
> *As with the other customers, we ask people with reduced mobility to wear a mask or an alternative that allows to cover their mouth and nose, from entering the bicycle and car parks of the station, in the station, platforms and on board the trains, following the example of the NMBS staff on site.*
>
> *Normal reservation terms for assistance apply. Different rules may apply to trips to and from abroad.*
> *A number of specific conditions apply:*
>
> *Assistance for Travellers using a wheelchair or other transfer aid:*
>
> *Our employee meets the customer at the agreed place in the station and accompanies him / her to the train, helps him / her transfer or accompanies him / her from the train to the exit of the station.*
> *Our employee will place the ramp or ramp.*
> *The physical contact between the assistance provider and the customer is kept to a minimum and the social distance of 1.5 meters is preserved where possible.*
> *The customer drives in or out of the train independently as much as possible.*
> *If contact between the employee and the customer's wheelchair is exceptionally necessary (e.g., when using a rail crossing in the case of a non-electric wheelchair), our employee will disinfect the handles.*
>
> *Assistance for visually impaired and disabled Travellers without a wheelchair or other transfer aid:*
>
> *Our employee meets the customer at the agreed place in the station and accompanies him / her to the train, helps him / her transfer or accompanies him / her from the train to the exit.*
> *If necessary, our employee guides the customer by taking him / her by the arm.*
> *Our employee is provided with the necessary personal protective equipment…"*

e.g.: for citizens with reduced mobility, who need individual transport.[37]

[36] https://www.belgiantrain.be/nl/news/coronavirus/faq-corona.
[37] https://www.zele.be/nieuws/detail/680/maatregelen-coronavirus-openbaar-vervoer.

"…It is important that no "new social mixes" emerge. The transport can therefore continue, but care must be taken as much as possible to ensure that the same combination of drivers and people with reduced mobility / disabilities is retained, subject to social distancing measures.

Voluntary transport of disabled people and people in need of help can continue as usual, but with only one person on top of the driver per route..."

6.2 Impact of the COVID-19 crisis

COVID had enormous consequences on the public transport sector during the first lockdown. Although railway and bus companies reorganized their routines based on safety measures, a Deloitte Global Survey[38] (which included 3 000 Belgian transport users) found that:

"….43 % of Belgian consumers indicate that they plan to make noticeably less use of public transport over the next three months, usually because of the perceived risk of contamination. Other European countries such as Germany (46 %) and France (54 %) show similar results, though residents of countries such as Spain (64 %) and Italy (68 %), whose health systems became heavier hit by the crisis, seem to be even more careful when it comes to using it again public transport….". (Report mid- July 2020)

Concerning citizens with disabilities, the National High Council for Persons with a Disability (NHRPH) published Advice No. 2020/15[39] on the exit strategy of the National Railway Company (NMBS) in stations and stops after the lockdown due to the corona crisis (issued urgently on 25 May 2020 after consultation of the members via email). We refer here to the analysis of this advice; it gives a realistic overview concerning the risks and the impact of the pandemic for citizens with reduced mobility.

"…Among other things, the NMBS is drawing up a "circulation plan" to ensure that passenger movements in the stations are controlled, in particular to and from the platforms. In short, the flows of people are guided in one-way paths by means of arrows (on the ground and elsewhere), traffic signs, tactile yellow lines, fences, tension ribbons, etc. The correct walking direction is indicated with tactile yellow footprints.
The NHRPH was able to view a design and consulted its members.
According to the NHRPH, visually impaired and blind people are most at risk in the proposed arrangement, and the deafblind people even more:
The visual information is not accessible to blind and severely visually impaired citizens.
People with a visual impairment follow the rippled lines and natural guidelines, in both directions. The risk of colliding with oncoming traffic is high and there is a risk of contamination for both parties. Moreover, such a collision can provoke aggression on the part of those involved.
The contrast of the arrows and other markings to be placed on the floor and walls is insufficient. Among other things, the contrast between the background colour of the sticker and the background (which can be light or dark) must be taken into

[38] https://www2.deloitte.com/content/dam/Deloitte/be/Documents/public-sector/NLPress%20releaseCOVID19Mobility%20Ecosystem%20Survey.pdf.
[39] http://ph.belgium.be/nl/adviezen/advies-2020-15.html.

account, and between the background colour and the figure or text shown on the other. Different designs may be required according to the context.
When fences or ribbons are placed in a station where the person knew their way around, they may become disoriented.
Assistance dogs of persons with a (visual) disability cannot correctly interpret arrows, yellow markings (lines and footprints on the ground), etc.
Assistance dogs are not trained to respect the five-foot distance that must be kept from people. On the contrary, they learned to join predecessors and catch up when possible. This also applies to the assistance dogs of persons with other disabilities, such as some wheelchair users.
The situation is even more difficult for deafblind persons, as they lack both visual and sonorous information. Tactile information is then essential.
The NHRPH fears that uniformity of measures and signalling will not be guaranteed. However, this is important for the orientation of Travellers, especially for people with a visual impairment.
(Other) persons with reduced mobility (PRM) are also at risk. They may become disoriented in the new circumstances and / or stop the flow of people. The minimum distance of one and a half meters can be compromised.
The NHRPH considers it extremely important that rail traffic quickly returns to normal and becomes more accessible. Now that the lockdown is gradually easing, people are going back to work, study, etc. People with disabilities are more dependent than others on public transport for this."

Very specific problems and impact were reported with school buses. This is covered in section 12.2.

7 Involuntary detention or treatment

Article 14 – Liberty and security of person
Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment
Article 16 – Freedom from exploitation, violence and abuse
Article 17 – Protecting the integrity of the person

7.1 Emergency measures

Most residential facilities were confronted with complex questions about how to organise safe visits to residents living there. This complexity is best illustrated by the information given[40] about visiting a family member in a residential facility (4 February 2021). According to this information we get following image:

> *"If your visitor comes from a red zone or had a high-risk contact, he will not be able to visit for the first 10 days.*
> *If you have tested positive, you will not be able to receive visitors for 14 days.*
> *If you had a high-risk contact, you must go into quarantine for at least 7 days (if no test is taken, the quarantine will last 10 days).*
> *If you are palliative, you can have visits at all times, even if you are infected.*
>
> *In between visits, especially if the desired frequency cannot yet be reached, alternative communication channels remain possible: social media, letters and cards, handing in presents at the entrance, etc.*
>
> *Visit in the context of upcoming vaccinations*
> *It is not recommended to vaccinate in a facility at the time of an outbreak. In this context, the Flemish Taskforce COVID-19 Care has made a recommendation on provisions for dealing with visitors in combination with an upcoming vaccination moment…"*

7.2 Impact of the COVID-19 crisis

In the Unia Report[41] (p. 24), **reports from persons with disabilities** indicated that

> *"…during the first lockdown (2020) and the quarantine, persons with disabilities had to choose between staying in the facility where they lived or return to their families. It was no longer possible to switch from one place to the other and visit was not allowed. This choice of residence was not always made by the person and was sometimes experienced as very drastic and negative…"*

According to the **statistics** of the Flemish administration VAPH,[42] 14 000 residents of the Flemish residential facilities stayed 24/7 in the residential facility, while 21 000 clients returned to their families. These decisions had a massive impact: for those who stayed 24/7 in the facility, the connection with parents, family, friends were drastically

40 https://www.vaph.be/bezoekregeling.

41 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.

42 https://www.vaph.be/maatregelen-coronavirus/cijfers.

reduced; for those staying with their families, most of professional care/support was wiped away.

The Unia Report (pp. 36-37) also brings forward a **family perspective,** according to which:

> *"At the start of the lockdown, family members of people with disabilities who live in a residential facility were confronted with a difficult choice: take their family member with a disability into their house full-time or leaving him or her in the institution without the possibility to visit. They had to make decisions very quickly, without having the essential information.*
> *People who have taken care of their family member with a disability at home often live in an inadequate physical environment (without good access and adaptations) and without the necessary equipment.*
> *The situation was also particularly difficult for people whose family member with disabilities stayed in the residential facilities. Visits were prohibited for a long time. Video conferencing and phone calls are not enough."*

8 Violence, exploitation or abuse

Article 16 – Freedom from violence, exploitation and abuse

8.1 Emergency measures

In its Advice,[43] the National Supreme Council for Persons with Disabilities is demanding that

> *"all support plans for women - including measures to combat domestic or family violence - should be accessible to women with disabilities and vice versa, support programs for people with disabilities should include a gender perspective…."*

Concerning the Specialised Centres for Victims after Sexual Violence[44] – the most important Programme for Sexual Violence in Belgium - the corona crisis temporarily put a brake on steady growth. Between March 2019 and February 2020, an average of 98 victims reported every month. Since the lockdown was announced, that number has fallen significantly. It will not have been due to the operation and communication. The care centres are open all the time, seven days a week, around the clock. Sexual violence is not limited to office hours.

Victims have exchanged physical assistance for online assistance on a chat line. It was installed in April 2019 to supplement the existing assistance and received almost a thousand calls in the first year of operation. Between September 2019 and March 2020, there were an average of 86 conversations per month. Since the outbreak of the corona crisis, that number has increased by 58 % to an average of 137 calls per month. Social isolation makes victims of sexual violence extra vulnerable. That is why the federal government has earmarked EUR 80 000 to additionally finance the chat line.

Concerning violence against children, in a Report of Child Focus,[45] the following statement was made already by mid-2020:

> *"…by mid-July 2020, we already opened more files related to the sexual integrity of children than in all of 2019. This means that since the start of the lockdown:*
> *the number of reports of online grooming (adults approaching minors online with sexual abuse as the ultimate goal) almost tripled;*
> *the files related to sextortion (sexual extortion) of minors have increased by + 118 %;*
> *the number of complaints from young people who were sexually harassed online doubled;*
> *the number of reports of images of sexual abuse via our civil hotline stopchildporno.be has tripled…"*

There is no specification about children with disabilities, although we know, of course, that they are in general at a higher risk of violence.

[43] http://ph.belgium.be/nl/adviezen/advies-2020-09.html.
[44] Read more: https://www.apache.be/2021/01/15/door-corona-minder-aanmeringen-bij-zorgcentra-na-seksueel-geweld/?sh=7c62775aacf8686a027ce-202673710.
[45] https://www.vrt.be/vrtnws/nl/2020/07/14/child-focus-cijfers-misbruik/.

8.2 Impact of the COVID-19 crisis

Some family members reported (Unia, 2020, p. 40) that there was an increase in physical and psychological violence in group homes due to COVID isolation. They also reported a reduction in care and inadequate services. In the same report, residents of facilities were reporting about the same problems (Unia, p. 10).

Recently, the school psychology services[46] were ringing the alarm bell concerning the impact of the COVID-crisis especially for children living in 'vulnerable families'.

The most remarkable figures for the months of March and April 2020 are compared with the same period in 2019: 11 729 interventions related to problems at home (an increase of 27 %). More than twice as many interventions concerning interaction problems within the family (i.e., 3 410 interventions or + 57 %). More questions are being asked about financial-material problems in families: a total of 580 for the months of March and April or an increase of one third.

[46] https://www.vrijclb.be/persberichten/clb-trekt-aan-de-alarmbel-meer-moeilijkheden-thuis-ook-los-van-coronacrisis.

9 Independent living

Article 19 – Living independently and being included in the community

9.1 Emergency measures

The most important observation and critique within Belgium is that most attention to persons with disabilities within this crisis has been focused on those citizens living into collective facilities.[47] In October 2020, for example, a very clear overview of guidelines for collective facilities was issued by Sciensano.

Concerning budget impact of COVID[48] on those citizens with a 'personal budget', the following overview shows that extra budgets are allowed to compensate extra costs. Budget holders receive a financial compensation of 25.5 % for costs they incurred up to and including 31 December 2020. They can also receive compensation in 2021 (see below).

> *"The compensation applies to additional costs you incur in the COVID-19 period between 14 March and 31 December.*
> *You can submit the costs to the VAPH until 1 March 2021.*
> *Budget holders may conclude cash contracts for care and support in a one-on-one relationship (not in a group) OR with a service such as home care. Do you stay full-time in a facility during the crisis? Then you may not exceed your annual budget.*
> *Compensation will also be provided in 2021 if the 2021 annual budget is insufficient to cover the additional costs incurred under COVID-19, provided that a COVID-19 agreement is registered. In 2021, the maximum overrun will be 25.5 % of the annual budget. The end date of the COVID-19 period will be provisionally extended until 31 March 2021. Any further extension will depend on the evolution of the COVID-19 pandemic."*

Concerning assistance for budget-holders, the services for budget-holders[49] developed a lot of good practices like video-coaching, helping budget holders to reorganise their administration via emails, scanning etc., giving basic information through webinars, etc.

9.2 Impact of the COVID-19 crisis

Especially during the first weeks of the first lockdown, a number of effects of that lockdown appeared for people with a disability who live independently[50] For example, many were unable to isolate themselves because they depend on support (often requiring direct physical contact); those involved and their assistants were confronted with a shortage of protective equipment; some assistants were forced to stop working immediately after a high-risk contact as a result of the previous point; many budget holders faced administrative barriers in trying to recruit new assistants quickly.

47 https://covid-19.sciensano.be/sites/default/files/Covid19/COVID-19_procedure_collectivity_NL.pdf.
48 https://www.vfg.be/overzicht-maatregelen.
49 https://www.onafhankelijkleven.be/blog/detail/ook-in-coronatijden-blijven-onze-coaches-jou-ondersteunen.
50 https://www.dewereldmorgen.be/artikel/2020/04/06/tekort-aan-assistentie-en-beschermingsmateriaal-personen-met-een-handicap-trekken-aan-alarmbel/.

10 Access to habilitation and rehabilitation

Article 26 – Habilitation and rehabilitation

10.1 Emergency measures

People with disabilities, just like other citizens, have been confronted with the shutdown of paramedical care (physiotherapy, occupational therapy, podiatrists, speech therapists, etc). From May 2020,[51] the Federal Council for Paramedical Professions has advised the restarting of the care professions, taking into account all applicable safety measures.

The Federal Government[52] decided certain measures concerning 'remote care' for Physiotherapists. This remote consultation includes at least: the evaluation of the patient's condition through a medical history; the format of an individual exercise programme and the timing of ADL activities; 2 contacts per week in which the patient is encouraged to follow his exercise programme; monitoring and adjusting the patient's exercise programme registering useful parameters (mobility, ...).

For the continuity of care and to stabilise or improve the patient's health status, it is recommended to introduce a fixed reimbursement during the period of the COVID-19 measures for physiotherapeutic care supported by video consultation or telephone consultation, in short, remote care.

10.2 Impact of COVID-19 and/or emergency measures adopted

Findings of the Unia Survey[53] revealed the devastating effects of the first lockdown on persons with disabilities concerning. They reported two main issues:

- **Lack of psychological support** (p. 17)

  "…During the quarantine, a situation with a great impact on psychological well-being, consultations with the psychologist or other psychological support were usually cancelled. Although some sessions could still be via videoconference, this alternative did not always meet the needs of the patients…"

- **Postponed medical and paramedical care** (p. 16)

  "…A large number of people with disabilities are concerned about the delay in medical and paramedical care, both at home and in hospitals. The discontinuation of physiotherapy in particular was emphasized in both Flanders and Wallonia.

  People with disabilities also report that their medical needs are often not addressed, except by telephone or video conference."

51 https://overlegorganen.gezondheid.belgie.be/nl/documenten/covid-19-tabel-werkhervatting-paramedici.

52 https://www.riziv.fgov.be/nl/covid19/Paginas/continuiteit-kines-afstand.aspx.

53 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.

11 Access to justice

Article 13 - Access to justice

11.1 Emergency measures

The “legal world”[54] has very quickly switched to maximum online working. The prisons organize visits for inmates adapted to the pandemic measures. Lawyers work with their clients as much as possible online. No specific measures were found concerning persons with disabilities.

11.2 Impact of COVID-19 crisis

Although the Unia report[55] (2020), based on a survey with citizens with disabilities covers access to justice with a table (p. 73), no specific information is available about citizens with disabilities and the possible impact of COVID-19 concerning their access of justice.

54 https://www.rechtbanken-tribunaux.be/nl/nieuws/dwingende-richtlijnen-ingevolge-corona.
55 https://www.unia.be/files/Documenten/Publicaties_docs/Verslag-bevraging-2020_.pdf.

12 Access to education

Article 24 – Education

12.1 Emergency measures

Belgian Ministers of Education have done their uttermost to keep schools open or to reopen schools as soon as possible.

Special schools at primary and kindergarten level are following the set of rules of regular schools (with some extra measures concerning school buses and hygienic and care measures).[56]

Schools for Special Education at secondary level OV3 and OV4 are following the general strategies within 'the Pandemic Matrix'. Schools for OV1 and OV2 had a different set of rules.[57]

12.2 Impact of the COVID-19 crisis

During the first lockdown (mid-March - mid-May), most schools closed and there was a switch to distance learning. (For pupils whose parents exercise essential professions, schools stayed open and functioned as a place where pupils can stay during the day without organised academic activities.) All pupils / students suddenly found themselves in the middle of discussions about, for example, high-quality distance learning, pre-teaching, learning delay, having / not having tools to follow online lessons (WIFI, tablet, computer, etc...), the way evaluations would be organized, the mental health care of children and young people who no longer saw their school friends. There was also discussion about what to do with and how should the reopening of schools be organised. Nothing was said about special education.

The schools were systematically reopened from 15 May 2020. A decision was taken to determine which age groups would be the "priority groups" to return to school and for some students the class was admitted back to school in two groups of max. 14, subject to strict safety measures and maximum ventilation.

In an online survey by Unia[58] about the impact of the first lockdown on their lives, 865 people with disabilities and their families answered the questionnaires, of which 430 Dutch speakers and 435 French speakers. The respondents included: 502 persons with a disability, of which 274 Dutch speakers and 228 French speakers; 363 relatives of persons with a disability, of which 156 Dutch speakers and 207 French speakers.

> *"…The most important barriers to schools and education were:*
> *Unclear guidelines: Most school respondents reported a lack of accurate information from their school or university. Although they still think the situation is*

56 https://onderwijs.vlaanderen.be/nl/draaiboek-2020-2021-gewoon-en-buitengewoon-basisonderwijs.
57 https://onderwijs.vlaanderen.be/nl/draaiboek-2020-2021-buitengewoon-secundair-onderwijs-ov1-en-ov2.
58 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.

difficult and unexpected for everyone, they regret the lack of clear decisions about the assessment methods.
No class, no therapy: The suspension of special education has resulted in the cancellation of all regular therapy. From one day to the next, students have to survive without speech therapy and occupational therapy.
An inadequate or even non-existent offer, requests for distance learning and lack of reasonable modifications: Not all persons with disabilities (pupils or students) had access to distance learning. And when it comes to online lessons, respondents expressed concerns about the high workload and lack of accessibility of online tools. In most cases, they didn't get the adjustment they needed to take distance learning and exams on an equal footing with others.
For deaf and hard of hearing people, the lack of sign language interpreters also hampers full participation in lessons, courses and exams…"

Unia prepared advice[59] for the Ministers of Education concerning students with special needs, with a specific focus on the students following courses in regular schools.

In her Annual Report, the Children's Rights Commissioner[60] also paid a great deal of attention to the situation of children and young people with disabilities during the lockdown

Ghent University[61] organised a research project concerning the closure of schools and the effects for children (and their families) with developmental disabilities. The project made use of a questionnaire that was fully completed by 2 328 persons, of which about 35 % are parents of children with developmental disabilities. The first, preliminary results show that children with developmental disabilities (and their parents) are currently significantly more under stress than children without developmental disabilities. The researchers fear that the risk of overload is high.

In different Commissions of the Flemish Parliament[62] a lot of attention was given to the situation of children with disabilities using school buses under COVID-regime. School buses for children from special schools were allowed to transport fewer children due to the distance rules that had to be respected. This resulted in a shortage of buses and that some children had to sit on the bus much longer. In one of the hearings, a principal testified that a 3-year-old child spent 3.5 hours on the bus (to and from school) to attend classes at school for 3 hours.

59 https://www.unia.be/nl/wetgeving-aanbevelingen/aanbevelingen-van-unia/ondersteuning-voor-leerlingen-met-specifieke-onderwijsbehoeften-in-het-covi.

60 https://www.kinderrechtencommissariaat.be/sites/default/files/bestanden/jaarverslag_kinderrechtencommissariaat_2019-2020_interactief_def.pdf.

61 https://www.ugent.be/nl/actueel/thuis-onderwijs-covid19.htm.

62 https://www.vlaamsparlement.be/commissies/commissievergaderingen/1465014/verslag/1468926.

13 Working and employment

Article 27 – Work and employment

13.1 Emergency measures

Already in April 2020, a generic guide[63] was created as the result of the collaboration of the social partners in the High Council for Prevention and Protection at work, the Economic Risk Management Group, and the policy unit of the Minister of Work. They have developed a supported instrument based on their expertise that provides a number of necessary, minimal building blocks to allow employees to work as safely as possible, keeping the risk of contamination as low as possible and to avoid contamination as much as possible. It is striking that there are no specific references in the guide regarding employees with disabilities.

We lack an overarching and integrating policy. Emergency measures were mainly taken to deal with the first / largest calamities. We will give some examples:

- The Flemish Support Premium[64] supports self-employed persons with a 'work disability'. To be eligible for the premium, self-employed persons with a 'work disability' must demonstrate that their net business income is high enough on an annual basis. They must be able to prove a minimum of business activity. The corona crisis threatens to make this impossible for many. That is why the option of not including income during the crisis months is provided so that self-employed persons with a 'work disability' can also make use of the Flemish support premium in the future.

- At the start of the corona crisis, the Flemish Minister of Social Economy has already taken various measures to support companies in the social economy. For example, a one-off limited protection fee was provided for investing in extra hygiene, precautionary and safety measures in the workplace. To support the sheltered employment companies in this, a temporary adjustment bonus is provided between 1 October 2020 and 31 December 2020. The purpose of this bonus is to guarantee the employment of target group employees as much as possible. The bonus is linked to the number of hours worked.

- Many target group employees[65] in the social economy are prepared for a job in a regular company, for example through internships. In practice, however, many companies have come to a standstill. That is why there is a suspension of transfer trajectories and extension of integration trajectories.

- For social economy companies experiencing economic or financial hindrance, the WSE Department will not make any automatic deductions (deductions) from the monthly advances. In this way, the companies concerned are temporarily given some more financial breathing space.

63 https://werk.belgie.be/sites/default/files/content/news/Generiekegids_light.pdf.
64 https://www.vlaio.be/nl/nieuws/4-extra-maatregelen-om-tewerkstelling-tijdens-coronacrisis-te-versterken.
65 https://www.vlaanderen.be/vlaamse-maatregelen-tijdens-de-coronacrisis/vlaamse-coronamaatregelen-rond-ondernemen-en-werk.

13.2 Impact of the COVID-19 crisis

The COVID crisis closed many companies and small businesses during the first lockdown. Many workers went into temporary / technical unemployment status and economic life was reduced to essential activities. It was soon decided that a resumption of economic activities should be considered. For some sectors tele-work became the daily routine.

To support the sheltered employment companies in this, a temporary adjustment bonus is provided between 1 October 2020 and 31 December 2020. The purpose of this bonus is to guarantee the employment of target group employees as much as possible. The bonus is linked to the number of hours worked. For example, there is EUR 1 extra per target group employee per hour worked, with a maximum of EUR 500 per full-time employee. In this way, a total of EUR 10 million will be released to guarantee this support in the tailor-made companies and departments.

Already at the beginning of the COVID crisis (March 2020), the National Supreme Council for persons with a disability already issued advice in which (under section G) specific attention was drawn to the impact of the crisis on employees with disabilities. In addition, possible effects were also indicated for employees who had to reorganize their work because they had to take care of someone with a disability as a family member.[66] This advice provides a good analysis of the situation of employees with disabilities and their families.

We summarise the main elements of this advice concerning “income protection”.

> *“The government must ensure that people with disabilities and people with underlying health problems can work from home. When the nature of the employment or a disability does not permit this, the government must guarantee a special leave that guarantees 100 % of the income.*
>
> *Teleworking and distance learning services should also be accessible to employees / students with disabilities.*
>
> *It is essential that people who have to quit their jobs to support family members or others continue to receive a reasonable income during this time. The urgency is especially acute for families who have to take care of people who are highly dependent. The NHRPH insists that people in such a situation should enjoy effective and comprehensive assistance and respite. For parents who cannot get this help quickly, teleworking should no longer be an obligation; at the same time their income must be guaranteed. Services and structures forced by the corona crisis to care for a person with a disability for longer than expected should receive the necessary public funding so that it does not entail additional costs for the person concerned.*
>
> *Reminder of the legislation on compensation premiums awarded to employers by AVIQ: these remain applicable in the case of teleworking.*
> *In addition, some people see a negative effect on their allowance for persons with disabilities because they now receive unemployment benefits. Consideration*

[66] http://ph.belgium.be/nl/adviezen/advies-2020-09.html.

should be given to temporarily increasing the income exemption from social security for the integration allowance.
There is also an exemption from the income replacement allowance (IVT), but this only applies to income from work."

The corona crisis also had a major impact on sheltered employment.

"…In the meantime (statement delivered 1 October 2020),[67] a large part of the sheltered employment companies and departments have been restarted and approximately 90 % of all employees are back at work. Although there is a varied picture in the sector. There are also many companies that win a lot less business contracts. Sheltered employment companies in the catering sector or a company that supplies vegetable packages to companies, for example, have a lower demand because many people work from home. Not all companies will be running at full capacity in the coming months either."

In its Report (p. 20), Unia[68] mentions **the lack of reasonable accommodations:**

"…In terms of employment, people with disabilities mainly report a lack of reasonable accommodations. So not all digital applications are accessible at home. It is also very difficult for deaf and hard of hearing people or impossible to make phone calls and meet online without an interpreter…"

67 https://www.socialeeconomie.be/nieuws/aanpassingspremie-voor-maatwerkbedrijven-en-afdelingen.

68 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.

14 Good practices and recommendations

14.1 Examples of good practice

Inter,[69] the expertise centre in accessibility and Universal Design, produced a *Roadmap for the management of the accessibility of the construction of the vaccination centres.* It is gratifying to see that this scenario was fully used in the construction and testing phase of the centres. In addition to the design of the centres itself, attention was also paid to accessibility, parking options and accessible information. This roadmap was compiled in co-creation with, among others, the Flemish Deaf Community, the Flemish Autism Association, the Flemish Elderly Council, and NOOZO. The Roadmap can be downloaded from: https://www.inter.vlaanderen/sites/default/files/Checklist_toegankelijkheid_vaccinatiecentra_COVID19_inrichting%20en%20communicatie_def1.pdf.

Wablieft!,[70] the expertise centre for accessible language, produced and collected accessible information about the COVID crisis. Subjects such as: 'measures against Corona' - vaccination - traveling, quarantine and isolation - contact tracing - mouth masks - are discussed. They work on the basis of photos, animation films, drawings, accessible overviews and scripts. In collaboration with the Centres for Basic Education, information is also made available in various language / reading levels. All information can be found via: https://www.wablieft.be/nl/corona-in-eenvoudige-taal.

Unia[71] reports:

> *"All personal budget holders who directly employ assistants received a package of face masks in mid-April. The Flemish Administration (VAPH) made masks available, the Red Cross-Flanders delivered the masks at home.*
> *The surgical mouth masks meet the required quality standards for use in healthcare and are approved for medical use. They are intended for personal assistants or individual counsellors that are employed directly, and for those hired through a temporary employment agency. Other care providers (e.g., home nursing or family care) are offered protective equipment through their employer."*

14.2 Recommendations

The corona crisis has magnified a number of specific characteristics of the lives of people with disabilities and their families. From the various recommendations of the National Supreme Council, the reports of Unia, GRIP and NOZOO, and the hearings in Parliament to which we refer in this report, we dare to deduce following three top priorities:

1. in the future, it is necessary to pay equal attention to people who are not living in collective facilities during a disaster or pandemic;
2. it is necessary to prioritize accessible information with access to the internet and digital information sources;

69 https://www.inter.vlaanderen/.
70 https://www.wablieft.be/nl/over-wablieft.
71 https://www.unia.be/files/Documenten/Publicaties_docs/Resultaten_van_bevraging_impact_COVID_personen_met_handicap_en_naasten.pdf.

3. it is necessary to monitor the quality of education for children with disabilities more closely.

14.3 Other relevant evidence

Information about the impact on persons with disabilities living independently in Belgium was shared on Euronews and by the European Network on Independent Living,[72] through their personal statements.[73]

The European Disability Forum[74] also reported about the situation of persons with disabilities in Belgium, *living alone and dependent – or not – on home care:*

> *"Care must be taken to maintain and, if necessary, strengthen the support measures for these people, who will be left alone to fend for themselves.*
> *Certain life situations will require increased support: it is absolutely essential that ALL the professional partners coordinate to ensure that these people are taken care of in the coming weeks, at least in terms of monitoring their health."*

72 https://enil.eu/independent-living/covid-19/.
73 https://www.euronews.com/2020/04/14/european-disabled-groups-worry-about-threat-to-independent-living-amid-covid-19.
74 https://mailchi.mp/edf-feph/covid-19-and-the-disability-movement?e=72fbd9af62.

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