



COVID-19 and people with disabilities in Europe

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

Synthesis report
with input from the country experts of the European Disability
Expertise (EDE)

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Neil Crowther

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Table of contents

Executive summary	6
1 Background and purpose of this report	12
1.1 What this report is about.....	12
1.2 The nature of the risks faced by people with disabilities	12
1.1 How this report has been produced.....	13
1.2 A note on the limitations of data and the challenges of comparative analysis.....	14
1.3 Structure of the report.....	15
2 COVID-19 and the rights of people with disabilities at the European and international levels	17
2.1 The United Nations, COVID-19 and people with disabilities	17
2.1.1 Before the pandemic - disaster management.....	17
2.1.2 Response to COVID-19.....	17
2.2 European Union, COVID-19 and people with disabilities.....	18
2.2.1 Before the pandemic – disability inclusive disaster management planning.....	18
2.2.2 During the COVID-19 pandemic.....	19
2.2.3 Vaccine deployment.....	21
2.2.4 Commitments concerning the future approach to disaster management	21
2.2.5 A disability inclusive recovery?.....	22
3 Key themes and issues emerging from the country reports	24
3.1 Disaster management and pandemic responses.....	24
3.1.1 To what extent did country-level disaster management strategies and plans already exist and were they disability inclusive?.....	24
3.1.2 To what extent have strategies and plans enacted in response to the COVID-19 pandemic been disability inclusive?	26
3.1.3 To what extent have organisations of people with disabilities been involved in disaster management and recovery planning?.....	28
3.1.4 To what extent have States ensured information and communication about the pandemic are accessible to people with disabilities?	30
3.2 Data on mortality among people with disabilities connected to COVID-19	33
3.2.1 Overall mortality among people with disabilities	33
3.2.2 Mortality among people residing in institutional or communal care settings.....	34
3.3 Isolation and segregation of people with disabilities and the impact of COVID-19 restrictions.....	37
3.3.1 Restrictions imposed on the freedoms of people living in institutional or communal care settings	37
3.3.2 Isolation and segregation of people with disabilities residing in the community.....	40
3.4 Access to healthcare, habilitation and rehabilitation	42
3.4.1 Discrimination in access to hospital treatment for COVID-19.....	42
3.4.2 Access to healthcare related to issues other than COVID-19 during the pandemic.....	45
3.4.3 Access to habilitation and rehabilitation	48
3.4.4 Vaccination programmes.....	50
3.5 Access to income and essential goods and services.....	51

3.5.1	Maintaining an adequate income	51
3.5.2	Accessing essential goods and services	53
3.5.3	In the aftermath of the pandemic.....	54
3.6	Access to services and support to live independently and to be included in the community	55
3.6.1	Restricted services and support	55
3.6.2	Independent living and the recovery.....	58
3.7	Access to education and learning during the pandemic.....	59
3.8	Impact of the pandemic on employment and work for people with disabilities	64
3.8.1	Working during the pandemic.....	64
3.8.2	The immediate impact of the pandemic on employment rates of people with disabilities.....	65
4	Conclusions and recommendations	67
4.1	Recommendations	68
4.1.1	To the European Commission.....	68
4.1.2	To Governments in Member States.....	69

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Executive summary

Across the globe, evidence is beginning to emerge about the particular impact of the COVID crisis on persons with disabilities of all ages and their families. There is growing understanding of how they have been affected disproportionately by the COVID-19 virus itself, by measures to contain its spread and to protect health systems and by methods through which countries have sought to permit life to continue. This report reflects on initiatives taken at the EU level and draws on structured reports from the EDE national experts about developments in their countries. There are certain limitations in available and comparable data – particularly given that data for this report was collected when the COVID Pandemic was still unfolding. Accordingly, a degree of caution is required in the drawing of firm conclusions. Nevertheless, a number of emerging themes and issues of shared concern can be identified. These merit careful reflection and indicate a need for further action. In summary:

Disaster planning (Chapters 2.2 and 3.1)

The evidence collated for this study (at EU as well as country level) suggests that the rights of persons with disabilities were generally not centrally embedded in national disaster planning prior to the pandemic, with relatively few explicitly including any reference to persons with disabilities at the outset of the pandemic – e.g. Croatia, Poland, Romania and Luxembourg. In most of the country studies, however, examples were provided of disability-related considerations and exemptions being incorporated into such planning at a later stage, often as a result of the influence of organisations of persons with disabilities, equality bodies or national human rights institutions – e.g. Austria, Belgium, Cyprus, Denmark, France, Germany, Greece, Ireland, Liechtenstein, Malta, The Netherlands, Republic of Serbia, Spain, Sweden and Slovakia. Despite the known risks connected with age and underlying health conditions and the particular challenges faced by people with disabilities, none of the country reports provided evidence that organisations of persons with disabilities had been engaged by governments or involved in the elaboration of plans and responses in the early stages of the pandemic. Nevertheless, many national reports (e.g. Austria, Belgium, Denmark, France, Germany, Greece, Ireland, Liechtenstein, Malta, The Netherlands, Republic of Serbia, Sweden and Slovakia) did provide evidence of greater involvement of organisations of people with disabilities in the later stages, leading to crucial changes such as with respect to the provision of accessible information and communication.

Mortality rates amongst people with disabilities (Chapter 3.2)

The country reports indicated that there is very little publicly available disaggregated data on mortality among people with disabilities connected to COVID-19, but that what there is points to a disproportionate number of deaths compared with people without disabilities. For example, as of January 2021, deaths from COVID-19 of people with disabilities amounted to 38 % of the total recorded deaths from COVID-19 in Croatia,¹ while in Ireland, in June 2020, the recorded mortality rate for people with disabilities was 41 per 100 000 people and 23 per 100 000 among people without disabilities.² This heightened COVID-related mortality rate amongst people with disabilities is in line with data from other countries, such as the United Kingdom.

¹ Ombudsman for persons with disabilities: Recommendations for persons with disabilities and the public regarding coronavirus, <https://posi.hr/koronavirus/>.

² IHREC, 'The impact of COVID-19 on persons with disabilities', at p. 5. <https://www.ihrec.ie/app/uploads/2020/07/IHREC-Submission-The-Impact-of-COVID-19-on-People-with-Disabilites.pdf>.

The extent to which this heightened mortality rate amongst people with disabilities correlates to their age profile is unclear, although in Ireland for example 92 % of those who died with COVID-19 between February and May 2020 were aged over 65.³ The availability of data on mortality rates amongst people living in institutional care settings varies from country to country, but what data there is confirms findings from other studies that such settings have been an epicentre of the global COVID-19 pandemic. For example, in Slovenia, 51 % of deaths from COVID-19 were persons that died in long-stay institutional care for older or disabled people,⁴ while figures published by the French Ministry of Health on 21 January 2021 reported a total of 71 342 deaths as a result of COVID-19, of which 30 395 (43 %) were residents in care homes.⁵ Related to this point, evidence suggests that people with intellectual disabilities and people living with dementia – groups more likely than others to live in institutional care settings - have experienced disproportionate levels of mortality connected to COVID-19. For example, in Italy, people with dementia account for 19 % of all deaths from COVID-19.⁶ In the Netherlands, the mortality rate for COVID-19 is 3 to 4 times higher among people with intellectual disabilities living in residential care compared to the general population.⁷

Isolation and segregation from the wider community (Chapter 3.3)

Some of the measures that States (e.g. Austria, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Ireland, Liechtenstein, Malta, The Netherlands, Slovenia, Spain and Sweden) have considered necessary for suppressing the spread of the virus and protecting those deemed to be most at risk of serious illness or death, may have inadvertently deepened the isolation experienced by some adults with disabilities and thereby entrenched their segregation from the wider community with a negative impact on their health and well-being. Examples of such measures include prohibitions of leaving or of receiving visitors to institutional care facilities and social isolation measures within such settings. In recognition of the potentially damaging impact of such measures on disabled and older people, some States (e.g. Bulgaria, Denmark and Malta) took relatively early steps to relax such restrictions although they did not remove them completely.

Barriers in accessing healthcare and rehabilitation (Chapter 3.4)

The negative impact of closures and restrictions on accessing ‘non-essential’ health services is reported by the EDE experts for Bulgaria, Cyprus, Ireland, Lithuania, Portugal, Serbia and Slovenia, for example the unavailability of occupational therapy or physiotherapy or mental health support. There have however been some associated valuable innovations, such as the use of remote telemedicine in Ireland and electronic prescriptions in Greece, that it may well be beneficial to maintain post-pandemic.

³ CSO, COVID Deaths and Cases: From 28 February to 15 May 2020 [COVID-19 Deaths and Cases - CSO - Central Statistics Office](#).

⁴ National Institute of Public Health Data on social protection institutions https://www.nijz.si/sites/www.nijz.si/files/uploaded/umrli_COVID-19_01022021.pdf.

⁵ Comas-Herrera, A et al, (2021) Mortality associated with COVID-19 in care homes: international evidence https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-.pdf.

⁶ Suárez-González et al, (2020) Impact and mortality of COVID-19 on people living with dementia: cross-country report <https://ltccovid.org/wp-content/uploads/2020/08/International-report-on-the-impact-of-COVID-19-on-people-living-with-dementia-19-August-2020.pdf>.

⁷ Registratie COVID-19 in database. (Registration COVID-19 database) by Academic Collaborative ‘Sterker op eigen benen’ of Radboud university medical centre https://0da93f8e-6ee7-45d9-be21-eeeb55ca3e69.filesusr.com/ugd/d45b6c_31e956195d884b74b08f0362e4cc2893.pdf.

The EDE country studies for Ireland, Italy, Malta and Poland include evidence that the redeployment of healthcare staff and the disruption of restrictions have limited the availability of habilitation and rehabilitation. A survey by the European scientific societies ESPRM and UEMS-PRM on 31 March 2020 found that up to 2.2 million people in Europe had had to interrupt rehabilitation treatments due to the pandemic.⁸

The EDE country reports for Austria, Belgium, Finland, Germany, Slovenia and Spain include evidence suggesting that methods may have been used or contemplated in these countries to screen people for hospital treatment for COVID-19 that might have amounted to discrimination on the basis of disability (as broadly understood for purposes of the UN Convention on the Rights of Persons with Disabilities (CRPD) Article 5). Examples include the use of triage checklists that scored patients according to activities of daily life and frailty, mingling a persons need for support to live independently with their health status, as indicated in the reports for Austria⁹ and Germany.¹⁰ In Spain, the significant collapse of the healthcare system during the first wave of the pandemic prompted discussion of criteria for rationing admission to units. Positively, in response, the Spanish Bioethics Committee¹¹ cautioned against the spread of a utilitarian mentality or prejudices towards older people or people with disabilities.

An investigation by the New York Times published in August 2020 on the high mortality rates of care home residents in Belgium suggested that residents were not being routinely transferred to hospital. In Slovenia it was alleged that during the first wave of the pandemic, some residents of residential care homes were pre-selected without their or their relatives knowledge not to be transferred to hospital in the event they became unwell with COVID-19 infection during the period March - June 2020, during which hospitals had considerable spare capacity.¹² Following significant criticism from the media which labelled it the ‘registers of the written offs’,¹³ from the public, civil society and politicians, this approach was reversed and residents of long-stay public care institutions were sent to hospitals in case of complications arising from COVID-19 from July 2020.

⁸ S. Negrini, K. Grabljevec, P. Boldrini, C. Kiekens, S. Moslavac, M. Zampolini, N. Christodoulou, up to 2.2 million people experiencing disability suffer collateral damage *each day of COVID-19 lockdown in Europe*, in European Journal of Physical and Rehabilitation Medicine, Epub, 8 May 2020.

⁹ In German: Österreichischer Behindertenrat (2020). Triage: Menschen mit Behinderungen mehrfach gefährdet <https://www.bizeps.or.at/triage-menschen-mit-behinderungen-mehrfach-gefaehrdet/>.

¹⁰ BVerfG, Beschluss vom 16.7.2020, 1 BvR 154/20.

¹¹ <http://assets.comitedebioetica.es/files/documentacion/Informe%20CBE-%20Priorizacion%20de%20recursos%20sanitarios-coronavirus%20CBE.pdf>.

¹² Jager, Vasja (2020), In the institutions exist the registers of the written offs, who are not allowed to come to the hospital, Mladina, 15 May 2020. <https://www.mladina.si/198377/v-domovih-za-starejse-obstajajo-seznami-odpisanih-ki-ne-smejo-priti-v-bolniscico/>; Kovač, Vanja (2020), The decision to keep the ill and infected in the institution's foe elders was bad and has tragical consequences. MMC RTV SLO, 23 May 2020. <https://www.rtvlo.si/zdravje/novi-koronavirus/odlocitev-da-se-bolne-in-okuzene-zadrzi-v-domovih-je-bila-slaba-in-ima-tragicne-posledice/524860>.

¹³ Jager, Vasja (2020), Were the elders written off in advance? Mladina, 15 May https://www.mladina.si/198410/so-bili-starostniki-ze-vnaprej-odpisani/?fbclid=IwAR3xVmY6IW1JNNqytbcMugcngZcT5ZT_atRwhB_AiLHRRjvy4yq5CWSUivs.

The economic situation of people with disabilities (Chapter 3.5)

Prior to the pandemic, many people with disabilities already found themselves in a fragile economic situation. It is reported that in some countries, such as Croatia and Romania, the pandemic has exacerbated poverty. In mitigation a number of countries, including Portugal, Poland, Ireland, Spain and Greece either increased social security payments, made new benefits available or extended eligibility periods without reassessment. Concern, however, is expressed in the Portuguese and Croatian reports that the economic fallout from the pandemic will entrench and deepen disability-related poverty and inequality.

The transition from institutional care to community-based living (Chapter 3.6)

A number of EDE country studies, including Croatia, Denmark, Ireland, Lithuania and the Netherlands, report that social and community services and support for people with disabilities were suspended or limited during the early stages of the pandemic and people with disabilities were sometimes unable to access the support, to which they were entitled and on which they rely, due to staff shortages or problems accessing personal protective equipment.

The extent of mortality and isolation among people residing in institutional care may provide new impetus to accelerate the transition to independent living, as highlighted in the country studies on Austria and Poland. However, there is a risk that the economic impact of the pandemic could lead to a prolonged period of public spending cuts. In the meantime, ensuring that recovery plans and investment are disability-inclusive seems likely to play a central role in shaping the short-term future of progress towards independent living in Europe.

Children with disabilities and their families (Chapter 3.7)

The EDE country reports for Austria, Cyprus, Czechia, Bulgaria, Germany, Ireland, Italy, Lithuania, Malta, Poland, Portugal, Romania, Serbia, Slovakia and Slovenia, all identify challenges faced by children with disabilities and their families as a result of schools moving all or part of teaching and learning online at different stages during the pandemic, with particular challenges facing those attending special schools. Examples of relevant challenges include issues of accessibility, support with learning and access to childcare and personal assistance. A number of country experts report that the approach to education during the pandemic has not reflected inclusive principles or practices. However, there is little empirical evidence to date about the impact of the measures on children with disabilities.

The alignment of employment policy and income-replacement schemes with public health advice (Chapter 3.8)

Significant numbers of persons with disabilities were notified by their governments that they were at particular risk from COVID-19 at the outset of the pandemic and were either required or advised to isolate at home. Sometimes this advice was given before employment rights and income-replacement schemes had been clarified such as in Denmark and Malta. Working from home was encouraged by many States, but not always made mandatory, such as in Liechtenstein.

Some country reports (e.g. Portugal and Spain) suggest that there was a loss of employment among people with disabilities arising from the first waves of the pandemic and ensuing disruption. There are also reports of a particularly negative impact on people with disabilities working in sheltered employment (e.g. Lithuania and Croatia).

However, the extent to which this negative impact on people with disabilities is disproportionate as compared with people without disabilities is as yet unclear. In some countries (e.g. Austria and Ireland) it was reported that organisations of people with disabilities anticipate that people with disabilities are likely to be particularly badly hit, including as regards employment opportunities, by any COVID-related economic downturn and ensuing public spending restrictions.

Recommendations to the European Commission

- (a) To take measures, including via European Semester and Social Pillar processes, to encourage Member States to ensure that relevant data (e.g., relating to mortality, health, education, employment poverty) is inclusive of people living in institutions, and that it is disaggregated by reference to disability as well as age and gender; and to encourage Eurostat to develop standardised ways to gather data (including on mortality), disaggregated by reference to disability.
- (b) To encourage and support EU bodies and Member States (e.g., through the Disability Platform) to strengthen the disability-inclusiveness of disaster management and recovery frameworks, with a particular focus on the effective involvement of disabled people's organisations and the effective embedding of accessibility and non-discrimination.
- (c) To focus implementation of the Strategy for the Rights of Persons with Disabilities 2021-2030 on addressing the underpinning social factors that have been shown to place people with disabilities at particular risk during the COVID pandemic, with a particular focus on enhancing support for community living
- (d) To gather additional evidence about the accessibility of educational online services for children and adults with disabilities and support the development of inclusive approaches in emergency situations and more broadly.
- (e) To build on the disproportionately damaging impact of the pandemic on people with disabilities to muster support amongst Member States for the Commission's 2008 proposal for a directive prohibiting disability discrimination in areas such as healthcare, goods and services and education.
- (f) To actively foster the use of EU recovery funds on disability specific initiatives and the embedding of disability-inclusive approaches in broader initiatives.

Recommendations to Governments in Member States

- (a) To actively include persons with disabilities, through their representative organisations, in disaster management and recovery strategies and to embed and monitor disability equality throughout.
- (b) To review and strengthen systems for disaggregating data on the basis of disability, to allow for a better understanding of the impact of COVID-19 and other events and factors on people with disabilities.
- (c) To carry out public health evaluations of congregate care settings and the factors exposing residents to infection from COVID-19 and other communicable diseases; and to use recovery-related funding to reduce dependence on institutional living by enhancing support available for community living.
- (d) To develop, as part of disaster planning, disability-inclusive guidelines for accessing healthcare at times of crisis.
- (e) To identify, maintain and build upon ways of working introduced during the pandemic to ensure the accessibility of public messaging and make the accessibility of media and communication a central plank of recovery processes.

- (f) To build on the work-from-home legacy of the Pandemic by working with equality bodies and disabled people's organisations to ensure that employers understand that allowing a disabled person to work from home is a type of accommodation which they will be expected to consider seriously when discharging their reasonable accommodation duties.

1 Background and purpose of this report

1.1 What this report is about

‘While many persons with disabilities have health conditions that make them more susceptible to COVID-19, pre-existing discrimination and inequality means that persons with disabilities are one of the most excluded groups in terms of health prevention and response actions and economic and social support measures, and among the hardest hit in terms of transmission risk and actual fatalities.’¹⁴

This report presents and analyses evidence collected by EDE national experts from across Europe on the known or potential impact of the COVID-19 pandemic, and the responses of States to it, on the rights of people with disabilities. It considers the measures adopted by States before Spring 2021 to: curtail the spread of the virus; support their populations whilst these restrictions were in place and when they were relaxed; and to bring about social and economic recovery. It analyses the response of the European Union and national governments to the pandemic from a disability rights perspective and sets out recommendations for future action.

The country-specific research on which this report is based was conducted by EDE national experts by the European Commission between November 2020 and February 2021. As a result, much of the evidence gathered pertains to the first and second ‘waves’ of the pandemic from January 2020 through to February 2021. At the time of writing, much of Europe was experiencing a ‘third wave’, largely driven by a variant of the virus which was identified in the UK in late 2020 (latterly overtaken by the ‘Delta’ variant). While vaccination of Europe’s population is gathering pace, the future remains uncertain, both in terms of the longevity of the pandemic itself, the measures to contain and suppress it and its social and economic impact, which seems likely to be profound and long term. This report therefore provides only a snapshot, based on limited and early evidence, bringing together official data, academic studies, media reports, NGO studies and intelligence. It will remain important to build upon this research on an ongoing basis as the crisis continues to unfold and in its aftermath.

While the country reports explored a wide range of areas of life, this synthesis report focuses on a smaller number of issues, selected because of the attention given to them in the country reports and in light of their pertinence for the European Union.

1.2 The nature of the risks faced by people with disabilities

It has been noted globally, including by the United Nations,¹⁵ that COVID-19 poses particular and significant risk to some people with disabilities. In its guidance on COVID-19 and the rights of persons with disabilities, the UN Office for the High Commissioner on human rights describes the dynamic and multi-dimensional nature of these risks:

‘While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response. Many

¹⁴ UN Committee on the Rights of Persons with Disabilities, June 2020.

¹⁵ United Nations (May 2020) Policy Brief: A Disability-Inclusive Response to COVID-19 https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf.

persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable, as evidenced by the overwhelming numbers of deaths in residential care homes and psychiatric facilities. Barriers for persons with disabilities in accessing health services and information are intensified. Persons with disabilities also continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence. Particular groups of persons with disabilities, such as prisoners and those who are homeless or without adequate housing, face even greater risks.¹⁶

Looking ahead, the strategies and approaches of countries with respect to easing restrictions and mounting social and economic recovery present major opportunities to build a disability-inclusive recovery. They also present risks – such as greater exposure of people with disabilities to infection, of social exclusion and of entrenching inequalities. In its policy brief on a disability-inclusive response to COVID-19, the United Nations notes that:

“Persons with disabilities are particularly disadvantaged by the socio-economic consequences of COVID-19 and measures to control the pandemic. COVID-19 has both short term and far-reaching implications for people with disabilities in many areas of life...”¹⁷

The UN’s policy brief highlights the impact on the following as areas of concern:

- employment and social protection;
- education;
- support services;
- violence, exploitation and abuse.¹⁸

This report explores the extent to which these risks have materialised, and the existence and efficacy of steps that have been taken (or are being taken) by European governments to avert or to minimise them. It also explores relevant opportunities to ensure and advance a recovery that is disability-inclusive.

1.1 How this report has been produced

This synthesis report is based upon desk research conducted by EDE’s country experts in 30 European countries.¹⁹ The individual country studies were carried out using a common template and guidance developed by EDE and approved by the European Commission. Each report was independently reviewed by academic experts

¹⁶ OHCHR (2020) COVID-19 and the rights of persons with disabilities: guidance https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf.

¹⁷ United Nations (May 2020) Policy Brief: A Disability-Inclusive Response to COVID-19 https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf.

¹⁸ United Nations (May 2020) Policy Brief: A Disability-Inclusive Response to COVID-19.

¹⁹ <https://ec.europa.eu/social/main.jsp?catId=1532&langId=en>.

and revised accordingly. They will be published alongside this synthesis report. Subject to the availability of data, each country study considered:

- the extent to which disaster and recovery planning are disability-inclusive;
- the extent of mortality connected to COVID-19 among people with disabilities;
- the disability-related impact of the pandemic and measures adopted by States on:
 - access to healthcare;
 - income and access to food and essential items;
 - access to transportation and the public realm;
 - involuntary detention and treatment;
 - violence, exploitation and abuse;
 - living independently and being included in the community;
 - access to habilitation and rehabilitation;
 - access to justice;
 - access to education;
 - work and employment.

Country experts were asked to draw upon a range of data and evidence, including official statistics, published peer-reviewed research an ‘grey literature’ including media reports and research reported by NGOs and organisations of people with disabilities.

1.2 A note on the limitations of data and the challenges of comparative analysis

The country reports reveal extensive data and knowledge gaps concerning the impact of the pandemic on people with disabilities. These gaps are noted in the report and recommendations made concerning how they might be filled.

This said, it should be stressed that this report does not aim to comprehensively compare the impact of COVID-19 on people with disabilities across European States, nor to comprehensively describe or evaluate the activities of European States to protect and support their populations or to mount a social and economic recovery. These sorts of exercise would not be possible in light of limitations in the available data, which it is helpful to acknowledge.

One particular challenge pertains to the fact that much data relating to disability within countries cannot easily be used in comparative analyses because it is based on different definitions of disability or relates specifically to particular groups of people with disabilities - for example people with particular impairments or particular age groups or to so-called ‘vulnerable groups’. Furthermore, while some data pertains to the whole population of people with disabilities, it is not disaggregated by reference to characteristics such as age, impairment type, gender, ethnicity or socioeconomic status. This means that only a partial picture can be established as to who has been most impacted by COVID-19 or why that may have been the case.

While recognising the importance of intersectionality in the experiences of disabled people during the COVID crisis (e.g., on the basis of age, gender, ethnicity and socioeconomic status, given these characteristics are known to be connected to differential impact of the pandemic) - and despite an explicit focus on this issue in the templates for country experts – the country reports include only very limited data

demonstrating the intersectional impact of the COVID crisis on persons with disabilities.

With respect to age, it is clear that the intrinsic risk of serious illness and death from COVID-19 is closely connected to both age and the pre-existence of certain health conditions.²⁰ It is also clear that the incidence of impairment and long-term health conditions increase with age.²¹ Further, exposure to some established extrinsic risks of becoming infected with COVID-19, such as living in institutional care, correlates strongly with age and it is established that persons with dementia – strongly correlated with age – have been particularly affected.²²

It should also be stressed that, despite the use of the same template and accompanying guidance, different country reports varied in the degree of detail provided on particular issues – reflecting the availability of relevant data in their country. Consequently, it is rarely possible in this synthesis, to state categorically whether a particular approach was or was not adopted in each of the countries. While examples are provided to illustrate the themes and issues discussed, it is often difficult to indicate the precise number of countries to which the issue is relevant.

While this study makes an important contribution to available literature on the topic, it is recommended that it should be read in conjunction with other research reports on the questions raised, both with respect to Europe and international experiences. A number are referenced throughout this report. Of particular note is the report of the 2021 Human Rights Report by the European Disability Forum which focuses on the impact of COVID-19,²³ the work of the Long-Term Care Response to COVID-project,²⁴ and the report ‘Crystallising the Case for Deinstitutionalisation: COVID-19 and the Experiences of Persons with Disabilities’ by Martin Knapp et al.²⁵ In addition, the national reports accompanying this synthesis will often contain more detail on points addressed here and indeed will also on occasion highlight points not discussed in depth in the synthesis report. These national reports are all available on the European Commission website and should be treated as key sources for and important accompanying resources to this document.

1.3 Structure of the report

Chapter 2 of the report discusses measures adopted and statements made at the international level concerning the human rights of people with disabilities, disaster management and COVID-19. It also critically evaluates the actions of the European

²⁰ See: World Health Organisation <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19>.

²¹ WHO (2015) World Report on Health and Ageing p. 26, http://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=CA1C10570142C6FF2008D0352109D12D?sequence=1.

²² See Suárez-González, A et al (2020) Impact and mortality of COVID-19 on people living with dementia: cross-country report. Long Term Care Response to Covid Initiative.

²³ European Disability Forum (2021) European Human Rights Report – impact of COVID-19 on persons with disabilities p. 63, https://mcusercontent.com/865a5bbea1086c57a41cc876d/files/08348aa3-85bc-46e5-aab4-cf8b976ad213/EDF_HR_report_2021_interactive_accessible.pdf.

²⁴ <https://ltccovid.org/>.

²⁵ Knapp, M, Comas, A et al (2021) Crystallising the Case for Deinstitutionalisation: COVID-19 and the Experiences of Persons with Disabilities, London School of Economics.

Union to protect and promote the rights of people with disabilities through and beyond the pandemic.

Chapter 3 of the report presents key themes emerging from the EDE country studies, illustrated with examples drawn from them. It considers the degree to which pre-emptive strategies and plans and those in response to the pandemic have been disability-inclusive. It provides evidence of the direct impact of the pandemic on people with disabilities, the impact and efficacy of measures to suppress the virus and to support populations during periods of restrictions, and the degree to which recovery plans are disability-inclusive.

Chapter 4 makes concluding remarks and proposes recommendations for the European Commission, for European countries covered by the study and for other key government and non-government actors.

2 COVID-19 and the rights of people with disabilities at the European and international levels

2.1 The United Nations, COVID-19 and people with disabilities

2.1.1 Before the pandemic - disaster management

Article 11 of the UN Convention on the Rights of Persons with Disabilities (CRPD) concerns 'situations of risk and humanitarian emergencies'. It requires parties to the CRPD to take 'all necessary measures to ensure the protection and safety of persons with disabilities' in such situations. The Sendai Framework for Disaster Risk Reduction 2015-2030,²⁶ which responded to the need to do more to address 'underlying disaster risk drivers' including 'pandemics and epidemics',²⁷ has been frequently referenced by the CRPD Committee in its concluding observations on the implementation of Article 11 by parties to the treaty. As Lewis notes, the Committee has commonly expressed concern that States parties have failed to adopt disability-inclusive national legislation, policy and programmes, to have involved people with disabilities, to provide accessible information or to have assumed a human rights-based approach to recovery.²⁸

Article 11, and relevant observations made by the CRPD Committee, have informed the analysis in this study.

2.1.2 Response to COVID-19

There have been a number of interventions on the impact of COVID-19 on the rights of people with disabilities by the UN Committee on the Rights of Persons with Disabilities, the current and former UN Special Rapporteurs on the Rights of Persons with Disabilities and the UN Special Envoy of the Secretary-General on Disability and Accessibility concerning the risks and impact of COVID-19 on the rights of people with disabilities.²⁹ These have focused on:

- the lack of consultation with people with disabilities and their representative organisations;
- the need for disability inclusive recovery plans with a particular emphasis on inclusive education and social and political participation;
- the accessibility of information and communication about COVID-19;
- the disproportionate impact of the pandemic on women and girls with disabilities;
- the need for access to additional financial aid to reduce the risk of people with disabilities and their families falling into greater vulnerability or poverty;

²⁶ UN General Assembly, Resolution 69/283: *Sendai Framework for Disaster Risk Reduction 2015–2030*, 3 June 2015.

²⁷ UN General Assembly, Resolution 69/283: *Sendai Framework for Disaster Risk Reduction 2015–2030*, 3 June 2015, para 6.

²⁸ Lewis, O. "‘Leave No-one Behind’ – The Response of International Human Rights Bodies to People with Disabilities in the COVID-19 Pandemic", (2020) *Supranational Human Rights Bodies and Protecting the Rights of People with Disabilities in the COVID-19 Pandemic* (2020) 4 *European Human Rights Law Review* 372-393.

²⁹ UN Special Rapporteurs (1 December 2020) *Building back better: People with disabilities have vital role* <https://www.ohchr.org/EN/HRBodies/HRC/Pages/NewsDetail.aspx?NewsID=26553&LangID=E>. UN Special Rapporteur on the Rights of Persons with Disabilities (March 2020) *COVID-19: Who is protecting the people with disabilities? – UN rights expert* <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725>.

- the situation of people with disabilities in institutions, psychiatric facilities and prisons, given the high risk of infection and the lack of external oversight, aggravated by the use of emergency powers for health reasons;
- the need for proportionate restrictions that use the least intrusive means to protect public health, especially to not expose people with disabilities to abuse or neglect in institutions as a result of limiting their contact with family and friends.

UN guidance has also been produced for States on how to protect, promote and ensure the rights of persons with disabilities during the pandemic. In April 2020, guidance produced by the Office for the High Commissioner on Human Rights drew the attention of States to relevant issues concerning health, institutional care, support to live independently, social protection and employment, education and tackling violence, including examples of ‘promising practices’ in relation to each.³⁰ In its policy brief on a disability-inclusive response to COVID-19, these thematic areas were repeated, and States were urged to assume a disability-inclusive response, focusing on non-discrimination, intersectionality, accessibility, participation, accountability and data-disaggregation. The report also sets out areas of focus where mainstreaming and prioritisation of the rights of people with disabilities is deemed necessary to secure a disability-inclusive recovery.³¹

2.2 European Union, COVID-19 and people with disabilities

2.2.1 Before the pandemic – disability inclusive disaster management planning

The European Disability Strategy 2010-20 addressed disaster management but only in the area of external action and humanitarian aid committing to ‘raise awareness of the UN Convention and the needs of people with disabilities, including accessibility, in the area of emergency and humanitarian aid.’³²

Building on this commitment, the DG ECHO Operational Guidance ‘The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations’ has the following objectives:

- To foster disability inclusion, i.e. the effective access and participation of persons with disabilities¹³ in humanitarian aid.
- To ensure mainstreaming of disability, i.e. the process of incorporating protection principles and promoting meaningful access, safety and dignity of persons with disabilities in all EU-funded humanitarian operations.
- To provide DG ECHO partners and DG ECHO staff with the operational tools to ensure the above in the design, implementation and monitoring of EU-funded humanitarian projects.³³

³⁰ United Nations (May 2020) Policy Brief: A Disability-Inclusive Response to COVID-19 https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf.

³¹ OHCHR (2020) COVID-19 and the rights of persons with disabilities: guidance https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf.

³² European Commission (2010) European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe, p. 9 (external action).

³³ European Commission (January 2019) DG ECHO Operational Guidance The Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations January 2019 https://ec.europa.eu/echo/sites/default/files/2019-01_disability_inclusion_guidance_note.pdf.

Concerning internal European Union action, the European Council formally adopted conclusions on disability-inclusive disaster management on 24 February 2015. These emphasised the need to ‘apply the principle of non-discrimination and incorporate the diverse needs of persons with disabilities throughout the disaster management cycle (prevention, preparedness, response and recovery)’, and encouraged stronger ‘cooperation in disability-inclusive disaster management planning between local, regional and national authorities, as well as between non-governmental entities.’ Of particular relevance to this study is the emphasis the conclusions place upon reinforcing ‘the close cooperation at all levels between the civil protection authorities, the organisations representing persons with disabilities and other relevant civil society organisations with the aim of integrating, if necessary, the relevant aspects of needs of persons with disabilities into policy development as well as risk assessments, disaster management plans and other relevant instruments.’³⁴ The conclusions do not however make specific reference to pandemics or epidemics.

2.2.2 During the COVID-19 pandemic

In March 2020, EU leaders agreed in the European Council that the EU’s response to the COVID-19 crisis would focus on four priority areas:

- limiting the spread of the virus;
- ensuring the provision of medical equipment;
- promoting research for treatments and vaccines; and
- supporting jobs, businesses, and the economy.³⁵

Concerning people with disabilities specifically, a number of steps and initiatives were taken by European Union bodies. For example, the Commission adopted measures to promote the accessibility of its own information and communication about the COVID-19 pandemic: the web page containing the response to COVID has been made accessible for persons with disabilities³⁶ Regular video messages of the President of European Commission, Ursula von der Leyen, about the common European response to the coronavirus outbreak, are now available in international sign language.³⁷

The Commission took steps to encourage Member States to respect the rights of people with disabilities. For example, on 9 April 2020, European Commissioners Dalli, Schmit and Kyriakides wrote to Ministers in the Member States about ‘vulnerable groups’ including people with disabilities. They called for non-discriminatory access to healthcare for people with COVID-19 and the continuity of personal assistance and support services. They also stressed the need to ensure the accessibility of information, about the pandemic as well as personal care and services.³⁸

In July 2020, the European Centre for Disease Control published guidance for civil society and non-governmental organisations (NGOs) as well as for national and regional authorities in the European Union and European Economic Area (EU/EEA)

³⁴ Council of the European Union (2015) Draft Council conclusions on disability-inclusive disaster management – Adoption **Fout! De hyperlinkverwijzing is ongeldig..**

³⁵ European Council (26 March 2020) Joint statement of the Members of the European Council <https://www.consilium.europa.eu/media/43076/26-vc-euco-statement-en.pdf>.

³⁶ See for example: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en

³⁷ E.g. <https://audiovisual.ec.europa.eu/en/video/I-187718>.

³⁸ <https://twitter.com/helenadalli/status/124820763389660997/photo/1>.

and the United Kingdom (UK), who were providing support for people with medical and social vulnerabilities during the pandemic, including people with disabilities. This guidance drew together emerging good practices concerning support for people with intellectual and developmental disabilities, people with mental illness or psychosocial disabilities and people with physical or sensory disabilities.³⁹

The Commission's recommendation on the development of a common EU approach for the use of mobile applications and mobile data in response to the coronavirus pandemic, addresses the importance of ensuring accessibility for people with disabilities.⁴⁰

The Commission has engaged with people with disabilities and their representative organisations to discuss its response to the pandemic and plans for recovery including via the 2020 meeting of the Disability High Level Group which focused on issues of disability and COVID-19, with a particular focus on the new European Structural Funds and a post-COVID recovery package. This Strategic Dialogue brought together representatives from EU bodies, national governments and EU level NGOs. The European Day of Persons with Disabilities online conference, hosted by the Commission in December 2020 also provided opportunities for Disabled People's Organisations from across Europe to discuss both the response to COVID-19 and plans concerning recovery.⁴¹

The European Parliament also initiated a number of opportunities to engage with people with disabilities, such as: the meeting of the Parliament's Disability Intergroup to discuss the impact of the pandemic on persons with disabilities on 30 April 2020, involving the Commissioner for Equality;⁴² a Joint letter signed by 47 Members of the European Parliament calling on the Commission and the Council to take immediate actions to mobilise Coronavirus Response Investment Initiative and EU funds to guarantee the continuity of care and support services in Europe during the COVID-19 pandemic on 8 April 2020;⁴³ and adoption of a resolution on the rights of persons with intellectual disabilities and their families in the COVID-19 crisis on 8 July 2020, which also calls on the Commission "to consult and involve persons with disabilities and their representative organisations from the outset when adopting measures responding to a future crisis".⁴⁴

Despite these various measures, in its recent report on the impact of the COVID-19 pandemic on the rights of persons with disabilities, the European Disability Forum is

³⁹ 'Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic' <https://www.ecdc.europa.eu/sites/default/files/documents/Medically-and-socially-vulnerable-populations-COVID-19.pdf>.

⁴⁰ European Commission (2020) COMMISSION RECOMMENDATION of 8.4.2020 on a common Union toolbox for the use of technology and data to combat and exit from the COVID-19 crisis, in particular concerning mobile applications and the use of anonymised mobility data https://ec.europa.eu/info/sites/default/files/recommendation_on_apps_for_contact_tracing_4.pdf.

⁴¹ European Commission (2020) European Day of Persons with Disabilities <https://ec.europa.eu/social/main.jsp?langId=en&catId=88&eventsId=1748&furtherEvents=yes>.

⁴² Meeting of the European Parliament's Disability Intergroup (30 April 2020) <https://www.edf-efph.org/disability-intergroup-meeting-online-with-commissioner-for-equality-helena-dalli-2/>.

⁴³ Joint letter signed by 47 MEPs on continuity of care and support services: <https://www.edf-efph.org/request-to-take-immediate-actions-to-mobilise-crii-eu-funds/>.

⁴⁴ European Parliament (June 2020) Rights of persons with intellectual disabilities and their families in the COVID-19 crisis: https://www.europarl.europa.eu/doceo/document/TA-9-2020-0183_EN.html.

critical about the extent to which disability was mainstreamed into the EU's early responses to COVID, noting that, in the early stages of the pandemic:

'Disability issues were relevant in all four priority areas of EU response, yet there was little or no attention to disability rights in measures adopted by the Council and the European Commission.'⁴⁵

2.2.3 Vaccine deployment

The European Commission's framework for vaccination deployment makes no explicit mention of persons with disabilities in relation to proposed prioritisation criteria.⁴⁶ The proposed priority groups (such as 'people above 60 years of age', 'vulnerable populations due to chronic diseases, co-morbidities and other underlying conditions' and 'vulnerable socioeconomic groups and other groups at higher risk') are likely to include many people with disabilities. Indeed, in a response by European Commissioner's Schmit and Kyriakides to a letter from European Disability Forum President Yannis Vardakastanis, the Commissioners confirmed that 'vulnerable socioeconomic groups and other groups at higher risk' should be understood to cover persons with disabilities.⁴⁷

However, beyond a general 'action' to ensure 'easy access to vaccines for target populations both in terms of affordability and physical proximity', relevant EU guidance on the deployment of vaccines makes no reference to the need to ensure accessibility or to the need to provide reasonable accommodations to ensure that people with disabilities can access the vaccine on an equal basis with others. This would appear to be both a significant strategic, practical and operational, as well as political, omission.

2.2.4 Commitments concerning the future approach to disaster management

With respect to future disaster management, the European Disability Strategy 2020-30 notes that 'Moving towards common European standards in Civil Protection operations, the Commission will include awareness raising to improve the safety for vulnerable groups.'⁴⁸ It reports that 'EU funding will be used to raise awareness for the needs of persons with disabilities using civil protection meetings with the Civil Protection Forum and the Union Civil Protection Knowledge Network.'⁴⁹ Further it commits the Commission to continuing to 'finance training programmes for disaster situations, including preparedness projects and exercises, taking account of the needs

⁴⁵ European Disability Forum (2021) European Human Rights Report – impact of COVID-19 on persons with disabilities p. 63, https://mcusercontent.com/865a5bbea1086c57a41cc876d/files/08348aa3-85bc-46e5-aab4-cf8b976ad213/EDF_HR_report_2021_interactive_accessible.pdf.

⁴⁶ Communication from the Commission to the European Parliament and the Council Preparedness for COVID-19 vaccination strategies and vaccine deployment (15/10/20) European Commission https://ec.europa.eu/health/sites/health/files/vaccination/docs/2020_strategies_deployment_en.pdf.

⁴⁷ <https://www.edf-feph.org/content/uploads/2021/02/2020-12-16-REPLY-kyriakedes-dalli-on-vaccination.pdf>.

⁴⁸ European Commission (2021) Union of Equality - Strategy for the Rights of Persons with Disabilities 2021-2030 p. 22.

⁴⁹ European Commission (2021) Union of Equality - Strategy for the Rights of Persons with Disabilities 2021-2030.

of persons with disabilities and strengthen dedicated monitoring in prevention actions.⁵⁰

2.2.5 A disability inclusive recovery?

Looking beyond the COVID-19 pandemic, the European Disability Strategy 2021-30 notes that:

“The COVID-19 pandemic and its economic consequences makes it even more pressing to tackle (the rights of persons with disabilities), as it amplified obstacles and inequalities. Persons with disabilities living in residential care experience higher infection rates and at the same time they suffer from isolation due to social distancing rules. Those living in the community and at home are affected by restricted personal service delivery, which can put independent living in jeopardy. Limited accessibility of ICT tools necessary for teleconferencing, telework arrangements, distance learning, online shopping, and access to COVID-19 related information make even the small tasks challenging.”⁵¹

The strategy asserts the importance of the European Union’s recovery plan for Europe, NextGenerationEU:

‘The EU’s next long-term budget, coupled with NextGenerationEU, represents the largest stimulus package ever adopted. This will support a disability-inclusive COVID-19 response and recovery.’⁵²

Of particular importance to repairing the harms caused by the pandemic and advancing the rights of people with disabilities is the EUR 47.5 billion committed to boosting Cohesion Policy in the form of the REACT-EU initiative. Such additional funding is most likely to benefit the rights of people with disabilities through the European Social Fund and the Regional Development Fund, in particular to address social and economic exclusion.

It will be valuable for the Commission to monitor levels of public consultation and awareness concerning use of the funds and to monitor, with civil society and other partners, the use of the funds to ensure that they continue to advance the rights of persons with disabilities. In particular, it will be important to ensure the funds are used to promote the transition from institutional care to community-based living and to help guard against the entrenchment of social and economic inequalities. To those ends, it is positive that the European Commission Staff Working Document on Recovery and Resilience plans requires Member States to:

‘Explain how the reforms and investments supported by the (Member State) plan wil...ensure respect for the rights of people with disabilities in conformity with the UN Convention on the Rights of Persons with Disabilities and the rights of other

⁵⁰ European Commission (2021) Union of Equality - Strategy for the Rights of Persons with Disabilities 2021-2030 p. 22.

⁵¹ European Commission (2020) Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030
<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes>.

⁵² European Commission (2021) Union of Equality - Strategy for the Rights of Persons with Disabilities 2021-2030 p. 5.

disadvantaged and marginalised populations. In this regard, Member States are for example invited to explain how the plan ensures disability (and otherwise) inclusive reforms of education, labour market and health sectors, accessibility of buildings, services and websites as well as transition from institutional to community-based services.⁵³

⁵³ European Commission (2021) Commission staff working document - Guidance to Member States Recovery and Resilience Plans - Part 1, 22 January 2021.

3 Key themes and issues emerging from the country reports

3.1 Disaster management and pandemic responses

3.1.1 To what extent did country-level disaster management strategies and plans already exist and were they disability inclusive?

According to the country reports prepared for this study, disaster management plans, where they existed prior to the pandemic, overwhelmingly failed to make any explicit reference to people with disabilities. This includes Austria, Bulgaria, Cyprus, Finland, Hungary, Iceland, Latvia, Liechtenstein, and Spain. Some included references to people with disabilities, without mainstreaming disability across the board. In Croatia, for example, while Civil Protection Law makes some limited reference to people with disabilities, the Law on the Protection of the Population from Infectious Diseases does not.⁵⁴ Similarly, in Poland, the Act on Crisis Management,⁵⁵ the Act on the State of Natural Disaster,⁵⁶ and the Act on the State of Emergency⁵⁷ each address disability partially, but not comprehensively and not from a human rights perspective. Romania's plan pertains only to people with physical disabilities.⁵⁸

Luxembourg is a Member State of the EUR-OPA Major Hazards Agreement⁵⁹ which is a platform for co-operation in the field of major natural and technological disasters between Europe and the South of the Mediterranean. Two documents calling for the inclusion of persons with disabilities in the event of a disaster have been prepared and published with Luxembourg's participation:⁶⁰ Including people with disabilities in disaster preparedness and response; and Guidelines for Assisting People with Disabilities during Emergencies, Crises and Disasters. In relation to Article 11 of the CRPD, Luxembourg's first national action plan⁶¹ on the implementation of the CRPD

⁵⁴ Croatia (May 2020) Law on the Protection of the Population from Infectious Diseases <https://www.zakon.hr/z/1067/Zakon-o-za%C5%A1titi-pu%C4%8Danstva-od-zaraznih-bolesti>.

⁵⁵ The Act on crisis management, <http://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20070890590/U/D20070590Lj.pdf>.

⁵⁶ Poland (2007) The act on the State of Natural Disaster, <http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=wdu20020620558>.

⁵⁷ Poland (2002) The act on the State of Emergency <http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=wdu20020620558> **Fout! De hyperlinkverwijzing is ongeldig.**

⁵⁸ National Authority for the Rights of Persons with Disabilities, Children and Adoptions (*Autoritatea Națională pentru Drepturile Persoanelor cu Dizabilități, Copii și Adoptții*) and the World Bank, (2020), Diagnosis of the situation of people with disabilities in Romania (*Diagnoza situației persoanelor cu dizabilități în România*), pp. 68-69, 2020.

⁵⁹ The European and Mediterranean Major Hazards Agreement (EUR-OPA), created in 1987 is a platform for co-operation between European and Southern Mediterranean countries in the field of major natural and technological disasters: EUR-OPA Major Hazards Agreement platform. <https://www.coe.int/en/web/europarisks/home>.

⁶⁰ Alexander, David & Sagramola, Silvio (2014). *Including people with disabilities in disaster preparedness and response [Associer les personnes handicapées à la préparation et à la réaction aux catastrophes]* <https://edoc.coe.int/en/environment/7168-major-hazards-and-people-with-disabilities.html> and Alexander, David & Sagramola, Silvio (2014). «Guidelines for Assisting People with Disabilities during Emergencies, Crises and Disasters https://www.coe.int/t/dg4/majorhazards/ressources/Apcat2013/APCAT2013_11_Gudelines_Disability_Alexander_Sagramola_17jan2014_en.pdf.

⁶¹ Government of the Grand Duchy of Luxembourg: Action Plan for the implementation of the CRPD of the Government of Luxembourg (Plan d'Action de mise en oeuvre de la Convention des Nations Unies relative aux droits des personnes handicapées 2012-2017)

called for the development of a concept for evacuation of persons with disabilities in case of emergency in cooperation with public emergency services and fire brigades in the context of general accessibility of persons with disabilities to public buildings.⁶² Luxembourg's first periodic national report on implementing the CRPD (2014) did not mention any emergency measure or evacuation question but confirms the general need to protect disaster-affected populations and to ensure their safety and dignity.⁶³ The second action plan (2019) mentions that the State will ensure that emergency information, including communications and public announcements in situations of natural disasters will be made available to the public through audio-visual media, and provided in a manner accessible to persons with disabilities. The government will also designate an online contact point for any questions or complaints regarding accessibility.⁶⁴

In Greece, the National Disability Action Plan (2020)⁶⁵ appears to be the first Greek policy instrument to foresee disability inclusivity in civil protection in emergency situations. In particular, a series of actions planned by the Ministry of Defence, General Secretariat of Civil Protection (2021-2022), aim to enhance access of people with disabilities to emergency services, including update of natural disaster management and recovery strategies which “have to date lacked specific regulations for people with disabilities”.⁶⁶

In Czechia, the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for the period 2021–2025⁶⁷ is a major strategic document that determines the direction of the Czech government's policy in forming equal opportunities for persons with disabilities. The National Plan also pertains to general disaster management and recovery planning. The overall objective of the Plan in this respect is ensuring the protection and safety of persons with disabilities during emergencies and critical situations. However, despite being completed after the first wave of the pandemic in 2020, the Strategy does not address pandemic-specific disaster management or recovery.

<https://mfamigr.gouvernement.lu/fr/publications/plan-strategie/handi.html>. **Fout! De hyperlinkverwijzing is ongeldig.**

⁶² Un concept pour l'évacuation des personnes handicapées dans les bâtiments publics doit être mis au point en collaboration avec la protection civile et les pompiers. [https://gouvernement.lu/dam-assets/fr/actualites/articles/2016/06-juin/03-cahen-handicap/Plan-d Action-FR-new.pdf](https://gouvernement.lu/dam-assets/fr/actualites/articles/2016/06-juin/03-cahen-handicap/Plan-d%20Action-FR-new.pdf).

⁶³ Government of the Grand Duchy of Luxembourg: First periodic report of the Grand Duchy of Luxembourg on the implementation of the United Nations Convention on the Rights of Persons with Disabilities (2014) First national report to implement the CRPD (Premier rapport périodique du Grand-Duché de Luxembourg de la mise en œuvre de la Convention des Nations Unies relative aux droits des personnes handicapées (2014) First national report to implement the CRPD). <https://mfamigr.gouvernement.lu/dam-assets/publications/rapport/crdph/Rapport-periodique-etatique-CRDPH.pdf>.

⁶⁴ Government of the Grand Duchy of Luxembourg: Action Plan for the implementation of the CRPD of the Government of Luxembourg 2019-2024; second national action plan, (Plan d'action national de mise en oeuvre de la Convention relative aux droits des personnes handicapées 2019-2024). https://gouvernement.lu/fr/publications.gouv_mfamigr%2Bfr%2Bpublications%2Bplan-strategie%2Bhandicap.html.

⁶⁵ National Disability Action Plan [Target 17 page 37](#).

⁶⁶ Greece, [National Disability Action Plan](#).

⁶⁷ Government Board for Persons with Disabilities. *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025*, Approved by Czech Government Resolution No. 761 of 20 July 2020.

3.1.2 To what extent have strategies and plans enacted in response to the COVID-19 pandemic been disability inclusive?

The country reports indicate that reference to persons with disabilities was often absent from COVID-19 disaster planning at the outset of the pandemic – although responses were often made at a later point. Thus, the Finnish report commented:⁶⁸

‘Although disability inclusion is gradually but increasingly becoming a normal part of political practice in Finland, it was not necessarily guaranteed in the quick decision-making required when the COVID-19 crisis began.’

Similarly, the report from Austria notes how:⁶⁹

‘In the first phase of COVID-19 persons with disabilities were generally defined as a group at (higher) risk which mainly resulted in more restrictions in personal freedom for this group compared to non-disabled persons. This was criticised by DPOs (BY) and although persons with disabilities were defined as a group at risk their needs for support were neither considered by the crisis management nor was this an issue discussed or reported in public.’⁷⁰

The report on Greece advises that:⁷¹

‘In Greece, with regard to COVID-19, response measures since the start of the pandemic have explicitly mentioned the general obligation of implementing authorities to make any necessary provisions to support disabled people.’⁷²

However, it is unclear whether this obligation was met in practice.

An emerging theme from the country reports is that a primary focus where people with disabilities are concerned has and continues to be on institutional care facilities. For example, in Greece, the government assigned a Committee for the Protection of Vulnerable Groups⁷³ focused on those living in residential elderly care units as well as other institutions, including those accommodating younger people with disabilities. The group is tasked with monitoring epidemiological data, coordinating actors involved in

⁶⁸ EDE COVID-19 country report for Finland, p. 2.

⁶⁹ EDE COVID-19 country report for Austria, p. 5.

⁷⁰ See: Krisenmanagement im Kontext Behinderung am Beispiel der COVID-19-Pandemie. In: BSGPK (2020) Evaluierung des Nationalen Aktionsplans Behinderung 2012–2020 https://www.sozialministerium.at/dam/jcr:ec106d2c-7346-4360-8756-975de92d9576/Evaluierung_des_NAP_2012_2020.pdf, p. 659;

Tiroler Monitoringausschuss (2021). Menschen mit Behinderungen im Krisen- und Katastrophenfall. Stellungnahme https://www.tirol.gv.at/fileadmin/themen/gesellschaft-soziales/UN-Konventionen/tiroler-monitoring-ausschuss/dokumente/stellungnahmen/Stellungnahme_Corona_2021.pdf, p. 20.

⁷¹ EDE COVID-19 country report for Greece, p. 4.

⁷² Presidential Act 13.4.2020 Article 73 (FEK A 84/April 2020) in Greek Ombudsman (2020) Social Protection Measures for responding to consequences of COVID-19 pandemic (Policy Review) <https://www.synigoros.gr/resources/toolip/doc/2020/04/21/odigos-kp-ektakta-metra-COVID-19.pdf>.

⁷³ Ministry of Investment and Growth October 2020 Committee for the Protection of Residents in Elderly Care units and other institutional settings <https://covid19.gov.gr/systasi-epitropon-mesko-po-tin-prostasia-apo-ton-koronoio-sars-cov-2-ton-filoxenoumenon-se-monades-frontidas-iliikiomenon-m-f-i-kai-loipes-kleistes-domes-filoxenias-efpathon-omadon-tou-plithysmou/>.

implementing prevention and response measures as well as inspections, and making recommendations for additional measures or modification of existing ones. In Austria, the main public and political focus was on persons in residential homes for older people and problems related to travel bans which affected the live-in migrant carers.⁷⁴ While it is evident that people residing in institutional care have been at significant risk of infection and death from COVID-19 and hence a major focus for States, it is suggested by the authors of the Austria report that this has also led to a lack of focus on people with disabilities living in the community.

What is clear from the country reports is that a number of countries introduced disability-related considerations or exemptions in later versions of COVID guidance, or in later lockdowns, usually as a response to representations from disabled persons' organisations, equality bodies or National Human Rights Institutions. This was the situation, for example, in Austria, Belgium, Cyprus, Denmark, France, Germany, Greece, Ireland, Liechtenstein and Malta, The Netherlands, Serbia, Spain, Sweden and Slovakia.

Thus, in Cyprus, the Pancyprian Alliance for Disability and other disability advocacy groups,⁷⁵ as well as the Commissioner of Administration (Ombudsman)⁷⁶ levelled criticism against the Government's failure to include persons with disabilities in measures aimed at protecting people against the COVID-19 pandemic. On 3 April 2020, the Ombudsman - that acts as the Independent Mechanism for the Promotion, Protection and Monitoring of the UN Convention on the Rights of Persons with Disabilities - issued a Statement explaining the specific circumstances and needs of persons with disabilities during the COVID-19 health-related crisis. The Statement called on the State authorities to collaborate closely with persons with disabilities' representative organisations with a view to taking all necessary measures to ensure the protection and safety of persons with disabilities, especially in relation to their right to have access to transparent and accurate COVID-19 related information.

Many changes that were latterly made by countries have concerned reasonable accommodations with respect to restrictions and rules, such as freedom of movement and mask-wearing. For example, France introduced a derogation in October 2020 to allow persons with disabilities to travel more freely than other citizens, including during curfew hours.⁷⁷ In Liechtenstein a January 2021 amendment to the COVID-19 Ordinance put in place exemptions from certain safeguard measures such as mask-

⁷⁴ See e.g., <https://itccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>.

⁷⁵ Cyprus Confederation of Disabled Organizations (02.04.2020) Letter to the President of the Republic, available at http://www.kysoa.org.cy/kysoa/userfiles/file/diekdikiseis/20200402_kysoa%20proedro%20corona%202020.doc.

See also News post: <https://m.kathimerini.com.cy/gr/kypros/kypros-ygeia/kysoa-apokleismos-politwn-me-anapiries-apo-ta-metra-gia-ton-COVID-19>.

⁷⁶ Ombudsman report, available at: [http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/7EE18391CBE8E56CC2258542002907CB/\\$file/AYT_9_2020.pdf?OpenElement](http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/7EE18391CBE8E56CC2258542002907CB/$file/AYT_9_2020.pdf?OpenElement).

⁷⁷ National transport regulatory authority (Autorité de régulation des transports) (ART), 'Bilan du transport ferroviaire lors de la crise sanitaire au 1er semestre 2020' (Rail transport assessment during the health crisis of the first half of 2020), available at: <https://www.autorite-transport.fr/wp-content/uploads/2021/01/plaquette-bilan-s1-2020.pdf>.

wearing for people with certain disabilities.⁷⁸ Similarly, in Spain, which imposed some of the strictest restrictions on citizens, exemptions from mask-wearing were made including for people with respiratory conditions that could have been aggravated by the use of a mask; for people with disabilities who cannot independently remove a mask; and for people who ‘present behavioural alterations’ that make their use unviable.⁷⁹ Spain also introduced exemptions for ‘therapeutic outings’ for people with intellectual disabilities, but some people were the object of harassment when out for such walks.⁸⁰ This led the Ombudsman to call for a campaign to promote and spread information on the existence of these exceptions, so that people with disabilities would not be victims of harassment or aggression and that those who engaged in such harassment should be punished for their antisocial behaviour during the State of Emergency.⁸¹

Looking to the future, the Irish Health Research Board (HRB), Science Foundation Ireland and the Irish Research Council are supporting a disability specific project at the Centre for Disability Law and Policy, NUI Galway - ‘ResPoNCE: Respecting People with disabilities’ Needs and rights in Crisis and Emergency’.⁸² The aim of this project is to review the laws and policies introduced during the pandemic and review how they have affected the lives of persons with disabilities across six European countries, including Ireland. The project will provide guidance on how decision-making bodies can live up to their obligations and uphold the rights of persons with disabilities by recommending best practices that can be implemented in line with State obligations outlined in the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).⁸³

3.1.3 To what extent have organisations of people with disabilities been involved in disaster management and recovery planning?

None of the country reports provided examples of organisations of persons with disabilities (DPOs) having been involved in any decision-making or contingency planning prior to the first imposition of COVID-19 restrictions in 2020. However, there are numerous examples of DPOs subsequently (and at different stages) becoming more engaged and involved, albeit with varying degrees of influence, including in Austria, Belgium, Denmark, France, Germany, Greece, Ireland, Liechtenstein, Malta, The Netherlands, Serbia, Sweden and Slovakia.

The implications of a failure to consult and involve DPOs is spelled out in a report on the impact of the COVID-19 pandemic in Poland:

‘The lack of consideration for people with disabilities in the planning and implementation of further solutions [can result in the creation of] further barriers.

⁷⁸ Statutory ordinance on measures to control the coronavirus (COVID-19 Ordinance). Published on 25 June 2020. Link: [2020206000 \(gesetze.li\)](https://www.gesetze.ni.ac.rs/Act/2020/202006000).

⁷⁹ See: https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Recommendaciones_mascarillas_ambito_comunitario.pdf.

⁸⁰ EDE COVID-19 country report for Spain, p. 16.

⁸¹ EDE COVID-19 country report for Spain, p. 16.

⁸² Health Research Board, ResPoNCE: Respecting People with disabilities’ Needs and rights in Crisis and Emergency (14 December 2020) <https://www.hrb.ie/news/COVID-19-coronavirus/coronavirus-news/article/the-impact-of-national-past-on-behaviour-in-the-COVID-19-pandemic/>. This project considers the pandemic responses in Ireland, France, Germany, Spain, Portugal and the UK.

⁸³ Health Research Board, ResPoNCE: Respecting People with disabilities’ Needs and rights in Crisis and Emergency (14 December 2020) <https://www.hrb.ie/news/COVID-19-coronavirus/coronavirus-news/article/the-impact-of-national-past-on-behaviour-in-the-COVID-19-pandemic/>.

An example of this is the closing of elevators by some housing communities and local governments, or, for example, an exceptionless social lockdown, also for people who, because of their disability, need to maintain a daily routine of activities.⁸⁴

In Austria, people with disabilities and DPOs were not included in crisis management teams at the beginning of the pandemic. This was subject to criticism by the Austrian Disability Council and the Federal Monitoring Committee for the UN CRPD.⁸⁵ As a consequence, one representative of the Austrian Disability Council is now participating in the Federal crisis management group.⁸⁶ In Ireland, the Human Rights and Equality Commission raised concerns that the participation of the disabled community in planning processes was limited and only taken into consideration after awareness was raised by DPOs of this oversight.⁸⁷

In the Netherlands, the DPO Iederin, having not been consulted by national Government or the outbreak management team was highly critical of the severe impact of measures on the social and emotional wellbeing of people with disabilities. It latterly adopted a more constructive approach, offering to assist government to improve measures and has since enjoyed bi-weekly consultations with the Minister of Health.⁸⁸

In Germany, the governmental commissioners for disabled persons, various German disability organisations, as well as German welfare organisations, participated in the process of disaster and recovery planning with opinions and recommendations.⁸⁹ They called for more involvement of people with disabilities and their needs in the disaster management and elaboration of protection concepts.⁹⁰

In some countries, once the pandemic was underway, official bodies were established to either advise specifically on the rights of people with disabilities during the pandemic or to engage civil society, including organisations of people with disabilities, in disaster and recovery planning.

⁸⁴ Szarenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie tarczy antykryzysowej [Social supplement to the anti-crisis shield], <https://oees.pl/wp-content/uploads/2020/05/EKSPERTYZA-Spoleczne-uzupelnienie-tarczy-antykryzysowej-1.pdf>.

⁸⁵ See press release of the Austria Disability Council in April 2020: <https://www.behindertenrat.at/2020/04/corona-krise-staebe-schliessen-expertise-von-menschen-mit-behinderungen-aus/>.

⁸⁶ See FRA (2020), Coronavirus pandemic in the EU – Fundamental Rights Implications. Country report Austria, pp. 9-10, https://fra.europa.eu/sites/default/files/fra_uploads/at_report_on_coronavirus_pandemic_june_2020.pdf.

⁸⁷ IHREC, The impact of COVID-19 on People with Disabilities: Submission by the Irish Human Rights and Equality Commission to the Oireachtas Special Committee on COVID-19 Response (Dublin, June 2020) IHREC, at p. 7, <https://www.ihrec.ie/app/uploads/2020/07/IHREC-Submission-The-Impact-of-COVID-19-on-People-with-Disabilites.pdf>.

⁸⁸ Letter to parliament, Betreft commissiebrief inzake SO COVID-19 Update paragraaf 8 Zorg voor kwetsbare mensen (update on COVID-19 care for vulnerable people). 28 May 2020, <https://www.rijksoverheid.nl/documenten/kamerstukken/2020/05/28/commissiebrief-inzake-so-covid-19-update-paragraaf-8-zorg-voor-kwetsbare-mensen>.

⁸⁹ E.g. https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier_BVLH_2020-09_Corona_Pandemie.pdf; <https://www.deutscher-behindertenrat.de/ID255655>.

⁹⁰ https://www.lebenshilfe.de/fileadmin/Redaktion/PDF/Wissen/public/Positionspapiere/Positionspapier_BVLH_2020-09_Corona_Pandemie.pdf, p. 4, 5.

In Malta, in April 2020 the Commission for the Rights of Persons with Disability (CRPD)⁹¹ set up a COVID-19 Disability Task Force in order to monitor the impact of the pandemic on the disability sector and to inform/advise the government on related matters. Nevertheless, although a number of recommendations were taken on board, research carried out during 2020 by the Faculty for Social Wellbeing, University of Malta, showed that as the pandemic progressed, people with disabilities and their families felt they had been forgotten.⁹²

In Denmark, ‘social partnerships’ have included the involvement of organisations of people with disabilities in the development of disaster and reopening planning. The social partnerships were set up in connection with the reopening in the summer of 2020. In addition, sector partnerships were set up in different areas of ministerial responsibility, including people with disabilities, the socially disadvantaged and children.⁹³ The partnerships between civil society and public authorities were created in order to develop new solutions and uncover the special challenges for ‘vulnerable groups’ that were expected to come when society is reopened. The partnerships will continue until the reopening of society is completed.

It is reported that in France, the National Advisory Council for Persons with Disabilities (Conseil national consultatif des personnes handicapées – CNCPH) was consulted regularly throughout the epidemic crisis and issued several opinions on the implementation of public policies to adapt to the crisis.⁹⁴

In Greece, the National Disability Action Plan (2020), which foresees the inclusion of disability in civil protection planning has been the result of a continuous collaboration with the National Co-federation of Disabled People (NCDP).⁹⁵

3.1.4 To what extent have States ensured information and communication about the pandemic are accessible to people with disabilities?

A potentially positive emerging theme (e.g. from Ireland, Croatia, Malta, Lithuania, Slovenia, Estonia, Czechia and Portugal) concerns the efforts of governments and public agencies to provide accessible information and communication during the COVID-19 pandemic, although this did often take place only in response to challenges from organisations of persons with disabilities, national human rights institutions and others, which also often stepped in to fill the gaps.

⁹¹ For the purpose of this report, the abbreviation CRPD will be used when referring to the national Commission for the Rights of Persons with Disability and the abbreviation UN CRPD will be used when referring to the United Nations Convention on the Rights of Persons with Disabilities (2006).

⁹² Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). *The impact of COVID-19 on Persons with Disability*. Available from <https://www.crpdm.org.mt/wp-content/uploads/2020/10/FSW-and-CRPD-The-Impact-of-COVID-19-on-Persons-with-Disability-Report-Final-1.pdf>.

⁹³ DH Evaluation Appendix 7.

⁹⁴ See National Advisory Council for Disabled People (Conseil national consultatif des Personnes handicapées) (CNCPH), ‘Travaux du CNCPH (avis, motions, contributions): 2020-2021’, available at: www.gouvernement.fr/travaux-du-cncph-avis-motions-contributions-2020-2021.

⁹⁵ National Co-federation of Disabled People Press Release 25 November 2020 Parliamentary Discussion about the National Disability Action Plan: <https://www.esamea.gr/pressoffice/press-releases/5063-syzitisi-sti-boyli-gia-to-ethniko-sxedio-drasis-gia-ta-dikaiomata-ton-atomon-me-anapiria>.

In Ireland, from early in the pandemic, all briefings were given in both English and Irish Sign Language. This was as a result of advocacy from the Deaf community. The Irish Deaf Society also did considerable work in creating and distributing Irish Sign Language versions of posters and guidance.⁹⁶ Finland and Lithuania also routinely had sign language interpretation of Government COVID-19 press conferences, as did Croatia, but only following the intervention of the Ombudsman for Persons with Disabilities.⁹⁷ Similarly, in Malta the first number of daily media briefs organised by the Superintendent of Public Health were not accessible to people with hearing impairment since they did not include Maltese Sign Language (MSL) interpretation. The Commission for the Rights of Persons with Disability brought the issue to the Superintendent of Public Health's attention and MSL interpretation has been successfully included ever since.⁹⁸ In Lithuania, during the first phase of restrictions, people with disabilities faced significant challenges in accessing information and guidelines. People with hearing impairments asked for live press conferences to be translated into sign language and to use subtitles.⁹⁹ This request was implemented. In addition, sign language translators are now available 24 hours a day, supporting people to contact COVID-19 call centres via the Skype programme.

In Slovenia, from the outset of the pandemic the National TV station made a link called "Accessible", where people could find documents in easy read format. Some articles are in voice format; some are in sign language format and all are subtitled.¹⁰⁰ The easy read formats were not offered before the pandemic on national TV.¹⁰¹ National TV made an agreement with the Association of the Slovenian Sign Language Interpreters and with the Governmental Office for Communication to provide sign language during governmental press release conferences, during other governmental public announcements and at all news release, and in addition during the news release at 5:00 p.m. each day.¹⁰² Similarly, following an appeal to the Lithuanian authorities by the Forum of Lithuanian Disability Organizations (regarding the provision of preventive measures for people with disabilities during the global pandemic for the COVID-19 virus)¹⁰³ for information for people with disabilities to be provided with accessible methods like telephone lines, videos, simple information using visuals, and concentrated information with the most frequent questions in one place, a special site koronastop.lrv.lt¹⁰⁴ was created and it has concentrated information about COVID-19 in one place.

⁹⁶ Irish Deaf Society, Corona Virus Posters Explained (2020),

<https://www.irishdeafociety.ie/coronavirus-posters-explained/>.

⁹⁷ Ombudsman for persons with disabilities: Providing important coronavirus information for deaf and persons with hearing impairments, <https://posi.hr/wp-content/uploads/2020/03/Osiguravanje-i-nformacija-o-koronavirusu-za-gluhe-i-nagluhe-osobe.doc>.

⁹⁸ Disability Task Force. (January 2021). *List of actions taken by the Disability Task Force in collaboration with other organisations according to need*. CRPD: Malta.

⁹⁹ Article about challenges in order to receive information and guidelines, 20 March 2020, <https://www.15min.lt/naujiena/aktualu/sveikata/koronavirusas-kelia-issukiu-ir-neigaliesiems-kurtiesiems-per-sunku-issikviesti-pagalba-541-1289942> (in Lithuanian).

¹⁰⁰ National TV: Accessible [Dostopno], <https://www.rtv slo.si/dostopno>.

¹⁰¹ National TV, Easy Read, <https://www.rtv slo.si/enostavno>.

¹⁰² Rot, V. Slovenian Sign language interpreters in the time of the Corona virus epidemic, National TV, 24 March 2020 [Delo tolmačev v slovenski znakovni jezik v času epidemije s koronavirusom], <https://www.rtv slo.si/dostopno/clanki/delo-tolmacev-v-slovenski-znakovni-jezik-v-casu-epidemije-s-koronavirusom/518215>.

¹⁰³ LDF 17 March 2020, public statement related COVID-19 disease, <https://www.lnf.lt/kreipimasis-del-prevenciniu-ir-pagalbos-priemoniu-uztikrinimo-zmonems-su-negalia-lietuvoje/> (in Lithuanian).

¹⁰⁴ Webpage which provides information about COVID-19, <https://koronastop.lrv.lt/en/#information>.

In Ireland, HSE has produced some Easy to Read information on COVID-19 and has also developed a guidance and resource pack for vaccination in disability services which focuses on respecting the will and preference of individuals in obtaining consent for vaccination.¹⁰⁵ Inclusion Ireland, a national advocacy group which represents people with intellectual disabilities and their families also produced some easy to read guidance.¹⁰⁶ In Malta, the Commission for the Rights of Persons with Disability collaborated with the Health Authorities to publish a number of documents for different impairment groups with the aim of making information about COVID-19, swab testing and mask use more accessible.¹⁰⁷ In Estonia, an easy-to-read COVID-19 document with information and guidelines for people with ‘special needs’ has been published on the government website.¹⁰⁸ Among other things, it includes information about where best to turn to in the case of virus symptoms.

In Czechia, disabled people’s organisations, such as the Association for Support for Persons with Intellectual Disabilities,¹⁰⁹ and organisations which represent persons with hearing impairments have been supporting the relevant Government authorities to ensure that respective information is inclusive and accessible (for example, easy to read format, sign language).¹¹⁰ In Iceland, disabled people’s organizations, such as the National Association of Intellectual Disabilities,¹¹¹ as well as organizations that serve disabled populations, such as the Fjölmennt adult education centre,¹¹² have been publishing the COVID measures and announcements on their websites, including easy to read versions, some of which were made in collaboration between DPOs and government agencies.¹¹³ In Luxembourg, the National Disability Information and Meeting Centre (“Info Handicap”), a platform for persons with disabilities, delivers COVID pandemic related information in easy language.¹¹⁴ The centre for easy language Klaro, the official office for easy language in Luxembourg and a service of the APEMH (Association for people with disabilities),¹¹⁵ provides pictograms and texts in easy language about COVID-19 and related questions.¹¹⁶ Klaro made also a video in simple language about how to behave during the COVID- 19 time.¹¹⁷

¹⁰⁵ HSE National Disability Services, Guidance & Practical Resource Pack to prepare for the COVID-19 vaccination programme in Disability Services (2021) Version 2, <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/guidance-and-practical-resource-pack-in-preparation-for-COVID-19-vaccination-programme-disability-services.pdf>.

¹⁰⁶ Inclusion Ireland, Stay and home and Stay Safe Guide (2020), <https://inclusionireland.ie/wp-content/uploads/2020/12/ETR-Stay-at-Home-and-Stay-Safe-.pdf>.

¹⁰⁷ <https://www.crp.org.mt/resources/COVID-19/>.

¹⁰⁸ Estonian Government COVID-19 information material for people with special needs (12 November 2020) https://www.terviseamet.ee/sites/default/files/Nakkushaigused/Juhendid/COVID-19/info_erivajadusega_inimestele_12.11.20.pdf.

¹⁰⁹ <http://www.spmPCR.cz/>.

¹¹⁰ <https://covid.gov.cz/situace/osoby-se-zdravotnim-postizenim>.

¹¹¹ Landsamtökin Þroskahjálp. *Auðlesid: breyttar reglur vegna COVID*. <https://www.throskahjalp.is/is/samtokin/frettir/audlesid-breyttar-reglur-vegna-covid>.

¹¹² Fjölmennt. *Upplýsingar um Covid 19 á auðskildu máli með myndum*. <https://www.fjolmennt.is/static/extras/images/covid-baeklingur283.pdf>.

¹¹³ Landsamtökin Þroskahjálp, Government of Iceland, and Directorate of Health. *Kóróna-veiran COVID-19: Upplýsingar á auðlesnu máli um kóróna-veiruna*. <https://www.throskahjalp.is/static/files/ko-ro-na-veiran-a-audlesnu-ma-li.pdf>.

¹¹⁴ COVID-19 page of Info Handicap: National Center for Information and Meeting on Disability (Centre National d'Information et de Rencontre du Handicap) <https://info-handicap.lu/de/covid19/>.

¹¹⁵ Association des Parents d'Enfants Mentalement Handicapés <https://www.apemh.lu>.

¹¹⁶ KLARO Easy Language Office (Bureau langage facile) <https://klaro.lu/index.php/fr/actuel>.

¹¹⁷ Link to the Klaro video <https://www.youtube.com/watch?v=hEFgpFhg1VA&feature=youtu.be>.

In Portugal, respondents with disabilities and caregivers to a survey by the Disability and Human Rights Observatory evaluated how accessible information was that had been provided by the Directorate-National for Health and the majority found the information accessible: 80 % in the first, and 69 % in the second wave.¹¹⁸

3.2 Data on mortality among people with disabilities connected to COVID-19

3.2.1 Overall mortality among people with disabilities

At the time of writing, there is very little disaggregated data on mortality among people with disabilities connected to COVID-19, but the data sourced by a minority of the EDE country reports points to a disproportionate number of deaths compared with people without disabilities, in line with data from other countries.

Only one of the country reports, Ireland, reported that data was periodically collected and published on mortality generally, or connected to COVID-19, disaggregated by disability status. In one other country, Croatia, official information was provided in response to a request from the EDE national expert, but this was not routinely published. It is understood that Cyprus collates such data, albeit not in a coherent manner and at the time of writing has not made it publicly available.

In June 2020, the recorded mortality rate for people with disabilities in Ireland was 41 per 100 000 people, contrasted with 23 per 100 000 among people without disabilities.¹¹⁹ 88 % of those who died from COVID-19 had an underlying health condition and 92 % were aged over 65.¹²⁰

In Croatia, as of January 2021, 1 766 deaths from COVID-19 of people with disabilities were recorded, amounting to 38 % of the 4 684 total recorded deaths from COVID-19 in the country.¹²¹ People with disabilities accounted for 12% (26 811) of the 225 648 recorded infections with the COVID-19 virus.¹²²

A study conducted by the Italian National Institute for Health and Università Cattolica di Milano found that in Italy the mortality rate for persons with Down syndrome may have been up to 10 times greater than that of the general population.¹²³ Similarly, in Sweden it is reported that a significantly higher proportion of people with Intellectual

¹¹⁸ Disability and COVID-19. Results of a study made with people with disabilities and caregivers. <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

¹¹⁹ IHREC, 'The impact of COVID-19 on persons with disabilities', at p. 5. <https://www.ihrec.ie/app/uploads/2020/07/IHREC-Submission-The-Impact-of-COVID-19-on-People-with-Disabilites.pdf>.

¹²⁰ CSO, COVID Deaths and Cases: From 28 February to 15 May 2020 [COVID-19 Deaths and Cases - CSO - Central Statistics Office](#).

¹²¹ Ombudsman for persons with disabilities: Recommendations for persons with disabilities and the public regarding coronavirus, <https://posi.hr/koronavirus/>.

¹²² Ombudsman for persons with disabilities: Recommendations for persons with disabilities and the public regarding coronavirus, <https://posi.hr/koronavirus/>.

¹²³ See E. R. Villani – A. Carfi – A. Di Paola – L. Palmieri – C. Donfrancesco – C. Lo Noce – D. Taruscio – P. Meli – P. Salerno – Y. Kodra – F. Pricci – M. Tamburo de Bella – M. Florida – G. Onder - The Italian National Institute of Health CoVID-19 Mortality Group, *Clinical characteristics of individuals with Down syndrome deceased with CoVID-19 in Italy—A case series*, in *American Journal of Medical Genetics*, Vol. 182, 12, <https://onlinelibrary.wiley.com/doi/10.1002/ajmg.a.61867>.

Disabilities (especially Down’s Syndrome)¹²⁴ under the age of 70 have died of COVID-19, compared with the general population, and they also have a greatly increased risk of becoming seriously ill or dying of COVID-19.

These figures (like others for countries not in the study, such as the United Kingdom)¹²⁵ reveal a disproportionate level of mortality among people with disabilities that would seem likely to be replicated across other countries, given the increased risks associated with age, underlying health conditions and the social and economic conditions experienced by many people with disabilities. In particular, many countries report that institutional care has been the epicentre of the pandemic in their country, which is discussed in detail at 3.2.2. Connected to this fact, data from a number of countries finds that people with dementia form a disproportionately high number of deaths from COVID-19. This includes Italy where people with dementia account for 19 % of all deaths from COVID-19.¹²⁶

The particular risks facing older people and people with underlying health conditions were established and shared at a very early stage of the pandemic. Nevertheless, the lack of real time data about the impact of the pandemic on persons with disabilities generally or in specific geographies or living circumstances will have meant that few States are able to take data-driven targeted action to protect those most at risk, to be prompted to do so by evidence of disproportionate levels of mortality among people with disabilities, or to be held accountable. The country studies indicate that NGOs and DPOs have often taken the lead on collecting data and that is they that have often provided most information about the impact of COVID-19 on people with disabilities.

At the European level, neither Eurostat or the European Centre for Disease Prevention and Control have indicated any plan to begin collecting relevant data disaggregated by disability.

3.2.2 Mortality among people residing in institutional or communal care settings

Data on mortality among people living in different modes of institutional or communal care settings across the 30 countries in this study is variable but confirms findings from other studies suggesting that such settings have been an epicentre of the global COVID-19 pandemic.

Data gathered from 21 countries globally by the Long-Term Care Responses to COVID-19 project found that the current average of the share of all COVID-19 deaths

¹²⁴ Bergman et al., (2021) *Risk factors for COVID-19 diagnosis, hospitalization and subsequent all-cause mortality in Sweden: a nationwide study*. European Journal of Epidemiology, <https://link.springer.com/content/pdf/10.1007/s10654-021-00732-w.pdf>.

¹²⁵ Office of National Statistics Updated estimates of coronavirus (COVID-19) related deaths by disability status, England: 24 January to 20 November 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020>.

¹²⁶ Suárez-González et al, (2020) Impact and mortality of COVID-19 on people living with dementia: cross-country report, <https://ltccovid.org/wp-content/uploads/2020/08/International-report-on-the-impact-of-COVID-19-on-people-living-with-dementia-19-August-2020.pdf>.

made up by care home residents is 46 %.¹²⁷ This is echoed in the statistical data that was collated by some country reports in this study, outlined below.

In Slovenia, which has experienced the second highest death rate per million people in the European Union, 51 % of deaths were persons that died in long-stay institutional care for older or disabled people.¹²⁸

The Long-Term Care Responses to COVID-19 initiative reports that in Austria, data from 24 January 2021 shows that, up to that date, 18 080 residents in care homes (including all ages) tested positive for COVID-19 and of these, 3 243 had died with COVID-19. Compared to the 7 328 total deaths linked to COVID-19 in Austria on the same date, deaths of care home residents would represent 44 % of all deaths.¹²⁹ Meanwhile, numbers published by the French Ministry of Health on 21 January 2021 reported a total of 71 342 deaths as a result of COVID-19, of which 30 395 (43 %) were residents in care homes.¹³⁰ Of the 8 352 people in Slovakia who died in connection with COVID-19¹³¹ up to 25 February 2021, 924¹³² (11 %) were persons living in social care facilities. A further study by the Long-Term Care Responses to COVID-19 project of the impact of COVID-19 on people living with dementia in 9 countries, including 3 in the European Union, found that the proportion of people in care homes whose deaths were linked to COVID-19 who had dementia ranged from 29 % to 75 % across those countries.¹³³

In Germany, according to various reports in different *Länder*, between 40 and 60 % of those who died from COVID-19 died in a nursing or long-term care home (for example, 40 % in Baden-Wuerttemberg,¹³⁴ and 60 % in Berlin).¹³⁵

In the Netherlands, the mortality rate by COVID-19 is 3 to 4 times higher among people with intellectual disabilities living in residential care compared to the general population

¹²⁷ Comas-Herrera, A et al, (2021) Mortality associated with COVID-19 in care homes: international evidence https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-.pdf.

¹²⁸ National Institute of Public Health Data on social protection institutions https://www.nijz.si/sites/www.nijz.si/files/uploaded/umrli_COVID-19_01022021.pdf.

¹²⁹ Comas, A et al (2021) Mortality associated with COVID-19 in care homes: international evidence https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-.pdf.

¹³⁰ Comas-Herrera, A et al, (2021) Mortality associated with COVID-19 in care homes: international evidence https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-.pdf.

¹³¹ The number refers to the period from the beginning of the pandemic in March 2020 till 25 February 2021. Source: <https://korona.gov.sk/>.

¹³² Based on the notifications of social service providers to the Ministry of Labour, Social Affairs and Family – this information was provided to the authors of this report by the ministry on request by email on 25 February 2021.

¹³³ Suárez-González, A et al (2020) Impact and mortality of COVID-19 on people living with dementia: cross-country report <https://ltccovid.org/wp-content/uploads/2020/08/International-report-on-the-impact-of-COVID-19-on-people-living-with-dementia-19-August-2020.pdf>.

¹³⁴ See Südwestdeutscher Rundfunk: 40 Prozent aller Corona-Todesfälle in zweiter Welle in Pflegeheimen, 12.02.2021, <https://www.swr.de/swraktuell/baden-wuerttemberg/pflegeheime-in-bw-schlecht-geschuetzt-100.html>.

¹³⁵ See RBB: Fast zwei Drittel der Corona-Toten in Berlin sterben im Pflegeheim, 27.01.2021, <https://www.rbb24.de/panorama/thema/corona/beitrag/2021/01/berlin-zwei-drittel-corona-tote-sterben-in-pflegeheim.html>.

and mortality rates are increased from a younger age.¹³⁶ Similar findings have been reported in England and Wales, where the Office of National Statistics reported that ‘the largest effect (on disproportionate mortality among people with intellectual disabilities) was associated with living in a care home or other communal establishment.’¹³⁷

Although other countries in this study do not provide mortality statistics on deaths connected to COVID-19 in institutional care, data is available on the extent of outbreaks in such settings. In Bulgaria, the Bulgarian Helsinki Committee surveyed municipalities in May and December 2020 and concluded that residential institutions for older people and people with disabilities had become incubators of infection. During the second wave of the infection, institutions and services in 106 municipalities were affected, out of the 202 municipalities that provided information.¹³⁸ In Serbia, COVID outbreaks were confirmed in 98 out of 312 social care institutions.¹³⁹ In Ireland, there were 297 outbreaks in residential institutions, with 1 519 linked laboratory confirmed COVID-19 cases notified in Ireland since 1 March 2020.¹⁴⁰ Alongside this there have been 500 outbreaks in nursing homes and community hospital/long stay units, with 9 113 linked laboratory confirmed COVID-19 cases notified in Ireland since 1 March 2020.¹⁴¹

The disproportionate levels of mortality among people living in congregate care facilities seems to be due to a number of factors. While the age and health profile of many residents of communal or institutional care facilities was known to place them at greater risk of serious illness and death if they acquire the virus, the extent of infection outbreaks in care homes that place such people at risk of infection pertains to a range of other factors including:

- incidence of COVID-19 in the surrounding community;¹⁴²
- size and density of communal care facilities;¹⁴³

¹³⁶ Registratie COVID-19 in database. (Registration COVID-19 database) by Academic Collaborative ‘Sterker op eigen benen’ of Radboud university medical centre https://0da93f8e-6ee7-45d9-be21-eeeb55ca3e69.filesusr.com/ugd/d45b6c_31e956195d884b74b08f0362e4cc2893.pdf.

¹³⁷ Office for National Statistics (2021) Updated estimates of coronavirus (COVID-19) related deaths by disability status. England: 24 January to 20 November 2020.

¹³⁸ EDE COVID-19 country report for Bulgaria, p. 5.

¹³⁹ In residential institutions 189 beneficiaries and 229 employees infected with COVID-19, Ministry of Labour, Employment, Veteran and Social Affairs as at 20 February 2021.

¹⁴⁰ Health Service Executive and Health Protection Surveillance Centre “Epidemiology of COVID-19 Outbreaks/Clusters in Ireland Weekly Report Prepared by Health Protection Surveillance Centre on 11 January 2021” Available https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/COVID-19outbreaksclustersinireland/COVID-19%20Weekly%20Outbreak%20Report_Week012021_v1.0_12012021_WebVersion.pdf.

¹⁴¹ Health Service Executive and Health Protection Surveillance Centre “Epidemiology of COVID-19 Outbreaks/Clusters in Ireland Weekly Report Prepared by Health Protection Surveillance Centre on 11 January 2021”. Available https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/COVID-19outbreaksclustersinireland/COVID-19%20Weekly%20Outbreak%20Report_Week012021_v1.0_12012021_WebVersion.pdf.

¹⁴² National Collaborating Centre for Methods and Tools. (2020, October 16). What risk factors are associated with COVID-19 outbreaks and mortality in long-term care facilities and what strategies mitigate risk? <https://www.nccmt.ca/knowledge-repositories/covid-19-rapidevidence-service>.

¹⁴³ Brown KA, Jones A, Daneman N, Chan AK, Schwartz KL, Garber GE, Costa AP and Stall NM. Association Between Nursing Home Crowding and COVID-19 Infection and Mortality in Ontario,

- for-profit status;¹⁴⁴

The Long-Term Care Response to COVID-19 project also speculates about the existence of ‘COVID-19 indirect deaths’ of people with dementia living in residential care homes.¹⁴⁵ For example, this may happen where there has been lack of appropriate care due to staff shortages in care homes, difficulties in accessing medical care during the hardest weeks of the pandemic and the deleterious effect of confinement and isolation and the measures to manage it, such as possible increases in use of antipsychotic medicine or sedatives.¹⁴⁶

There is evidence from a number of countries that suggests pre-emptive triage measures were taken that decreased the prospect that people would be taken from care homes to hospitals in the event that people became unwell with COVID-19. This is discussed in more detail in 3.6.1 below.

3.3 Isolation and segregation of people with disabilities and the impact of COVID-19 restrictions

3.3.1 Restrictions imposed on the freedoms of people living in institutional or communal care settings

Evidence collected from most countries in the study, including Austria, Bulgaria, Croatia, Czechia, Denmark, Finland, France, Ireland, Liechtenstein, The Netherlands Spain and Sweden suggests that significant restrictions have been imposed upon the rights of residents of communal care settings to receive visitors, to leave and return to their homes and in some cases to mix with other residents inside such settings. These restrictions, while justified as being to prevent infection outbreaks and protect life, have involved deprivation of liberty and significant interference in the right to private and family life, exposing residents to other risks arising from isolation and segregation from the wider community.

The report from Slovenia provides a powerful account of the experiences of those confined to such settings in the country during periods of lockdown:

‘Long-stay institutions for children and young people with intellectual disabilities stopped all group activities within the institutions as well as in small units where usually about 20 to 25 residents live. All sheltered workshops were entirely closed and the residents, children, young people and adults were prohibited to go out, at all (not for a walk or to the local shop). They stayed inside all the time until June. The residents were prohibited to go home during the weekends. None of the relatives or other visitors could enter any of the buildings. The situation got a

Canada. *JAMA Intern Med*. Published online 9 November 2020.

[doi:10.1001/jamainternmed.2020.6466](https://doi.org/10.1001/jamainternmed.2020.6466).

¹⁴⁴ National Collaborating Centre for Methods and Tools. (16 October 2020). What risk factors are associated with COVID-19 outbreaks and mortality in long-term care facilities and what strategies mitigate risk? <https://www.nccmt.ca/knowledge-repositories/covid-19-rapidevidence-service>.

¹⁴⁵ Comas-Herrera, A et al, (2021) Mortality associated with COVID-19 in care homes: international evidence https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-.pdf.

¹⁴⁶ See e.g. Herald Newspaper Scotland (July 2020) Sedation 'linked' to dementia deaths surge in Scotland <https://www.heraldscotland.com/news/18591144.sedation-linked-dementia-deaths-surge-scotland/>.

bit better in June 2020; the relatives could visit the residents, but for a very short time (up to 30 minutes, and mostly under the presence of the staff). Sheltered workshops opened only at the end of January 2021.

In one of the interviews, a resident from a smaller residential unit, which is managed by the large institution for adults, described that only in summer 2020 the residents were allowed to stay in the terrace and at the entrance of the building, but again, could not go to the local shop or elsewhere.¹⁴⁷ All meals and clothes are brought to them from the main institutional building. Another report of a volunteer described that in long-stay institutions for elderly the only activities that remained are the delivery of the food (in the rooms, not in the common dining room), basic hygiene and delivery of the medicaments. Most of the residents in the institutions for elderly were not allowed to leave their rooms, not to walk on the corridors, or enter living or dining rooms. Going outside was prohibited.¹⁴⁸

In Sweden, two surveys by FUB, an interest organisation for persons with intellectual disabilities, aimed at people who live in special accommodation according to the Law of certain support and services to persons with disabilities¹⁴⁹ have found visitation bans and other restrictions have also been introduced (for example regarding leisure activities, going to the store and shopping for food, etc.). This is despite the fact that an 'LSS-home' is legally the person's own home and that it is therefore not legally possible to restrict visits from, for example, relatives and friends.

As well as the impact of these restrictions on fundamental rights and freedoms, Chu et al (2020) point out that in the context of care homes for older persons in Canada, annual mortality is already sufficiently high that should physically distancing measures and restrictions on visiting be extended for months or years, *'many may die under a "new normal" of isolation that few would choose.'*¹⁵⁰

Preventing the spread of COVID-19 within care settings and minimising demand upon health services (see 3.4.1 below concerning evidence of discriminatory triage practices) appears to have dominated actions concerning institutional and communal care, with little evidence of countries having balanced these measures against the harms and risks caused by prolonged isolation and separation from family, friends and the outside world or from pursuing meaningful activities. In particular, this study has found little evidence to suggest that the impact on mental and physical health or on the risks of human rights abuses posed by the complete closure of institutions to the outside world have been assessed in decisions about such restrictions, although it may have prompted the lifting of such restrictions in some countries. For example, in Estonia the Health Board decided to not close care institutions in the autumn after observing the negative impact on mental health of depriving people living in congregate

¹⁴⁷ A.To. (2020). Loneliness in the times of COVID-19 epidemic. Dostopno - RTV SLO. 21 December. https://www.rtv slo.si/dostopno/clanki/osamljenost-v-casu-epidemije-koronavirusa-tretji-del/546418?fbclid=IwAR1vfSaFIOOCgOJYj-dZrP7UJyTdPXQRc0dLq84wUN8sBShmBN_iHFF7_c4.

¹⁴⁸ J.J. (2020), Neskončna osamljenost, hujša od virusa. Zarja Jana. 15 December. <https://revijazarja.si/clanek/odklenjeno/5ff30c755ba9e/neskoncna-osamljenost-hujsa-od-virusa>.

¹⁴⁹ https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/lag-1993387-om-stod-och-service-till-vissa_sfs-1993-387.

¹⁵⁰ Chu, C et al. (2020) Competing crises: COVID-19 countermeasures and social isolation among older adults in long term care. *J Adv Nurs*. 2020; 76: 2456-2459 <https://onlinelibrary.wiley.com/doi/full/10.1111/jan.14467?af=R>.

care settings of contact with their family and friends over a prolonged period of time earlier in the year.¹⁵¹ Few mitigations appear to have been put in place.

Such restrictive measures as enacted by the Finnish government were the object of legal complaint to the European Committee of Social Rights by the NGOs Validity and the European Network on Independent Living and the law firm Kumpuvuori Ltd. The complaint argued that the measures violated the rights to health, to social services and to independent and inclusion in the community and called for the Finnish government to resettle residents in community settings with appropriate support.¹⁵²

Some countries have since relaxed such restrictions, to varying degrees. For example, in Bulgaria, visits by outsiders are allowed at the discretion of the directors of specialised institutions and residential social services for children and adults as an exception. This is on condition of a declaration by the visitor that he/she is not in contact with infectious people, has no signs of acute respiratory disease and will comply with the infection control measures while in the territory of the institution.¹⁵³

Following the first lockdown in the spring of 2020 when visits to all residences and institutions in Denmark were severely restricted, in the autumn of 2020 a more focused and proportionate approach was adopted, according to which residences and institutions generally kept open. However, it was possible to implement local restrictions if there was a specific outbreak of disease or if there were members of risk groups among the residents. In the Netherlands, from July 2020 new guidelines, developed in consultation with DPOs, permitted visits but only after agreement each time with the management of the location and with social distancing. If a resident met family or friends outside the institution or participated in leisure or sports activities outside the institution, the management could reserve the right to place the resident in quarantine after returning to the institution. On 1 December 2020, a new Temporary Act Measures COVID-19 was implemented¹⁵⁴ giving residents of care homes and institutions for people with disabilities the right to receive at least one family member or friend. The Act further requires the management of institutions to set rules in consultation with the client council of the institution. The Netherlands outbreak management team has advised that each resident in a care institution should be permitted to establish a bubble of 2 or 3 visitors.¹⁵⁵ In Finland, the Government eased its recommendations to avoid visits to hospitals and care institutions providing 24-hour care and treatment to customers including people with disabilities in June 2020. However, the Government continues to recommend limiting the access of unit staff,

¹⁵¹ Delfi news (30 October 2020) <https://www.delfi.ee/news/paevauudised/eesti/erisaade-terviseameti-ekspert-utleb-et-hooldekodusid-kinni-ei-panda-sest-kevadise-otsuse-moju-ei-olnud-hea?id=91522977>.

¹⁵² ENIL (2020) Finland: NGOs seek legal recognition that locking people in institutions is not a lawful response to Covid-19 epidemic <https://enil.eu/news/finland-ngos-seek-legal-recognition-that-locking-people-in-institutions-is-not-a-lawful-response-to-covid-19-epidemic/>.

¹⁵³ COVID-19 official web portal, *Social measures for people with disabilities*, <https://coronavirus.bg/bg/merki/socialni>.

¹⁵⁴ Tijdelijke wet maatregelen COVID-19 2020 <https://wetten.overheid.nl/BWBR0044337/2020-12-01>.

¹⁵⁵ Aanvulling op handreiking 'Bezoek en sociaal contact; corona in verpleeg-huizen. (addition to guidelines visit and social contact, corona in care homes) <https://www.clientenraad.nl/nieuws/aanvulling-op-handreiking-bezoek-en-sociaal-contact-corona-in-verpleeghuizen/>.

rehabilitation workers and Personal Assistants to such premises.¹⁵⁶ In June 2020, Malta relaxed rules concerning activities within residential homes so that residents could socialise in common areas. From 18 June 2020 onwards, relatives could start visiting older people in residential homes and from 1 July 2020, people were allowed to go out from care homes.¹⁵⁷ A protocol drafted by the Social Care Standards Authority and the Health and Family Ministries also called on residential homes for older people to be equipped with the necessary technologies to allow virtual communication between residents and their relatives.¹⁵⁸

As discussed in more detail in 3.4.4 below, vaccination programmes in a number of countries have prioritised the residents and staff of residential and nursing homes. For example, in Austria persons aged 80+, persons living in residential care homes, persons with 24-hour-care, and high-risk patients are being vaccinated in phase 1.¹⁵⁹ However, it is unclear whether vaccination alone will unlock residential care and nursing homes, or other forms of communal care, especially while infection rates remain high in many countries, or whether continued restrictions will be imposed and for what duration, and how risks will be balanced in making such decisions. Moreover, vaccination programmes have not routinely prioritised people with disabilities living in other types of institutional settings, such as working age adults with intellectual disabilities.

The country experts were unable to locate comprehensive information about the situation of people detained in mental health services. In Germany, a report by *Rundfunk Berlin-Brandenburg* (Berlin-Brandenburg Broadcasting), which analysed data from Berlin's local courts (*Amtsgerichte*), requests for restraints in psychiatric hospitals in Berlin increased by 16 % in 2020 compared to the previous year. There were 2 831 requests for restraints in 2019, and 3 290 in 2020.¹⁶⁰

3.3.2 Isolation and segregation of people with disabilities residing in the community

Some country reports, including Malta, Croatia and Lithuania indicate that there has been a damaging impact on the wellbeing of people with disabilities living in the community because of long-term isolation resulting from being compelled or advised to assume social distancing measures over and above those of the wider community.

¹⁵⁶ Government (*valtioneuvosto/statsrådet*), 'Government agrees to ease restrictions on gatherings, operations of food and beverage service businesses and visits to care institutions and hospitals', 17 June 2020.

¹⁵⁷ Times of Malta. 10 June 2020. *Visits to elderly in homes to resume on June 18, with one exception. Elderly residents to be allowed out of care homes from July 1*. Available: <https://timesofmalta.com/articles/view/visits-to-elderly-in-homes-to-resume-on-june-18-with-one-exception.797628>.

¹⁵⁸ Times of Malta. 2020, September 17. *Homes for the elderly: Quarantine, temperature checks and 'bubbles'. Regulations to deal with COVID-19 beefed up*. Available: <https://timesofmalta.com/articles/view/homes-for-the-elderly-quarantine-temperature-checks-and-bubbles.818671>.

¹⁵⁹ In German: Ladstätter, Martin (2021), Wiener Impfplan: Behinderte Menschen mit Persönlichen AssistentInnen ab 15. Februar 2021, <https://www.bizeps.or.at/wiener-impfplan-behinderte-menschen-mit-persoelichen-assistentinnen-ab-15-februar/>.

¹⁶⁰ RBB: Zwangsmaßnahmen in der Pandemie. Berliner Psychiatrien ordnen mehr Fixierungen an, 19.01.2021, <https://www.rbb24.de/panorama/thema/corona/beitraege/2021/01/berlin-psychiatrie-fixierung-zwangsmassnahmen-corona-pandemie.html>.

Isolation and feelings of loneliness were already disproportionately affecting people with disabilities prior to the COVID-19 pandemic. In the EU 27, the percentage of people with disabilities who reported being able to get together with friends or relatives, was 69 % compared to 86 % of persons without disabilities (2018). This reveals a high risk of isolation for 31% of people with disabilities and 14 % for people without disabilities.¹⁶¹ In all the Member States, before the COVID-19 outbreak, the percentage of people with disabilities declaring feeling lonely (All of the time or Most of the time), during the last four weeks, was significantly higher than the percentage of people without disabilities. In the EU 27, the respective rates are 12 % and 3 %.¹⁶²

Following the first wave of the pandemic in 2020, a joint EU Roadmap towards lifting restrictions published in June 2020 recommended ‘that the most vulnerable groups should be protected for longer’, but while it encouraged States to continue to advise members of such groups to maintain more cautious measures, it did not advise States on how they should support people to do so.¹⁶³ As outlined in 3.6.1 below, many social services have been suspended during periods of lockdown which has also deprived people of personal assistance to leave their homes or of day services where they may have met and socialised with others. The closure of schools and colleges, workplaces, retail, leisure and hospitality has further disconnected people from others, save via digital means which are not always available or accessible.

For example, the report from Malta reports that:

‘Due to the restrictive measures and the inability to go to school/work/day centres, many people with disabilities suffered from fear, frustration and isolation. For many people with disabilities, these places were the only ones where they could socialise, and therefore the isolation was even more acute.’ It reports that ‘Video testimonials by persons with disability and parents of persons with disability, which are available on the CRPD website, also refer to the social isolation felt because of the measures in place. Two parents also speak about the difficulty of explaining to their sons with intellectual disability about the situation.’¹⁶⁴

In Croatia, preliminary results of a research project on life during the COVID-19 epidemic carried out by the Faculty of Humanities and Social Sciences in Zagreb found that 63 % of people with disabilities expressed feelings of isolation during the pandemic.¹⁶⁵

There is evidence that the isolation and loss of normal everyday life resulting from restrictions imposed on people living in the community has, in addition to denying people their human rights, had a harmful effect on the health and wellbeing of some people with disabilities. For example, 84 % of respondents with disabilities to a survey by the National Network of Poverty Reduction Organizations in Lithuania mentioned

¹⁶¹ EU-SILC UDB 2018 Release 2020, Version 1.

¹⁶² EU-SILC UDB 2018 Release 2020, Version 1.

¹⁶³ European Union (2020) Joint European Roadmap towards lifting COVID-19 containment measures [https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52020XC0417\(06\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52020XC0417(06)&from=EN).

¹⁶⁴ CRPD. Coping with the COVID-19 Crisis. CRPD. Disability Task Force. <https://www.crpdpd.org/mt/resources/COVID-19/>.

¹⁶⁵ Department of Psychology, University of Zagreb: How are we doing? Life in Croatia at the time of corona https://web2020.ffzg.unizg.hr/covid19/wp-content/uploads/sites/15/2020/06/Kako-smo-Preliminarni-rezultati_brosura.pdf.

that social isolation has had a big impact on their psychological state.¹⁶⁶ The Long Term Care Response to COVID-19 project reports that three academic papers describing the effects of lockdown on people with dementia living in the community show: ‘a worsening of functional independence and cognitive symptoms during the first month of lockdown (31 % of people surveyed) and also exacerbated agitation, apathy and depression (54 %), along with the deterioration of health status (40 %) and increased used of antipsychotics or related drugs (7 %).’¹⁶⁷

The report from Malta also indicates an increase in feelings of isolation experienced by people who rely on lip-reading for communication, quoting Annabelle Xerri, a prominent Maltese Deaf activist who said:

‘I do not like the new masked world one tiny bit. It is, by far, too lonely and challenging. But I am not complaining at all because it is safer this way.’¹⁶⁸

3.4 Access to healthcare, habilitation and rehabilitation

3.4.1 Discrimination in access to hospital treatment for COVID-19

There is indicative evidence that some people with disabilities may have been subject to or at risk of discrimination concerning access to hospital treatment and acute care for COVID-19 as a result of policies adopted in some countries to protect their health systems, but the nature and extent of this requires further investigation. While the relevant indicative evidence will be set out in the paragraphs that follow, it should also be noted that steps were taken in several countries, including Spain and Ireland, to prevent such problems arising by adopting ethical frameworks that re-affirmed the rights of people with disabilities.

In the face of the growing pandemic and fear among some countries that health systems could be overwhelmed, several countries adopted frameworks for prioritisation and systems of *pre-emptive triage* that may have acted – or risked acting - to deny people with disabilities equal access to hospital treatment for COVID-19. This is a complex issue. Given events witnessed in Italy in January and February 2020, with hospitals becoming overwhelmed with patients, the development of both clinical and ethical decision-making frameworks might be regarded as both an essential and welcome step. Such a framework could be in the interests of all citizens, provided that it is guided by principles of objectivity, equality and non-discrimination, and focused on evaluating the benefit of treatment from a clinical perspective. However, there is evidence that subjective judgements regarding current quality of life based on functional independence, or age, may have become enmeshed in such frameworks.

¹⁶⁶ Juodkaitė D., the president of Lithuanian Disability Forum (Mano teisės. Žmogaus teisių portalas) (2020), ‘When Will We Announce the End of the ‘Quarantine’ For People With Disabilities?’, <https://manoteises.lt/straipsnis/kada-skelbsime-zmoniu-su-negalia-karantino-pabaiga/?fbclid=IwAR3OpbSKB4DtQ7wO-LMbUuuEXxW8zByIxeKvSXI6wmVA30AagcF3fuUTi-Q>

¹⁶⁷ <https://ltccovid.org/2020/11/01/pre-print-rapid-review-of-the-evidence-on-impacts-of-visiting-policies-in-care-homes-during-the-COVID-19-pandemic/>.

¹⁶⁸ Calleja, C. 2020. ‘I will not understand you... but please wear a damn mask’. *The Times of Malta*, 21 October 2020b <https://timesofmalta.com/articles/view/i-will-not-understand-you-but-please-wear-a-damn-mask.825745>.

For example, in Austria, the ÖGARI (Austrian Society for Anaesthesiology, Reanimation and Intensive Care) ICU - Triage checklist¹⁶⁹ provides that in case of lack of resources an ADL (activities of daily life) score and a FRAILTY score will be used. Both negatively refer to disability and ageing as being not able to do something independently. The Triage checklist intentionally mixes the need for support with illness and hence, with not being transferred to intensive care if there were bed shortages. In November 2020, the Österreichische Behindertenrat (Austrian Disability Council) referred to the multiple ways persons with disabilities might be exposed to Triage procedures and called for solidarity within the context of an increasingly overloaded health system.¹⁷⁰ In Germany, in a complaint to the Federal Constitutional Court, disability activists argued that any criteria for the prioritisation of access to treatment for COVID-19 needed to be set out in law and that the criteria set by the guidelines of the German Association for Intensive and Emergency Care¹⁷¹ could be discriminatory. The Federal Government argued that no prioritization had yet taken place. The Federal Constitutional Court rejected the claim for interim measures and is assessing the constitutional complaint.¹⁷²

The Slovenia study reports that residents of care homes were pre-selected, without their knowledge (or their relative's knowledge), not to be transferred to hospital in the event they became unwell with COVID-19 infection during the period March - June 2020, during which hospitals had considerable spare capacity.¹⁷³ This is also despite the fact that the homes have few medically qualified staff. This position was the subject of significant criticism from the media which labelled it the "registers of the written offs",¹⁷⁴ the public, civil society and politicians, and has latterly been changed. After July 2020 residents from long-stay public care institutions were sent to hospitals in case of complications arising from COVID-19.

An investigation by the New York Times published in August 2020 on the high mortality rates of care home residents in Belgium also suggested that residents were not routinely transferred to hospital.¹⁷⁵ In Finland, on 30 March 2020, Terhi Toikkanen, a lawyer at Kynnys (Threshold Association, for the rights of people with disabilities) wrote

¹⁶⁹ Dated 26 March 2020, in German:

https://www.oegari.at/web_files/cms_daten/gari_checkliste_triage_icu_final_26.3.2020.pdf.

¹⁷⁰ In German: Österreichischer Behindertenrat (2020). Triage: Menschen mit Behinderungen mehrfach gefährdet <https://www.bizeps.or.at/triage-menschen-mit-behinderungen-mehrfach-gefaehrdet/>.

¹⁷¹ Deutsche Interdisziplinäre Vereinigung für Intensiv- und Notfallmedizin (DIVI): Entscheidungen über die Zuteilung intensivmedizinischer Ressourcen im Kontext der COVI-19-Pandemie, Version 2, Klinisch-ethische Empfehlungen, 2. überarbeitete Fassung vom 17.04.2020, <https://www.divi.de/joomlatools-files/docman-files/publikationen/covid-19-dokumente/200417-divi-covid-19-ethik-empfehlung-version-2.pdf>.

¹⁷² BVerfG, Beschluss vom 16.7.2020, 1 BvR 154/20.

¹⁷³ Jager, Vasja (2020), In the institutions exist the registers of the written offs, who are not allowed to come to the hospital, *Mladina*, 15 May 2020

<https://www.mladina.si/198377/v-domovih-za-starejse-obstajajo-seznami-odpisanih-ki-ne-smejo-priti-v-bolniscico/>; Kovač, Vanja (2020), The decision to keep the ill and infected in the institution's foe elders was bad and has tragical consequences. MMC RTV SLO, 23 May 2020 <https://www.rtvlo.si/zdravje/novi-koronavirus/odlocitev-da-se-bolne-in-okuzene-zadrzi-v-domovih-je-bila-slaba-in-ima-tragicne-posledice/524860>.

¹⁷⁴ Jager, Vasja (2020), Were the elders written off in advance? *Mladina*, 15 May

https://www.mladina.si/198410/so-bili-starostniki-ze-vnaprej-odpisani/?fbclid=IwAR3xVmY6lW1JNNqytbcMugcngZcT5ZT_atRwhB_AiLHRRjvy4yq5CWSUlvS.

¹⁷⁵ <https://www.nytimes.com/2020/08/08/world/europe/coronavirus-nursing-homes-elderly.html>.

a blog about cases in which the preliminary decision was not to provide intensive care to residents of housing units who were severely disabled.¹⁷⁶

In Spain, the significant collapse of the healthcare system during the first wave of the pandemic gave rise to criteria to be used to ration admission to intensive care units. A document prepared by the Bioethics Group of the Spanish Society of Intensive, Critical Care Medicine and Coronary Units (SEMICYUC) recommended the following criteria:

- 'Do not admit people in whom minimal benefit is expected, such as, for example, (...) [people with] very limited functional situations, fragile conditions, etc. (p. 11)
- Priority admission should be given to those who will benefit the most or have the greatest life expectancy at the time of admission. (p. 11)
- When faced with two similar patients, priority should be given to the person with the highest Quality-Adjusted Life Years (QALY). (p. 11)
- In older people, disability-free survival should be taken into account over survival itself. (p. 11)
- Carefully assess the benefit of admitting patients with a life expectancy of less than 2 years, established by NECPAL or a similar tool. (p. 11)
- Take into account the social value of the sick person. (p. 12).'

In response to this document, the Spanish Bioethics Committee¹⁷⁷ cautioned against the spread of a utilitarian mentality or prejudices towards the elderly or people with disabilities. It raised particular concern at the term "social value" and its compatibility with the value of equal human dignity. It noted in particular the injustice that would arise if the people whose health is most threatened by a possible contagion of the coronavirus were, in turn, the most harmed by this crisis. The Committee also pointed out that the SEMICYUC recommendation that "any patient with cognitive impairment, due to dementia or other degenerative diseases, would not be eligible for invasive mechanical ventilation", is not compatible with the UN Convention on the Rights of Persons with Disabilities. The Committee also recalled that the Convention prohibits any type of discrimination on the grounds of disability (Article 5), the right to life of persons with disabilities under equal conditions (Article 10), the protection of this group in humanitarian emergencies (Article 11), or the avoidance of discriminatory denial of health services on the grounds of disability (Article 25).

In Ireland, at the outset of the pandemic, the National Public Health Emergency Team published guidelines which stated that in light of the "principle of minimising harm, it may be necessary to impose stringent restrictions on ICU admission during a pandemic in order to ensure that the available resources are used to achieve the best possible outcome at a population level".¹⁷⁸ Clinicians were told to take into account a number of factors, including: the presence of comorbidities and frailty; the impairment of other organs and systems; how long the patient is likely to require intensive care treatment

¹⁷⁶ Toikkanen, Terhi. (2020) Vammaisuus ei voi olla tehohoidon eväämisen peruste. <https://kynnys.fi/vammaisuus-ei-voi-olla-tehohoidon-evaamisen-peruste/>.

¹⁷⁷ <http://assets.comitedebioetica.es/files/documentacion/Informe%20CBE-%20Priorizacion%20de%20recursos%20sanitarios-coronavirus%20CBE.pdf>.

¹⁷⁸ NPHE, Ethical considerations relating to critical care in the context of COVID-19 <https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-cl/>.

for; and long-term functional status should they survive amongst other things.¹⁷⁹ The guidance was clear that no decision should be made on a single factor or in “such a way as to result in unfair discrimination”¹⁸⁰ and that “people with physical and intellectual disability have equal rights to the highest attainable standards of health and to a high standard of healthcare.”¹⁸¹ The document acknowledged that “people with disabilities may face increased health risks because they live in congregated settings or because they have pre-existing medical conditions which leave them more vulnerable to infection and serious illness.”¹⁸² It also notes that disabled people should not be disproportionately prevented from accessing appropriate care (up to and including ICU admission) during the pandemic.¹⁸³

The importance of ensuring accessibility of relevant healthcare facilities, as well as problems in this regard, surfaced in Serbia. A study conducted by the Office of the High Commissioner for Human Rights in Serbia and the Poverty Reduction and Social Inclusion Unit of the Government of the Republic of Serbia found that the accessibility of COVID hospitals, infirmaries and quarantine spaces (national fairs buildings, student and high school dormitories) was a problem for some people with disabilities.¹⁸⁴

3.4.2 Access to healthcare related to issues other than COVID-19 during the pandemic

During the early stages of the pandemic, many ‘non-essential’ health services were closed down and some have not fully reopened, while a number of services have since moved online. This has had a significant impact on people with disabilities. There have however been some potentially valuable innovations, particularly harnessing digital technology to provide remote health consultations, that it could be beneficial to maintain post-pandemic. However, it is not at the time of writing known whether these are universally accessible to or valued by persons with disabilities.

In Portugal, the Disability and Human Rights Observatory conducted a study on the impact of COVID-19 on people with disabilities and their caregivers both during the first lockdown (April-May 2020) and in October 2020. The two online questionnaires found that many healthcare services remained suspended or had only been partially

¹⁷⁹ NPHET, Ethical considerations relating to critical care in the context of COVID-19 <https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/>.

¹⁸⁰ NPHET, Ethical considerations relating to critical care in the context of COVID-19 <https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/>.

¹⁸¹ NPHET, Ethical considerations relating to critical care in the context of COVID-19 <https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/>.

¹⁸² NPHET, Ethical considerations relating to critical care in the context of COVID-19 <https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/>.

¹⁸³ NPHET, Ethical considerations relating to critical care in the context of COVID-19 <https://www.gov.ie/en/publication/13ead5-ethical-considerations-relating-to-critical-care-in-the-context-of-c/>.

¹⁸⁴ *Impact of the COVID-19 on vulnerable groups and groups at risk - causes, outcomes and recommendations*, UN Human Rights, Office of the High Commissioner for Human Rights, Government of the Republic of Serbia, Poverty Reduction and Social Inclusion Unit, Belgrade, 2020, p. 22.

resumed: such as physiotherapy (57 %), speech therapy (47 %), occupational therapy (62 %), medical appointments (53 %) and nursing care (45 %).¹⁸⁵

In Bulgaria, no specific measures were implemented to facilitate access to healthcare for older people or persons with disabilities for conditions unrelated to COVID-19. In May 2020, the Hospital Index initiative (a joint initiative of Gallup International and the specialised website clinica.bg) conducted a national representative survey on the impact of the COVID-19 outbreak on access to healthcare. The survey found that problems with access to healthcare were mostly shared by older persons/people with disabilities, which was 'natural given that they had a greater need for medical services and prophylactics'.¹⁸⁶

A study led by OHCHR in the Republic of Serbia found that 83 % of organizations (DPOs and human rights organizations) believed that a risk to accessing health care increased during the COVID-19 epidemic.¹⁸⁷ Access to health care was stated as a key area with increased risks for persons with disabilities during the restrictive measures and in the state's response to the epidemic – suspending or postponing most of the necessary therapies. The lack of treatment and therapy, together with home isolation during the state of emergency, resulted in aggravated health problems for many persons with disabilities. Further research in the country into the impact of COVID-19 on the social and economic rights of women with disabilities found that access to healthcare was their most violated right due to COVID-19 measures.¹⁸⁸ It found that most women with disabilities did not even attempt to go for a medical examination or try to access reproductive or gynaecological healthcare, believing the health care system was on the verge of collapse and referring to its inaccessibility, disorganisation and confusion about making appointments, except for people diagnosed with COVID-19.¹⁸⁹

In Lithuania, the National Network of Poverty Reduction Organizations conducted a survey of various social groups to find out how they were affected by the COVID-19 pandemic.¹⁹⁰ The results of this survey clearly showed that people with disabilities were affected by restrictions on health services.

In Ireland, the overarching healthcare guideline to vulnerable persons or persons with underlying conditions, which is the category that many older people and persons with disabilities fall into, has been to cocoon and not to use public transport or travel unless

¹⁸⁵ Disability and COVID-19. Results of a study made with people with disabilities and caregivers, <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

¹⁸⁶ Hospital Index (*Индекс на болниците*) (2020), '15 % with a problem accessing a doctor during a pandemic', press release, 1 June 2020, available in Bulgarian at: <https://clinica.bg/12249-15--s-problem-s-dostypa-do-lekar-po-vreme-na-pandemiqta>.

¹⁸⁷ Hospital Index (*Индекс на болниците*) (2020), '15 % with a problem accessing a doctor during a pandemic', press release, 1 June 2020, available in Bulgarian at: <https://clinica.bg/12249-15--s-problem-s-dostypa-do-lekar-po-vreme-na-pandemiqta>.

¹⁸⁸ Kosana Beker i Biljana Janjić, *Kovid-19 mere i socijalna i ekonomska prava žena u Srbiji: Izveštaj, Udruženje građanki Femplatz Pančevo i Iz kruga Beograd, Pančevo & Beograd*, 2021, p. 15. Available at: [2021-02-16 Kovid-19 i zene sa invaliditetom.pdf \(femplatz.org\)](https://www.femplatz.org/2021-02-16-Kovid-19-i-zene-sa-invaliditetom.pdf).

¹⁸⁹ Kosana Beker i Biljana Janjić (2021), p. 17.

¹⁹⁰ Juodkaitė D., the president of Lithuanian Disability Forum (Mano teisės. Žmogaus teisių portalas) (2020), 'When Will We Announce the End of the 'Quarantine' For People With Disabilities?', <https://manoteises.lt/straipsnis/kada-skelbsime-zmoniu-su-negalia-karantino-pabaiga/?fbclid=IwAR3OpbSKB4DtQ7wO-LMbUuuEXxW8zBylxeKvSXI6wmVA30AagcF3fuUTi-Q>.

strictly necessary.¹⁹¹ Many appointments for those cocooning are available through utilising digital assistive technologies and in the form of virtual clinics. However, some disability services can only be provided in-person like occupational therapy, physiotherapy and speech therapy, but infection prevention and control measures have meant in-person appointments have been cancelled.¹⁹² This has led to the regression of the progress of some people with intellectual disabilities whilst the health of disabled persons with physical disabilities has also deteriorated, with many experiencing anxiety and depression due to the lack of access to care and support services.¹⁹³

Concerning people with mental health conditions, in Slovenia psychiatric hospitals discharged many patients with mental health conditions from hospitals and during the first wave of the pandemic accepted very few new patients. At the same time, community mental health services were closed down, so that people could not access them.¹⁹⁴ In Ireland, some mental health services moved online, while some remained face-to-face with further restrictions.¹⁹⁵ Mental Health Reform published guidance on telehealth care in a mental health setting during a pandemic.¹⁹⁶ The Disability Federation of Ireland noted that access to these health services had been impacted by limited hospital capacity and infection prevention and control measures introduced due to COVID-19. It also highlighted issues around the redeployment of staff to COVID-19 related roles with an impact on capacity in other areas of healthcare.¹⁹⁷ In Cyprus, in September 2020 the Commissioner of Administration and the Protection of Human Rights (Ombudsman) carried out an inspection at the psychiatric hospital Athalassas, after official reports that the hospital was understaffed and there was no pathologist specialisation within the medical team. The reports also mentioned that the hospital was beyond its capacity for accommodating patients and the wards were overcrowded, so the COVID-19 protocols for safety and prevention could not be applied effectively. The recommendations by the Ombudsman included the change of the medication supply system, the appointment of pharmacists to provide services within the hospital,

¹⁹¹ Health Services Executive, 'Virtual Clinics' (16 July 2020) <https://www2.hse.ie/services/hospital-service-disruptions/virtual-clinics.html>.

¹⁹² Disability Federation of Ireland Non-COVID Healthcare (2020) https://pdf.browsealoud.com/PDFViewer/Desktop/viewer.aspx?file=https://pdf.browsealoud.com/S/StreamingProxy.ashx?url=https://www.disability-federation.ie/assets/files/pdf/dfi_submission_non-covid-19_healthcare_1.pdf&opts=www.disability-federation.ie#langidsrc=en-ie&locale=en-ie&dom=www.disability-federation.ie, p. 6.

¹⁹³ Disability Federation of Ireland Non-COVID Healthcare (2020) https://pdf.browsealoud.com/PDFViewer/Desktop/viewer.aspx?file=https://pdf.browsealoud.com/S/StreamingProxy.ashx?url=https://www.disability-federation.ie/assets/files/pdf/dfi_submission_non-covid-19_healthcare_1.pdf&opts=www.disability-federation.ie#langidsrc=en-ie&locale=en-ie&dom=www.disability-federation.ie, p. 7.

¹⁹⁴ Flaker, Vito (2020), Corona virus institutionalis-crown institutional virus. *Journal of Social Work*, 59, 4: 307-324. https://www.revija-socialnodelo.si/mma/6_flaker.pdf/2020092413263191/; Alibegović A, Balažić J, Švab V. Three cases of suicide during the COVID-19 epidemic – the need for action? *Zdrav Vestn.* 2020;89 (11–12):634–9.

¹⁹⁵ See <https://www2.hse.ie/services/mental-health-supports-and-services-during-coronavirus/>.

¹⁹⁶ Mental Health Reform, Guidance on Telemental Health for mental health services and practitioners (2020) https://mentalhealthreform.ie/wp-content/uploads/2020/04/eMEN-rapid-briefing-paper_COVID-19_final-12.pdf.

¹⁹⁷ Disability Federation of Ireland, Non-COVID Healthcare (2020) https://pdf.browsealoud.com/PDFViewer/Desktop/viewer.aspx?file=https://pdf.browsealoud.com/S/StreamingProxy.ashx?url=https://www.disability-federation.ie/assets/files/pdf/dfi_submission_non-covid-19_healthcare_1.pdf&opts=www.disability-federation.ie#langidsrc=en-ie&locale=en-ie&dom=www.disability-federation.ie.

and appointment of new members of staff to cover the posts of psychiatrists, nurses, pathologists and social workers.¹⁹⁸

Some countries reported exemptions to restrictions and adjustments to enable people to continue to access medication and therapies. For example, in Lithuania the Ministry of Health released guidelines on ways to obtain medicines and compensatory medical devices without leaving home, including making it possible to buy medications online or authorise another person to purchase prescription medications, in case of self-isolation.¹⁹⁹ Similarly, in Greece, electronic prescriptions and doctors' certificates for accessing medical supplies and medicine have been utilised, in addition to home delivery of the latter.²⁰⁰

In Cyprus, permission was granted for 'vulnerable groups', people aged 60 and over, and people with disabilities to access pharmacies and doctors' services. In addition to this, provision was made for ordering repeat prescriptions through telephone appointments with doctors for people in quarantine or shielding. People with disabilities were also exempted from the curfew so they could access and attend specialised therapy sessions.²⁰¹

In Greece, while hospital visits were generally prohibited, provision was made to permit an escort to support some patients, with permission being granted on a case-by-case basis and provided the escort does not exhibit any symptoms of respiratory infection.²⁰²

In Ireland, telehealth services were lauded by Disability Federation Ireland as a positive response to alleviate the mental health impacts of the pandemic.²⁰³ However, problems remain concerning access to digital devices for some people with disabilities and accessibility.

3.4.3 Access to habilitation and rehabilitation

Many of the country reports (as explained below), indicate that, as with access to general healthcare services, the redeployment of healthcare staff and the disruption of restrictions have limited availability of and access to habilitation and rehabilitation. A survey by the European scientific societies ESPRM and UEMS-PRM found that up to

¹⁹⁸ Ombudsman report (16.09.2020), available at:

[http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/0DE66FEF1DE96C4DC22585E600450F2F/\\$file/EMP_3_2.pdf?OpenElement](http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/0DE66FEF1DE96C4DC22585E600450F2F/$file/EMP_3_2.pdf?OpenElement).

¹⁹⁹ The Ministry of Health released guidelines on ways to obtain medicines and compensatory medical devices without leaving home, https://sam.lrv.lt/uploads/sam/documents/files/Rekomendacijos%20d%C4%97I%20vaist%C5%B3%20ir%20MPP%20C4%AFsigijimo%20nei%C5%A1vykus%20i%C5%A1%20nam%C5%B3_v1_0_20200319_Be%20hiperlink.pdf (in Lithuanian).

²⁰⁰ Greek Ombudsman (2020) Social Protection Measures for responding to consequences of COVID-19 pandemic (Legislation Review) <https://www.synigoros.gr/resources/toolip/doc/2020/04/21/odigos-kp-ektakta-metra-COVID-19.pdf>.

²⁰¹ Republic of Cyprus Decree (24.03.2021), available at <https://www.pio.gov.cy/coronavirus/diat/11.pdf>.

²⁰² National Public Health Organization (EODY) 28.8.2020 Protective measures for hospitalized patients who belong to vulnerable groups <https://eody.gov.gr/metra-gia-tin-profylaxi-nosileyomenon-asthenon-poy-anikoyn-se-eypatheis-omades/>.

²⁰³ Disability Federation of Ireland, Non-COVID-19 Healthcare, Wednesday 1 July 2020, https://www.disability-federation.ie/assets/files/pdf/dfi_submission_non-COVID-19_healthcare_1.pdf, at p. 11.

2.2 million people in Europe so far had had to interrupt rehabilitation treatments due to the pandemic.²⁰⁴ In Ireland, therapists including physiotherapists, occupational therapists, speech and language therapists were re-deployed to testing and tracing or long term residential services at the onset of the pandemic in Ireland.²⁰⁵ Similarly, in Italy, evidence has emerged that patients, usually treated in rehabilitation settings, were being deprioritised due to the shift of resources to the emergency sector and the limited outpatient and home services imposed by the lockdown.²⁰⁶ The Polish country study reports that COVID-19 pandemic restrictions introduced temporary suspensions of both public and private rehabilitation services, which may have led to reduced availability of services and longer waiting times. It quotes the Polish Physiotherapy association:

‘The research conducted in Poland immediately after lockdown, in cooperation with several patient organisations, in which over 300 families took part, showed that limiting physiotherapy in Poland led to worsening of the functional condition of disabled children and increased anxiety and pain in case of most parents. [...]Tele physiotherapy was considered by the majority of parents as a valuable addition to the treatment in direct contact.’²⁰⁷

The closure of day services has severely restricted access to habilitation and rehabilitation. For example, in Ireland there are over 1 000 day services nationally which provide opportunities for employment, education and socialising.²⁰⁸ These services were closed from mid-March 2020 to the end of the summer, with only partial reopening available and in some cases no services available.²⁰⁹ Full resumption of all services is not anticipated until a national vaccination programme has been successful.²¹⁰ Day services are advised to work with service users to adjust their person-centred plans to reflect the reduced capacity for support until normal service

²⁰⁴ S. Negrini, K. Grabljevec, P. Boldrini, C. Kiekens, S. Moslavac, M. Zampolini, N. Christodoulou, up to 2.2 million people experiencing disability suffer collateral damage *each day of COVID-19 lockdown in Europe*, in *European Journal of Physical and Rehabilitation Medicine*, Epub, 8 May 2020.

²⁰⁵ Dail Eireann, Select Committee on COVID 19, 30 September 2020 at p. 29. Comments from Deputy Pauline Tully. Available from: https://www.oireachtas.ie/en/debates/debate/special_committee_on_covid_19_response/2020-09-30/.

²⁰⁶ Boldrini P, Garcea M, Bricchetto G, Reale N, Tonolo S, Falabella V, Fedeli F, Cnops AA, Kiekens C. *Living with a disability during the pandemic. "Instant paper from the field" on rehabilitation answers to the COVID-19 emergency*. *Eur J Phys Rehabil Med*. 2020 Jun;56(3):331-334. doi: 10.23736/S1973-9087.20.06373-X. Epub 14 May 2020. PMID: 32406226 <https://pubmed.ncbi.nlm.nih.gov/32406226/>.

²⁰⁷ <https://fizjoterapeuci.org/fizjoterapia-jest-lekiem-w-czasie-pandemii/>.

²⁰⁸ HSE, Framework for resumption of adult disability day services, p. 10, <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/framework-for-resumption-of-adult-disability-day-services.pdf>.

²⁰⁹ Dail Eireann, Select Committee on COVID 19, 30 September 2020, p. 28. Comments from Deputy Pauline Tully, Available from: https://www.oireachtas.ie/en/debates/debate/special_committee_on_covid_19_response/2020-09-30/.

²¹⁰ Dail Eireann, Select Committee on COVID 19, 30 September 2020, p. 29. Comments from Minister Stephen Donnelly, Minister for Health. Available from, https://www.oireachtas.ie/en/debates/debate/special_committee_on_covid_19_response/2020-09-30/.

resumes.²¹¹ Where the individual has the skills or support, remote services will be undertaken. If the individual cannot engage with remote services, protocols must be devised to provide services in their accommodation.²¹²

A study carried out by the Faculty for Social Wellbeing at the University of Malta and the Commission for Persons with Disability²¹³ advised that the restrictive measures²¹⁴ ²¹⁵ implemented in the first months of the pandemic included the ceasing of services such as physiotherapy sessions, speech therapy sessions, occupational therapy sessions, and social work services. In addition, since schools closed between March and June 2020, children with disability who received such services within their school also ceased receiving such services.

The Italian country study reports that the pandemic has had a strong impact on rehabilitation as a result of three trends: that of transferring more patients to hospital rehabilitation units from acute wards to free beds; the challenges of providing rehabilitation in outpatient and home settings due to restrictions; and the increased demand for rehabilitation among those recovering from COVID-19.²¹⁶

3.4.4 Vaccination programmes

Prioritisation criteria for vaccination programmes are typically likely to accord priority to a high proportion of people with disabilities, given the focus on age, health conditions, those living in institutional care and those drawing on social care and support to live in the community. However, some people with disabilities who are at higher risk of infection or mortality may fall outside of these groups, such as people with intellectual disabilities who live in the community.

COVID-19 vaccination programmes had only begun towards the end of this study and so it is not possible to report comprehensively on how well they are reaching people with disabilities, including with respect to accessibility. Nevertheless, the country reports did capture some information about vaccine plans and priorities.

The prioritisation of groups for the vaccine in many countries seem likely to cover many people with disabilities, typically prioritising those living in social care institutions, older people and those over the age of 16 with health conditions that place them at high risk. However, no countries as a priority category. This could mean that as a result, for example, no priority would be given to adults with intellectual disabilities who live in the community and who do not have any underlying health conditions, but who are still known to be at greater risk of serious illness or death from COVID-19. Similarly, it is

²¹¹ HSE, Framework for resumption of adult disability day services, <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/framework-for-resumption-of-adult-disability-day-services.pdf>.

²¹² HSE, Framework for resumption of adult disability day services, <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/framework-for-resumption-of-adult-disability-day-services.pdf>, p. 11.

²¹³ Pace-Gasan, S., Camilleri, A., Azzopardi Lane, C., Callus, A. M., & Azzopardi, A. (2020). The impact of COVID-19 on Persons with Disability.

²¹⁴ https://www.ey.com/en_mt/emergency-measures/COVID-19-emergency-measures-211111111.

²¹⁵ Cuschieri, S., Pallari, E., Hatziyianni, A., Sigurvinsdottir, R., Sigfusdottir, I. D., Siguroadottir, A. K. (2020). Dealing with COVID-19 in small European island states: Cyprus, Iceland and Malta. *Early Human Development* <https://doi.org/10.1016/j.earlhumdev.2020.105261>; <https://www.sciencedirect.com/science/article/pii/S0378378220307659>.

²¹⁶ EDE COVID-19 country report for Italy, p. 22.

unclear whether those providing direct support to people with disabilities who live in their own homes, whether on a paid or unpaid basis, have been prioritised for vaccination, despite the evident risks.

In Germany, the Federal Government and *Länder* Commissioners for Matters relating to Persons with Disabilities has criticised the partial lack of accessibility of vaccination centres.²¹⁷ The German Disability Council (*Deutscher Behindertenrat*) also reports that some vaccination centres are not accessible, including online information about the centres, registration for appointments, and the centres themselves.²¹⁸

3.5 Access to income and essential goods and services

3.5.1 Maintaining an adequate income

Prior to the pandemic, many people with disabilities already found themselves in a precarious economic situation, as well as encountering disabling barriers in accessing essential goods and services. In 2016, at the European level, 30 % of people with disabilities aged 16 and over lived in households which were at risk of poverty or social exclusion compared to 21 % of persons without a disability of the same age group.²¹⁹ This existing economic precarity has not only intersected with disability to increase the risk of infection and death from COVID-19, it has also left many people with disabilities exposed to the immediate and longer term economic fallout of the pandemic and the measures adopted by States to suppress it.

In Croatia, although there is still no exact data available, according to information from relevant organizations the COVID-19 crisis has decreased the level of income and increased the level of poverty in the general population.²²⁰ Similarly, in Romania the National Council for Disability also reported that it had seen some of its members reach unprecedented levels of poverty, not having access to basic necessities such as food.²²¹

In some countries, measures were introduced with the aim of mitigating the disability-related economic impact of the crisis. To mitigate the loss of employment income due to caring responsibilities, in Portugal the Decree-Law 10A/2020²²² of March 2020 introduced measures to support some parents of children with disabilities, stating that “absences from work are justified if motivated by unavoidable assistance to a child or

²¹⁷ See Beauftragter der Bundesregierung für die Belange von Menschen mit Behinderungen: https://www.behindertenbeauftragter.de/SharedDocs/Pressemitteilungen/DE/2021/PM3_Schutzkonzept_w%C3%A4hrend_der_Coronapandemie.html.

²¹⁸ Deutscher Behindertenrat: Fehlende Barrierefreiheit der Corona-Impfzentren. Deutscher Behindertenrat bemängelt unzureichende Barrierefreiheit von Corona-Impfkampagne und zu Impfzentren, 12.01.2021, <https://www.deutscher-behindertenrat.de/ID258800>.

²¹⁹ EU-SILC UDB 2015-2016.

²²⁰ Dnevnik.hr: “Poverty in the age of COVID-19”, <https://dnevnik.hr/vijesti/hrvatska/u-slavoniji-samoposluge-ostaju-bez-hrane-korisnici-na-rubu-gladi---630506.html>.
Jutarnji.hr: “Restrictions due to corona brought a wave of poverty” <https://www.jutarnji.hr/vijesti/hrvatska/restrikcije-zbog-korone-donijele-val-siromastva-nekoc-situirani-danas-su-u-puckoj-kuhinji-15037153>.

²²¹ RFI, People with disabilities, green light to register for COVID vaccination but still on the outside (*Persoanele cu dizabilități, libere să se înscrie pentru vaccinarea anti-COVID dar rămase încă pe dinafară*), 26 January 2021.

²²² Exceptional and temporary measures related to the epidemiological situation of the new Coronavirus - COVID 19 <https://dre.pt/home/-/dre/130243053/details/maximized>.

other dependent under 12 years of age, or, regardless of age, with disabilities or chronic illness, that arise due to the suspension of teaching and non-teaching activities in schools or early childhood support facilities or disability service-provider". This law also provided that parents can access a subsidy that is equivalent to two-thirds of the monthly salary for employees, and one-third of the income registered during the first trimester of the year for independent workers.

In Poland, two financial allowances were introduced in March 2020, a carers allowance for parents of children under 18 who have a certificate of disability to compensate for lost income from paid employment as a result of the closure of schools or childcare, and an allowance for carers of adults with disabilities to compensate for lost income from paid employment as a result of the closure of day care centres.²²³

In Ireland, disabled persons who have received medical advice to self-isolate or those who tested positive for COVID-19, can claim Enhanced Illness Benefit which has a weekly pay rate of EUR 350.²²⁴ Qualification for the payment is dependent upon confinement to a medical facility or home, absence from work and that the disabled person has ceased to receive payments from their employer. Such a measure helps to ensure that people abide by self-isolation rules without facing financial hardship.

In Spain, financial assistance for low-income families has been established in the form of the Minimum Living Income, which families with members with disabilities can benefit from.²²⁵

An emerging theme in the country reports concerns steps taken by governments to streamline assessment for social security benefits related to disability and suspend scheduled reassessments for social security benefits, extending entitlement in the light of the pandemic. For example, in Poland the validity of disability assessments issued by district and provincial assessment boards was extended until the expiration of the 60th day after the date of cancellation of the state of epidemic emergency or state of epidemic emergency, but no longer than the date of issuance of a new disability certificate.²²⁶ Moreover, assessment boards can now make disability assessments without direct examination, based on the documentation that is attached to the application. It is not presently necessary to provide a doctor's certificate confirming an inability to appear in person due to a long-term, irreversible illness. A certificate authorizing the evaluation of disability for teams, which expires, remains valid until the 690th day after the state of emergency or epidemic is lifted.²²⁷ In Greece, emergency measures focused on minimising disruptions in accessing existing disability benefits (rather than adding to them), particularly during and since the first lockdown (March-

²²³ Plenipotentiary for Disabled Persons (2020), 10 facts about supporting people with disabilities during the epidemic, <http://niepelnosprawni.gov.pl/art,1002,10-faktow-o-wsparciu-osob-niepelnosprawnych-podczas-epidemii>.

²²⁴ ASIAM, Explainer: COVID-19 and Changes to Work <https://asiam.ie/COVID-19-changes-to-work/>.

²²⁵ See: <https://www.mscbs.gob.es/ssi/covid19/ingresoMinVital/home.htm>.

²²⁶ Plenipotentiary for Disabled Persons (2020), Renewal of disability certificates and degree of disability, <http://niepelnosprawni.gov.pl/a,1118,przedluzenie-waznosci-orzeczen-o-niepelnosprawnosci-i-stopniu-niepelnosprawnosci-wydawanych-przez-powiatowe-i-wojewodzkie-zespoly-do-spraw-orzekania-o-niepelnosprawnosci-i-stopniu-niepelnosprawnosci>.

²²⁷ Government Portal (2020), Coronavirus: information and recommendations, <https://www.gov.pl/web/koronawirus/orzeczenia-o-niepelnosprawnosci-bez-osobistego-stawiennictwa>.

April 2020).²²⁸ For example, it has been possible to submit an online application to access disability welfare benefits, while information is also provided by email or by telephone. An extension was granted to disability pensions and welfare benefits for which approval for renewal was pending at the time (first lockdown March- April 2020 and up to end of June 2020 when public service provision was severely disrupted).

3.5.2 Accessing essential goods and services

While many people with disabilities were either compelled or advised to take exceptional measures to stay apart from the wider community, the means to access essential goods and services while doing so were not always in place at the outset of the pandemic and people have had to rely on family, friends, charity and mutual aid to survive.

In Ireland, during the immediate weeks following the declaration of the pandemic, those over the age of 70 and people with certain health conditions were advised to ‘cocoon’ – that is, not leave their homes, including to go to the shop or for exercise, or accept any non-essential help.²²⁹ It was not made clear how people with disabilities were to access food and medication during this time and for the most part, during the initial weeks of the pandemic, the government advised those cocooning to rely on “friends, family and neighbours” to access essentials. A number of local groups began to coordinate volunteers to assist those who had been advised to cocoon. Following this local government established a database of community supports, or community call, in order to coordinate services.²³⁰ The Irish postal service offered to check on known persons cocooning and created a request a check in service.²³¹

Similarly, in Austria, In the first phase of COVID-19 persons with disabilities were generally defined as a group at (higher) risk which mainly resulted in more restrictions in personal freedom for this group compared to non-disabled persons. This was criticised and although persons with disabilities were defined as a group at risk their needs for support were neither considered by the national crisis management team nor was this an issue discussed or reported in public.²³²

In Croatia, some provision of essential supplies during the COVID-19 epidemic were carried out by the Croatian Red Cross. The Red Cross Society has carried out regular

²²⁸ Greek Ombudsman (2020) Social Protection Measures for responding to consequences of COVID-19 pandemic (Legislation Review)

<https://www.synigoros.gr/resources/toolip/doc/2020/04/21/odigos-kp-ektakta-metra-COVID-19.pdf>.

²²⁹ Department of Health, Guidance on Cocooning, (2020) <https://www.gov.ie/en/publication/923825-guidance-on-cocooning-to-protect-people-over-70-years-and-those-extr/>.

²³⁰ Citizens Information, Community Support During COVID 19, (2020), https://www.citizensinformation.ie/en/covid19/community_support_during_covid19.html#leff32.

²³¹ Department of An Taoiseach, An Post to Roll out New Range of Services (2020) <https://www.gov.ie/en/publication/634c10-an-post-to-roll-out-a-range-of-new-services-to-help-during-COVID-19/>.

²³² See: Krisenmanagement im Kontext Behinderung am Beispiel der COVID-19-Pandemie. In: BSGPK (2020) Evaluierung des Nationalen Aktionsplans Behinderung 2012–2020

https://www.sozialministerium.at/dam/jcr:ec106d2c-7346-4360-8756-975de92d9576/Evaluierung_des_NAP_2012_2020.pdf, p. 659;

Tiroler Monitoringausschuss (2021). Menschen mit Behinderungen im Krisen- und Katastrophenfall. Stellungnahme https://www.tirol.gv.at/fileadmin/themen/gesellschaft-soziales/UN-Konventionen/tiroler-monitoring-ausschuss/dokumente/stellungnahmen/Stellungnahme_Corona_2021.pdf, p. 20.

visits to the “elderly and infirm” (people with disabilities) who were unable to access basic necessities on their own. For households with older persons, persons with disabilities, ill persons, or those currently in self-isolation, the Croatian Red Cross made purchases of basic groceries and medical supplies.²³³ In Poland, where older people or people with disabilities in quarantine were unable to provide themselves with a hot meal or food, the municipality provided such assistance. Meals and food products were delivered by persons designated in a given municipality, in cooperation with NGOs and volunteers.²³⁴

In Romania, the National Council for Disability reported that it had seen some of its members reach unprecedented levels of poverty, not having access to basic necessities such as food.²³⁵

In Germany, some people with disabilities encountered discrimination with respect to accessing grocery stores that required customers to use trolleys but made no reasonable accommodation for people who, as a result of a physical impairment could not. The Federal Anti-Discrimination Agency classifies this behaviour as discrimination.²³⁶ In some countries, such as Cyprus people with disabilities and older adults were accorded specific time slots for shopping in supermarkets and other essential shops such as pharmacies, though these were limited and at times of the day that proved inconvenient for some.²³⁷

The German report also notes how entering and using public realm and spaces poses a major challenge to people with visual impairments, who may experience difficulties maintaining the minimum distance of 1.5 meters required by law and who could not be guided by strangers in public spaces without increasing the risk of infection.²³⁸

3.5.3 In the aftermath of the pandemic

There is concern in some countries that the economic fallout from the pandemic will entrench and deepen disability-related poverty and inequality.

²³³ Croatian red cross: “In just one week, more than 2,000 Red Cross volunteers visited 10 000 households”, <https://www.hck.hr/novosti/u-samo-tjedan-dana-vise-od-2000-volontera-crvenog-kriza-obislo-je-10-000-kucanstava/10303>.

²³⁴ Coronavirus. Who will help you for free in your city? <http://www.niepelnosprawni.pl/ledge/x/943658;jsessionid=FD241B59DA1C78FC122D308F9E45706DKoronawirus>.

²³⁵ RFI, People with disabilities, green light to register for COVID vaccination but still on the outside (*Persoanele cu dizabilități, libere să se înscrie pentru vaccinarea anti-COVID dar rămase încă pe dinafară*), 26 January 2021.

²³⁶ See Anti-Diskriminierungsstelle des Bundes (2020): Diskriminierungserfahrungen im Zusammenhang mit der Corona-Krise, p. 4, online: https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/Dokumente_ohne_anzeige_in_Publikationen/20200504_Infopapier_zu_Coronakrise.pdf?__blob=publicationFile&v=2; see also: https://www.antidiskriminierungsstelle.de/DE/ThemenUndForschung/Corona/Corona_node.html.

²³⁷ Source: Republic of Cyprus Decrees: Republic of Cyprus Decrees (08.01.2021), Annex II, paragraphs (ψ)(i- xxii): <https://www.pio.gov.cy/coronavirus/uploads/5436%208%201%202021%20PARARTHMA%203o%20OMEROS%201.pdf> and Decree (23.03.2020) Article 2(v)(v): <https://www.pio.gov.cy/coronavirus/diat/10.pdf>.

²³⁸ See Deutscher Blinden- und Sehbehindertenverband: Corona-Ratgeber, 16.04.2020, <https://www.dbsv.org/corona.html>.

The economic fallout from the COVID-19 pandemic and the disruption caused by measures to suppress it and protect populations is difficult to predict. There are nevertheless reasonable concerns that people with disabilities will be disproportionately affected by ensuing economic recessions, job losses and the measures by States to rebalance public finances, especially given the fragile economic position that many were already in prior to the pandemic.

In Portugal, a survey conducted by the Observatory of Disability and Human Rights found that 68 % of participants stated that since the beginning of the pandemic they felt an increased concern about a possible worsening of their economic situation.

In Croatia, the disability poverty gap was 13 percentage points prior to the pandemic, meaning that people with disabilities were significantly more at risk of poverty than persons without disabilities.²³⁹ The Ombudswoman of the Republic of Croatia has assessed that the level of poverty among the general population will increase as a result of the COVID-19 crisis, and it is therefore reasonable to surmise that people with disabilities will be disproportionately affected.²⁴⁰

3.6 Access to services and support to live independently and to be included in the community

3.6.1 Restricted services and support

The EDE study identified a number of countries that suspended or limited social services and support for people with disabilities during the early stages of the pandemic and people were sometimes unable to access support due to staff shortages or problems accessing personal protective equipment.

As already mentioned, an emerging theme in the country reports is of governments focusing on people with disabilities living in institutions and far less on those living in the community. Families have often been expected to pick up where support services stopped working – although there are some examples of additional support (including in the form of leave from work or being able to work from home).

In Lithuania, people with disabilities were left without support which could ensure the right to live independently. During the first lockdown²⁴¹ the majority of available support in local municipalities was provided remotely. Only vital services were provided in person. There were also municipalities which didn't produce any support for people with disabilities during quarantine. Commenting on results from a survey by the National Network of Poverty Reduction Organisations, Lithuanian Disability Forum president Dovilė Juodkaitė commented:

²³⁹ Ombudsman for Persons with Disabilities (2020) Report of the Office of the Ombudsman

²⁴⁰ Jutarnji.hr: "It is quite clear that poverty will increase after the COVID-19 pandemic", <https://www.jutarnji.hr/vijesti/hrvatska/posve-je-jasno-da-ce-se-siromastvo-nakon-korone-povecati-zds-podrzavam-zabranu-svih-ustaskih-simbola-15045207>.

²⁴¹ First lockdown took place from 14 March 2020 to 11 May 2020.

'about half of respondents were left without domestic help, without transportation, without necessary health and rehabilitation services, without psychological help and the opportunity to take a break from caring for relatives.'²⁴²

Lack of social services for people with disabilities was confirmed by the Association of Local Municipality's president Mindaugas Sinkevicius, who noted that during the quarantine period the burden of caring for people with disabilities has been shifted to relatives, who are often unable to work as a result.

In Ireland, multiple organisations have highlighted the shortages of Personal Protective Equipment for disabled people in the community as the priority was focused on health and social care settings.²⁴³ There was initially conflict between health services and local authorities coordinating COVID-19 response mechanisms about the responsibility for providing PPE to disabled people in the community.²⁴⁴ The increased supply of PPE has alleviated this problem since the summer of 2020. Similarly, in the Netherlands, the provision of protective tests, protective gear and vaccinations to family, friends and professional personal assistants working for people with disabilities living independently consistently lagged behind offering the same to staff working in institutions. Providing protective gear to personal assistants working for someone living independently started off as late as May 2020.²⁴⁵ Similarly, while the National Government offered a bonus of EUR 1 000 extra to all professionals as a reward for their work during the first wave of the pandemic in hospitals, care homes or institutions, the bonus was initially not available to those working for people using a direct payment and living independently. In January 2021, however, it was decided that this bonus would also become available to this group.²⁴⁶ Home care agencies did experience a shortage of staff due to increased sick leave.²⁴⁷ Confirmed COVID-19 patients with a disability living independently were offered to be placed temporarily in care homes if support at home was not deemed possible due to a shortage of staff with home care agencies.

In Denmark, everything except the most critical functions were closed at the start of the COVID-19 pandemic in March 2020, meaning that many people with disabilities

²⁴² Juodkaitė D., the president of Lithuanian Disability Forum (Mano teisės. Žmogaus teisių portalas) (2020), 'When Will We Announce the End of the 'Quarantine' For People With Disabilities?', <https://manoteises.lt/straipsnis/kada-skelbsime-zmoniu-su-negalia-karantino-pabaiga/?fbclid=IwAR3OpbSKB4DtQ7wO-LMbUuuEXxW8zByIxeKvSXI6wmVA30AagcF3fuUTi-Q>.

²⁴³ National Disability Authority, 'NDA Advice: Specific Issues for Persons with Disabilities regarding implications of COVID-19', April 2020 <http://nda.ie/Publications/Health/COVID-19/NDA-Advice-Specific-Issues-for-Persons-with-Disabilities-regarding-implications-of-COVID-191.pdf>, p. 4.

²⁴⁴ Disability Federation of Ireland, Impact of COVID-19 on people with disabilities and the disability sector Monday 29 June 2020, p. 4. Available from: https://www.disability-federation.ie/assets/files/pdf/dfi_submission_impact_of_COVID-19_on_people_with_disabilities_and_the_disability_sector_290620_1.pdf.

²⁴⁵ Richtlijn Persoonlijke Beschermingsmiddelen (PBM) voor mantelzorgers, PGB-gefinancierde zorgverleners en vrijwilligers in palliatieve zorg. <https://www.rijksoverheid.nl/documenten/richtlijnen/2020/05/19/richtlijn-persoonlijke-beschermingsmiddelen-voor-mantelzorgers-pgb-gefinancierde-zorgverleners-en-vrijwilligers-in-palliatieve-zorg>.

²⁴⁶ Per Saldo, advocacy organization for people using direct payment <https://www.pgb.nl/zorgbonus-nu-ook-voor-pgb-zorgverleners/>.

²⁴⁷ Monitoring effects of COVID-19 by the Health Inspectorate, edition 28 October 2021.

had their personal assistance severely cut.²⁴⁸ This was an infection control measure and it happened according to an emergency order, which meant that there were no complaint mechanisms. This did not mean that municipalities were exempted from having to make an individual assessment, but many people with disabilities found that no individual assessment was made. Similarly, when the day care centres for children closed down, many families with disabled children had a greater need for relief at home. However, some families found that applications were rejected on the grounds of emergency, despite the authorities maintaining a statutory obligation to assess applications according to specific, individual circumstances.²⁴⁹

In Croatia, the Ombudsperson for Persons with Disabilities sent recommendations on 17 March 2020 about the accessibility of support services to persons with disabilities living in their own homes during the COVID-19 epidemic, to the Ministry of Demography, Family, Youth and Social Policy, the Ministry of Health, the Ministry of the Interior, the Directorate of Civil Protection, the Croatian Red Cross, Caritas, and the City of Zagreb.²⁵⁰ In that communication the Ombudsperson “recommends and asks” to consider any additional measures that would enable the continuation of services (personal assistance, home care, non-professional and family assistance) for those most in need. The Ombudsman noted that persons with disabilities who have been found eligible for certain services cannot live independently without support, and it is necessary to find appropriate models in order to protect the health of employees / volunteers / assistants.²⁵¹

In Ireland, there are 28 388 people with intellectual disabilities, most of whom will be more physically active and younger than persons in nursing homes, with 69 % living with their parents.²⁵² Though this group are more at risk from COVID-19 which is ascribed to a higher prevalence of comorbid health problems, support staff have reported that due to the break in routines that has been necessitated by health guidelines, some people have found it difficult to adjust to or understand new practices relating to hand hygiene, social distancing, and self-isolation measures. This has led to reports of heightened distress. The College of Psychiatry has made a call that healthcare guidelines need to be ‘consistent with Slainte Care which advocates the right care in the right place at the right time’, whereas the current health guidelines seem to fall short of the non-discriminatory approach required by Article 25 of the CRPD.²⁵³

²⁴⁸ Evaluering af handicapområdet udfordringer i forbindelse med COVID-19, Appendix 1 <https://handicap.dk/nyheder/ny-rapport-handicaporganisationerne-tager-stort-ansvar-under-coronakrisen>.

²⁴⁹ Evaluering af handicapområdet udfordringer i forbindelse med COVID-19, <https://handicap.dk/nyheder/ny-rapport-handicaporganisationerne-tager-stort-ansvar-under-coronakrisen>.

²⁵⁰ EDE country report for Croatia, p. 22.

²⁵¹ EDE country report for Croatia, p. 22.

²⁵² College of Psychiatrists of Ireland, ‘Statement from the Faculty of Intellectual Disability Psychiatry regarding the COVID-19 pandemic and People with Intellectual Disability’ (Dublin, April 2020) <https://www.irishpsychiatry.ie/blog/statement-from-the-faculty-of-intellectual-disability-psychiatry-regarding-the-COVID-19-pandemic-and-people-with-intellectual-disability/>.
College of Psychiatrists of Ireland, ‘Statement from the Faculty of Intellectual Disability Psychiatry regarding the COVID-19 pandemic and People with Intellectual Disability’ (Dublin, April 2020) <https://www.irishpsychiatry.ie/blog/statement-from-the-faculty-of-intellectual-disability-psychiatry-regarding-the-COVID-19-pandemic-and-people-with-intellectual-disability/>; Gautam Gulati et al, “People with intellectual disabilities and the COVID-19 pandemic” (2020) Irish Journal of Psychological Medicine 1.

In Italy, the national government increased funds for disability assistance and services: the “Decreto Rilancio” (“Recovery Decree”) allocated a total of EUR 150 million to strengthen assistance, services and independent living projects for people with very serious disabilities and people who require support, as well as to support their caregivers, following the COVID-19 emergency.

3.6.2 Independent living and the recovery

The extent of mortality and isolation among people residing in institutional care may provide new impetus to accelerate the transition to independent living. However, the economic impact of the pandemic could lead to a prolonged period of public spending cuts. In the meantime, the inclusivity of recovery plans and investment seems likely to play a central role in shaping the immediate term future of progress towards independent living in Europe.

In Poland, the disproportionate impact of the pandemic on residents of social welfare homes has been a base for further advocacy of DPOs to pursue deinstitutionalization and the transition to community-based living, given the focus COVID-19 has brought to the situation in large institutions. A 2020 Disabled People’s Congress participant living in a social welfare home highlighted ‘I am confined to the facility. I can’t go out to the store, to the doctor. Everything is passing me by.’ Another participant, a 42-year-old wheelchair user who lives alone, reported that he sleeps sitting in his wheelchair because he has no one to help him lie down.²⁵⁴ In 2019, Poland spent just 0.4 % of GDP on long-term care, compared to an OECD average of 2 %.²⁵⁵

In Slovenia, where people that had been residing in public long-term institutional care moved back home during the pandemic, payments that would otherwise cover the cost of institutional care instead went directly to the person or to their legal guardian, while the government covered the income otherwise lost to the institutional care providers.²⁵⁶ This offers a potential model to finance deinstitutionalisation.

In Austria, the Vienna UN CRPD Monitoring Body has concluded that ‘Users of Personal Assistance usually live together with fewer persons than people in institutions. Thus, they get less easily infected. Furthermore, independent living is a protection against segregation and isolation.’²⁵⁷

In the USA, President Joe Biden has recently announced a plan for USD 400 Billion of government spending on home-based care and support, as part of the American Jobs

²⁵⁴ Congress 2020: Coronavirus reveals truth about the support system, <http://www.niepelnosprawni.pl/ledge/x/1205286;jsessionid=61EB5CCE432571EF642E5F3BB1F948A7>.

²⁵⁵ OECD (2019) Health at a glance (p. 241) <https://www.oecd-ilibrary.org/docserver/4dd50c09-en.pdf?expires=1620771842&id=id&accname=guest&checksum=EB42412D24AD4B3CD72E02236996AFDA>.

²⁵⁶ Act Determining the Intervention Measures to Mitigate and Remedy the Consequences of the COVID-19 Epidemic [Zakon o dodatnih ukrepih za omilitve posledic COVID-19 – ZDUOP (Official gazette of the RS, No. (Uradni list RS, št. 80/20, 152/20 – ZZUOOP, 175/20 – ZIUOPDVE, 203/20 – ZIUPOP DVE in 15/21 – ZDUOP)] <http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO8206>.

²⁵⁷ Wiener Monitoringstelle für die Rechte von Menschen mit Behinderungen (2020) Wahrnehmungsbericht „Auswirkungen der COVID-19 Krise in Wien“ <https://www.monitoringstelle.wien/assets/uploads/Wahrnehmungsbericht-Covid.pdf>.

plan, framed as ‘infrastructure investment.’²⁵⁸ In this study, the country reports do not indicate any equivalent plans or framing of community-based care and support as central to recovery by governments in Europe.

3.7 Access to education and learning during the pandemic

The EDE country reports indicate that during the first wave of the pandemic in 2020 most schools closed, while many made efforts to offer online learning, most for the first time ever. This shift is likely to have presented challenges for the majority of children, parents and teachers alike, but it appears to have presented particular challenges for the education of children with disabilities.

The country report from Lithuania notes that school closures have had a negative impact on families with children with disabilities, with families having to work from home and assume childcare and support distance learning at the same time. The Head of the Lithuanian Disability Forum Henrika Varniene has stated that no additional help was provided to parents raising children with disabilities during the first quarantine.²⁵⁹ Later, however, the government adopted amendments that sickness benefit may be paid to parents or grandparents if they need to take care of disabled child under 21 years of age who previously attended school,²⁶⁰ the Ministry of Education bought or hired additional computers and distributed them for socially disadvantaged groups,²⁶¹ and the Ministry of Health have prepared an order to ensure free meal distribution during the suspension of educational processes.

The report from Serbia notes that ‘The introduction of distance learning was not accompanied by appropriate measures that would enable children with disabilities to exercise the right to education under equal conditions, and the interruption of the work of pedagogical assistants further aggravated the situation.’²⁶²

The report from Cyprus reports that: ‘segregating and exclusive practices were employed during both the first and the second wave. During the first wave, when schools reopened measures suggested the establishment of a ‘special doctors’ committee, to whom parents should submit a doctor’s medical assessment report for their children’s health condition, based on which the committee will examine children’s individual characteristics in order to apply specific protection health and safety measures.’²⁶³ The announcement was met with a negative reaction from parents and other stakeholders, with high criticism of the impact such measures would have on the

²⁵⁸ White House (2021) Fact Sheet on the American Jobs plan <https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/31/fact-sheet-the-american-jobs-plan/>.

²⁵⁹ Article about COVID-19 impact on education for children with disabilities, <https://www.lrt.lt/naujienos/lietuvoje/2/1182859/karantino-metu-vaikai-su-negalia-pagalbos-nesulauke-pirmenybe-teikta-verslui> (in Lithuanian).

²⁶⁰ Detail explained in report 5.2 chapter.

²⁶¹ 2020 March 20 Ministry of education, science and sport public announcement about extra computers procurement, https://www.smm.lt/web/lt/pranesimai_spaudai/svietimo-ministerija-isigis-35-tukst-kompiuteriu-taip-pat-praso-verslo-ir-visuomenes-pagalbos (in Lithuanian).

²⁶² See, for example: Ana Lalić, *Više od 300 novosadske dece sa smetnjama u razvoju bez ličnih pratilaca*, NOVA.RS, 11 April 2020, available in Serbian only at: [Više od 300 novosadske dece sa smetnjama bez ličnih pratilaca - NOVA portal](#).

²⁶³ Source: MoECSY announcements for school attendance of students with special needs (20-24.05.2020), available at <http://enimerosi.moec.gov.cy/archeia/1/ypp10800a>.

education and human rights of students with disabilities and this was latterly identified by the Ombudsman for Children’s Rights.²⁶⁴

In Slovakia, according to the Institute of Educational Policy, approximately 3 100 pupils with disabilities at special primary schools (18 %) did not join any form of distance education during the first wave of the pandemic.²⁶⁵ In Cyprus, during the country’s second wave, distance education was considered by parent’s associations and others to be inappropriate for learners with disabilities, and following pressure, parents were given the option for their children with disabilities to attend school in person for a single teaching period daily (or less).²⁶⁶

In Poland, pre-pandemic data shows that households with persons with disabilities have lower levels of access to computers and the Internet.²⁶⁷

The country report from Italy concludes that ‘Technical and organisational difficulties, combined with a shortage of personal tools and supports, and communication difficulties, have made distance learning more difficult for children with disabilities. The difficulties are much greater in the presence of serious pathologies or disadvantaged socioeconomic contexts.’²⁶⁸

In Ireland, a report by the Economic and Social Research Institute noted that the COVID-19 pandemic exacerbated already existing inequalities faced by students with disabilities, “cutting them off from vital school-based supports while also bringing new pressures to bear on them.”²⁶⁹ It was stated that the difficulties faced by disabled students were no doubt exacerbated by the difficult conditions under which the shift to distance learning took place. It was also noted that without one-to-one contact and face-to-face interaction teachers struggled to provide the personalised instruction needed by students.

In Romania, UNICEF found that the groups most affected by the pandemic were children living in overcrowded dwellings, children with disabilities and children with special educational needs.²⁷⁰ It noted that for many children with special educational needs, online schooling was inefficient and that while authorities claimed they would take measures to ensure these students had access to the support they needed, this did not always happen. Moreover, many were of the opinion that online schooling is

²⁶⁴ Ombudsman of Children’s Rights Position (21.05.2020), available at:

<http://www.childcom.org.cy/ccr/ccr.nsf/All/5EBCE15FD25C1F53C22585A500271648?OpenDocument>.

²⁶⁵ EDE country report for Slovakia, p. 35.

²⁶⁶ MoECYS announcement for students of Special Education (27.01.2021). available at <http://enimerosi.moec.gov.cy/archeia/1/ypp11760a> & circular on schools reoperation (27.01.2021).

²⁶⁷ Pyżalski, J. (ed.) (2020), Education in times of COVID-19 pandemic, <https://zdalnie.edu-akcja.pl/#o-ksiazce>.

²⁶⁸ ISTAT (2020) “Educational inclusion of pupils with disabilities”, <https://www.istat.it/it/files//2020/12/Report-alunni-con-disabilit%C3%A0.pdf>.

²⁶⁹ G Mohan, S McCoy, E Carroll, G Mihut, S Lyons And C Mac Domhnaill, ESRI “Learning For All? Second-Level Education In Ireland During COVID-19.” https://www.esri.ie/system/files/publications/SUSTAT92_3.pdf.

²⁷⁰ UNICEF, (2020), [Rapid assessment of the situation of children and their families, with a focus on the vulnerable ones, in the context of the COVID-19 OUTBREAK IN Romania. Phase I- Round 3](#), p. 51, June 2020.

not efficient for many children, with or without disabilities, particularly those in a certain age range.²⁷¹

The accessibility of measures proved a challenge in some countries. For example, in Portugal, a report by the Disability and Human Rights Observatory study on Disability and COVID-19²⁷² conducted in spring and autumn 2020 reported that it was found that students' and parents' perceptions of education services was negative. In the first wave, 77 % reported that the adaptations for students with disabilities were little or not suitable at all. In the second wave, 65 % reported a similar appraisal. Some of the testimonies collected in the Disability and Human Rights Observatory study suggested that disability-specific supports for online teaching arrived late. Only on 8 April 2020 (the schools closed in March) the General-Directorate for Education published some general guidelines to support distance learning for students with disabilities.²⁷³ When the government initiated, schooling activities through a dedicated TV channel there were also complaints regarding the very small space of the window on the screen for the Sign Language Translator. Moreover, the lack of computers and internet access may also have prevented children with disabilities from properly accessing distance learning activities, as they are more likely to belong to families at risk of poverty and social exclusion. According to the study, 40 % of the participants needed a computer and 26 % did not have access to the internet. In July 2020, the Ministry of Education announced an investment of EUR 400 million to support the acquisition of computers for all students and teachers in compulsory education.²⁷⁴ In September 2020 the first computers and internet access keys started to be distributed, prioritising low-income families, but the process has been very slow since then – in the beginning of February 2021, when distance learning resumed, only 100 000 had been given to students and 355 000 families were still waiting for their computers to arrive.²⁷⁵ There is no mention that students with disabilities are prioritised in getting the computers.

UNICEF-Bulgaria commissioned research about the impact of COVID-19 on the inclusive education of children with disabilities during the state of emergency.²⁷⁶ It found that only 39 % of the professionals working in the field of inclusive education have continued their work online with all children with whom they have worked before. Meanwhile, half of the parents of children with special educational needs surveyed did not know how to support their children's education effectively. 32 % believe that the

²⁷¹ See for example Bogdan Stanciu, (2020), Pandemic school: difficulties encountered by children with special needs in the educational process ([Scoala pandemică: dificultăți întâmpinate de copiii cu cerințe speciale în procesul educațional](#)), 27 September 2020 and George Jigla, (2020), What do we do with children during the pandemic? ([Ce facem cu copiii în perioada pandemiei?](#)), 7 May 2020.

²⁷² Disability and COVID-19. Results of a study made with people with disabilities and caregivers <http://odh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-odh/item/483-relatorio-odh-2020>.

²⁷³ https://apoioescolas.dge.mec.pt/sites/default/files/2020-04/Orienta%C3%A7%C3%B5es_para_o_trabalho_das_Equipas_Multidisciplinares_de_Apoio%C3%A0Educa%C3%A7%C3%A3o_Inclusiva_na_modalidade_E@D.pdf.

²⁷⁴ Resolution of the Council of Ministers 53-E/2020, available at <https://dre.pt/web/guest/home/-/dre/138461850/details/maximized?serie=I&day=2020-07-20&date=2020-07-01>.

²⁷⁵ <https://observador.pt/2021/01/12/mais-de-335-mil-computadores-vao-comecar-a-chegar-as-escolas-segundo-ministro-da-educacao/>.

²⁷⁶ Global Matrix research, ordered by UNICEF (May-June 2020): Focus on Inclusive Education, available in Bulgarian at: <https://www.unicef.org/bulgaria/media/9251/file>. The survey was conducted among groups of teachers, students, parents, representatives of local authorities, experts in Regional Educational Departments, educational mediators and specialists in inclusive education.

mental wellbeing of the children had become worse during the pandemic restrictions. In October, the Bulgarian Ombudsman sent an official letter to the Ministry of Education and Science calling for special measures to ensure equal participation in the e-learning process of children with special educational needs, underlining that distance learning creates difficulties for all children with special educational needs and that children, resource teachers and professionals should be provided with the necessary resources to conduct the most effective interaction in an electronic environment, which will lead to an increase in the capacity of schools to provide inclusive education of students with special educational needs.²⁷⁷

In Malta, the reopening of schools in October involved the redeployment of staff, including educators working with children with disability as mainstream class teachers, to enable the placement of children in smaller groups than usual and to provide cover for staff who were unwell after having contracted the COVID-19 virus. This move was criticised by the CRPD. In a statement, Commissioner Oliver Scicluna stated that ‘COVID-19 measures cannot be provided at the expense of students with a disability or those requiring specific support’.²⁷⁸ and The Maltese Association for Parents of State School Students (MAPSSS) echoed these concerns.²⁷⁹

In Austria, reports indicate that there was and is generally no particular consideration of students with disabilities in the education system. Much burden was put on families and parents who in many cases felt unsupported, particularly during the first phase of the pandemic. No particular attention was paid to making distance learning accessible for students with disabilities and it is assumed that they were not well equipped with the necessary hardware. In statements and interviews it is repeatedly assumed that exclusion and discrimination of children with disabilities is enforced in the COVID-19 pandemic.²⁸⁰ During the first phase of the COVID-19 pandemic in spring 2020 consideration was given to releasing all students with special educational needs from compulsory education for the rest of the schoolyear 2019/20. There was also a plan to consider all students with disabilities to be at risk of becoming infected. This was considered discriminatory by the Human Rights Board of the Austrian Ombudsmen Board.²⁸¹ However, parents reported that they had to provide medical certificates to

²⁷⁷ Ombudsman, The Ombudsman Diana Kovacheva asked the Ministry of Education and Science to introduce measures for the online education of children with special educational needs, 14 October 2020, available at: <https://www.ombudsman.bg/news/5399?page=4#middleWrapper>.

²⁷⁸ Commission for the Rights of Persons with Disabilities (2020) COVID-19 measures cannot be provided at the expense of students with a disability or those requiring specific support <https://www.crpd.org/mt/COVID-19-school-measures-cannot-be-at-the-expense-of-students-with-a-disability/>.

²⁷⁹ Calleja, L. 2020. Students with disabilities should not be penalised by COVID-19 measures, parents association says. *Malta Today*. 8 October 2020 https://www.maltatoday.com/mt/news/national/105167/students_with_disabilities_should_not_be_penalised_by_covid19_measures_parents_association_says#.YBvASi1Q011.

²⁸⁰ See: Krisenmanagement im Kontext Behinderung am Beispiel der COVID-19-Pandemie. In: BSGPK (2020) Evaluierung des Nationalen Aktionsplans Behinderung 2012–2020 https://www.sozialministerium.at/dam/jcr:ec106d2c-7346-4360-8756-975de92d9576/Evaluierung_des_NAP_2012_2020.pdf, p. 663; Tiroler Monitoringausschuss (2021). Menschen mit Behinderungen im Krisen- und Katastrophenfall. Stellungnahme. https://www.tirol.gv.at/fileadmin/themen/gesellschaft-soziales/UN-Konventionen/tiroler-monitoring-ausschuss/dokumente/stellungnahmen/Stellungnahme_Corona_2021.pdf, pp. 13-14.

²⁸¹ See: COVID 19 - Wünschenswerter SOLL-Zustand betr. (psychiatrische) Krankenanstalten (PAK /KRA), Maßnahmenvollzug, Einrichtungen der Tagesstruktur und des teilbetreuten Wohnens sowie der Kinder- & Jugendhilfe <https://volksanwaltschaft.gv.at/downloads/3uf0e/2021-01-11%20COVID->

prove their child with disabilities did not belong to an at risk-group.²⁸² Later, during the 2nd lockdown in November 2020 special schools were completely excluded from distance learning and had to provide onsite education. However, after much criticism mostly by teacher representatives, the Ministry for Education decided to leave this decision up to the individual special schools.²⁸³

In Slovakia, approximately 3 100 pupils with disabilities in special primary schools (18 %) did not join any form of distance education. Opportunities to connect to distance education varied by type of disability. Among pupils with autism, 4 % did not connect to distance education, while 21 % of pupils with intellectual disability were left out. In the Netherlands, parents have reported mixed experiences about the quality of online lessons offered by special schools. Some parents report positive experiences. Other parents report that online lessons were of poor quality or were completely absent.²⁸⁴ In Germany, in some federal states, special schools were closed longer than regular schools after the first lockdown. In some cases, the special schools did not provide the pupils with any technical support and learning materials for teaching and learning at home.²⁸⁵ The Czechia country study reports growing evidence of significant obstacles in access to education for children with disabilities, referring to criticism from several professional organisations about the measure to close special schools declared by the Government. These organisations argued against the closure on the grounds that, especially for children with moderate to severe intellectual disabilities, online teaching alone is not an appropriate educational and communication strategy.²⁸⁶ Following the reopening of schools after the summer holiday in 2020, an obligation to wear masks was introduced at schools in Germany. There have been reports that pupils with disabilities from special schools who are exempt from wearing a mask due to their disability, have not been transported by the transport service that takes pupils to their special school, for example in North Rhine-Westphalia.²⁸⁷

In December 2020, the Constitutional Court of the Republic of Slovenia handed down a legal judgement about a request related to the education of children with special needs in special schools and in the schools within long-stay institutions for education, work and protection.²⁸⁸ The Court found that the governmental closure of all schools

[19-W%C3%BCnschenswert%20SOLL-Zustand%20%27PAK%20KRA%20JWF%20-%20Version%2011.1.2021.1](#), p. 9.

²⁸² See: Krisenmanagement im Kontext Behinderung am Beispiel der COVID-19-Pandemie. In: BSGPK (2020) Evaluierung des Nationalen Aktionsplans Behinderung 2012–2020, https://www.sozialministerium.at/dam/jcr:ec106d2c-7346-4360-8756-975de92d9576/Evaluierung_des_NAP_2012_2020.pdf, p. 663; Tiroler Monitoringausschuss (2021), Menschen mit Behinderungen im Krisen- und Katastrophenfall. Stellungnahme. https://www.tirol.gv.at/fileadmin/themen/gesellschaft-soziales/UN-Konventionen/tiroler-monitoring-ausschuss/dokumente/stellungnahmen/Stellungnahme_Corona_2021.pdf, pp. 13-14.

²⁸³ See: Sonderschulen wechseln am Montag in Distance-Learning <https://orf.at/stories/3198499/>.

²⁸⁴ Informal reports in Facebook groups by parents of children with disabilities.

²⁸⁵ See Die neue Norm: „Behinderte Schüler*innen haben das gleiche Recht auf Bildung“, 29.04.2020, <https://dieneuenorm.de/gesellschaft/schule-behinderung-home-schooling/>.

²⁸⁶ <https://cosiv.cz/cs/>.

²⁸⁷ See Kabinet: Schülerinnen und Schüler von der Beförderung ausgeschlossen, 26.08.2020, <https://kabinet-nachrichten.org/2020/08/26/schuelerinnen-und-schueler-von-der-befoerderung-ausgeschlossen/>; Kabinet: Ohne Maske keine Beförderung zur Förderschule, 31.08.2020, <https://kabinet-nachrichten.org/2020/08/31/ohne-maske-keine-befoerderung-zur-foerderschule/>.

²⁸⁸ Kuralt, Špela (2020), Constitutional Court: No Legal Ground for the School closure, 3 December. [Ustavno sodišče: Pravne podlage za zaprtje šol ni - Delo](#); T. H. (2020) The schools for the children with special needs are happy that the children return, but they warn about logistics, MMC RTV

and universities including special schools and the schools in long-stay institutions since early October 2020 was not announced in the Official Gazette of the Republic of Slovenia and was therefore illegal. The judges also said that the parents cannot replace professional work with children in institutions and special schools and that the closure can have damaging consequences, and therefore ruled that the government and the Ministry of Education temporary suspend the illegal decision. On the 5 January 2021, children with special needs returned to schools, while non-disabled children remained in home schooling until 14 February 2021 and secondary school students had yet to return to schools at the time of writing.²⁸⁹ In Germany, after the re-opening of the schools in May 2020, parents of pupils with intellectual disabilities, who were being educated at a regular school, reported that they were asked not to send their children to school. The reasons given were that special schools for this group were also closed, or it was assumed that pupils with intellectual disabilities would not understand or observe the hygiene and distance rules.²⁹⁰

In summary, most schools, colleges and universities have shifted all or part of teaching and learning online at different stages during the pandemic. This has raised issues of accessibility, support with learning and access to childcare and personal assistance. An emerging theme in the country reports is that the approach to education during the pandemic has not always reflected inclusive principles or practices, though some good practices were reported. However, there is little empirical evidence about the impact of the measures on children with disabilities.

3.8 Impact of the pandemic on employment and work for people with disabilities

3.8.1 Working during the pandemic

Because their age or health condition identified them as at risk, significant numbers of persons with disabilities were compelled or advised by their government to isolate at home. Often this advice was given before employment rights and income-replacement schemes had been clarified. Working from home was encouraged by many States, but not always mandated.

In Malta, various participants in the Pace Gasan et al. (2020) study commented how:

‘Another psychological impact that was registered throughout the restrictive measures was fear. Certain disabilities were either not categorized or incorrectly categorized as not being amongst the vulnerable, which meant that persons with disabilities were required to go to work normally, even though they had particular vulnerability.’²⁹¹

SLO, 4 December <https://www.rtv slo.si/slovenija/sole-otrok-s-posebnimi-potrebami-se-veselijo-vrnitve-a-opozarjajo-na-logistiko/544528> 2.12.2020.

²⁸⁹ R. A. (2021), Children with special needs returned to schools. Siol1NET. 5 January.

<https://siol.net/novice/slovenija/otroci-s-posebnimi-potrebami-se-vracajo-v-sole-542722>.

²⁹⁰ See Kobinet: Corona und längst überwunden geglaubte Zeiten, 15.05.2020, <https://kobinet-nachrichten.org/2020/05/15/corona-und-laengst-ueberwunden-geglaubte-zeiten/>.

²⁹¹ Pace Gasan S., Camilleri, A., Azzopardi-Lane, A., Callus, A.M. & Azzopardi, A. 2020. *The Impact of COVID-19 on Persons with Disability*. Commission for the Rights of Persons with Disability and Faculty for Social Wellbeing, University of Malta. Available from: <https://www.crpdpd.org/wp-content/uploads/2020/10/FSW-and-CRPD-The-Impact-of-COVID-19-on-Persons-with-Disability-Report-Final-1.pdf>.

Similarly in Liechtenstein, the government refrained from imposing an obligation to work from home but recommended it wherever possible. However, people considered particularly at risk were protected. Article 27a of the COVID-19 Ordinance requires employers to enable employees who are at particular risk to work from home and to support them to do so, although employees are not entitled to any compensation for expenses incurred in fulfilling their work obligations from home on the basis of this provision. Where an employee is not able to fulfil a work obligation from home, employers are required to instruct the employee concerned with an equivalent substitute job with the same remuneration, which may be performed from home.

In Ireland, technology has made the work environment more conducive, flexible and accessible for some disabled people. However, Independent Living Movement Ireland made a submission in which they highlighted that an equal, accessible and inclusive work environment cannot be substituted by flexible work conditions.²⁹² This statement has been prompted by fears in the disability movement that employers will utilise remote working options rather than making workplaces more accessible.

The Danish Disability Organizations' Evaluation²⁹³ states that “the problem exists as long as we have special health guidelines for members of risk groups who say that some should stay at home. When this is the case, the Minister for Employment should, of course, be able to ensure that a security scheme will make it possible.”

3.8.2 The immediate impact of the pandemic on employment rates of people with disabilities

There are indications in some country reports (explained in the following paragraphs) of a loss of employment among people with disabilities arising from the first waves of the pandemic and ensuing disruption. However, it is not yet clear whether this is a disproportionate loss when compared with people without disabilities or what the future holds.

Data comparing the impact of the pandemic on people with and without disabilities is not readily available. Some data suggests that unemployment among people with disabilities is growing. For example, in Portugal, the annual report of the Observatory of Disability and Human Rights *People with disabilities in Portugal: Human Rights Indicators 2020*²⁹⁴ finds that the number of people with disabilities registered in the employment services of the Institute for Employment and Vocational Training increased by 10 % just during the first semester of 2020, compared to the global data from 2019. This suggests an evident negative impact of the pandemic on people with disabilities.

²⁹² Independent Living Movement Ireland submission to the Special Committee on COVID-19 Response, ‘The Impact of COVID-19 on Disabled People’s Lives: Challenges faced, Opportunities Created’ (2020) 4.

²⁹³ DH Evaluation, Appendix 5.

²⁹⁴ People with disabilities in Portugal. Human Rights indicators 2020. Observatory of Disability and Human Rights. University of Lisbon <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

In Spain, a study carried out with a representative sample of people with disabilities²⁹⁵ found that 12 % reported losing their jobs, 37 % had been placed on temporary furlough or reduced hours, and 14 % had gone to teleworking. The report suggests that the group has been disproportionately affected by the impact of COVID-19 and that a primary reason is the majority work in customer facing fields that have been curtailed due to social distancing measures.

The country reports for Lithuania and Croatia both point to the impact of COVID-19 restrictions on sheltered workshops and social enterprises. According to Employment Service data in Lithuania there was a big drop in the number of Social Enterprises at the end of 2020. This significant 27 % decrease was due to several reasons, one of them being changes in the law of Social Enterprises. In addition, some Social Enterprises were forced to close, due to staff shortages as their employees with disabilities have taken temporary leave from work during periods of quarantine.²⁹⁶ The number of people with disabilities working in Social Enterprises fell by 31 % at the end of 2020, while the number of disabled people registered in the Employment Service increased dramatically by 89 % during the year of 2020.

In Austria, in the course of the interviews for the evaluation of the National Action Plan Disability 2012-2020, interviewees argued that in times of the COVID-19 pandemic, persons with disabilities lose their jobs more often than persons without disabilities, and that it is often not possible for persons with disabilities to get another/new job.²⁹⁷ In the context of the current crisis, measures to support people with disabilities to secure, progress in or maintain work and employment may be made more difficult by the shorter supply of opportunities as firms/businesses close, and also because of the health risks of certain job placements.

In Ireland, fears have arisen amongst the disability community that all the progress that had been achieved on improving disabled people's labour market participation will be reversed by COVID-19 as sectors like retail, hospitality and catering are where most disabled persons are employed, and these have been the most affected by the pandemic. Therefore, it is argued that once restrictions are lifted there is a need for concerted action to be taken to ensure that the economic downturn does not become an excuse for the implementation of employment access barriers that prevent disabled persons from having the independence afforded by gainful employment.²⁹⁸

²⁹⁵ Fundación Once, Odismet (2020). Efectos y consecuencias de la crisis de la COVID-19 entre las personas con discapacidad. Downloadable at: https://www.odismet.es/sites/default/files/2020-07/Informe_EstudioCOVID_19_v3_0.pdf.

²⁹⁶ 31 March 2020, 15min.lt news portal article about COVID-19 impact to Social Enterprises <https://www.15min.lt/verslas/naujiena/bendroves/koronavirusas-skaudziai-smoge-socialinems-imonems-nedirba-trecdalis-darbuotoju-663-1297458>.

²⁹⁷ In German: Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz (2020). Endbericht. Evaluierung des Nationalen Aktionsplans Behinderung 2021-2020, Strategie der österreichischen Bundesregierung zu Umsetzung der UN-Behindertenrechtskonvention. Wien, p. 656.

²⁹⁸ National Disability Authority, NDA Advice: Specific Issues for Persons with disabilities regarding implications of COVID-19 (April 2020) 6.

4 Conclusions and recommendations

Persons with disabilities of all ages, and their families, have been hit disproportionately hard by the COVID-19 virus itself, by measures to contain its spread and to protect health systems and by non-inclusive methods by which countries have sought to permit life to continue. Countless people with disabilities have prematurely lost their lives to the virus and in turn have been lost by the people that love them. Persons with disabilities have and will see their livelihoods lost, quality of life diminished and future life chances downgraded.

The pandemic has tested the commitment to the human rights of persons with disabilities, not just in Europe but across the world. The entrenched inequalities that constrain the lives of so many people with disabilities placed them in the direct path of the destructive waves of the pandemic. Evidence suggests that the rights of persons with disabilities were not centrally embedded in national disaster or pandemic planning prior to COVID, despite the particular risks to which people with disabilities are likely to be exposed. Action was therefore often delayed, often with tragic consequences - particularly for people living in institutional care. Restrictions on freedom of movement and personal interaction – designed to protect citizens from COVID – have often impacted particularly harshly on people with disabilities and their families. This is particularly the case for those in institutional care, whose rights to private and family life have been disproportionately restricted. At the time of writing, in August 2021, despite some relaxation, such restrictions persist in many of the countries studied. Evidence also suggests that the particular circumstances of people with disabilities have often been overlooked in efforts to maintain essential services, functions and activities - such as education.

Alongside these worrying findings, there is also evidence that the pandemic has led to some crucial shifts and innovations, some of which have the potential to enhance equality and inclusion for people with disabilities.

Remote working has shifted from being an exception to being the 'new normal', although there is much to do to ensure it is accessible and inclusive for all. Meetings held on platforms such as Zoom, Microsoft Teams and Google Meet have opened up spaces to people hitherto shut out by physical barriers or geography. Remote technology is also bringing positive change for some persons with disabilities with respect to accessing health services. Despite these undoubted benefits, which have the potential to continue on a long-term basis, it should be stressed that the shift to online ways of educating, working and interacting risks excluding people with disabilities for whom such technology is inaccessible or unfamiliar. It highlights the importance of ensuring the accessibility of relevant platforms and ensuring that training or support is available for people with disabilities, including people with intellectual and sensory disabilities, who may need to interact with the technology in a different way from people without disabilities.

Many countries responded positively to the need to ensure that public health messaging about COVID was accessible and inclusive. It is important that good practice developed in this regard over the past year and a half continues into the future.

In many of the EDE countries, requirements for medical examinations and bureaucratic processes for accessing or renewing social security benefits and other forms of

practical assistance and support were relaxed during the early stages of the pandemic. The frequency of reassessment processes has also been reduced in some countries. These changes open up opportunities to reflect on whether, instead of simply returning to the pre-pandemic ways of working after the emergency has passed, less burdensome assessment procedures may be put in place.

These, and other changes and innovations need to be banked and built upon – in partnership with disabled people’s organisations. It is apparent from the EDE country reports that organisations of persons with disabilities played a pivotal role throughout the pandemic - drawing attention to the potential disability-related impact of approaches to the pandemic; collecting disability-related data; providing information and practical support to people with disabilities; and advising and working in partnership with government. They clearly also have a key role to play in recovery planning.

People with disabilities are amongst the worst hit by this pandemic. A just Europe, true to its guiding values, will now make a *disability inclusive recovery* an overriding priority in the months and years ahead.

4.1 Recommendations

4.1.1 To the European Commission

- a) To take measures, including via European Semester and Social Pillar processes, to encourage Member States to ensure that relevant data (e.g., relating to mortality, health, education, employment poverty) is inclusive of people living in institutions and disaggregated by reference to disability as well as age and gender; and to encourage Eurostat to develop standardised ways to gather data (including on mortality) disaggregated by reference to disability.
- b) To encourage and support EU bodies and Member States (e.g., through the Disability High Level Group) to strengthen the disability-inclusiveness of disaster management and recovery frameworks, with a particular focus on the effective involvement of disabled people’s organisations and the ensuring of accessibility and non-discrimination.
- c) Through the European Disability Strategy 2021-2030, to renew efforts to identify and address the underpinning social factors placing people with disabilities at particular risk during the COVID pandemic – with a particular focus on enhancing support for community living so as to reduce the number of people with disabilities living in institutional settings.
- d) To gather additional evidence about the accessibility of educational online services for children and adults with disabilities and support the development of inclusive approaches in emergency situations and more broadly.
- e) To build on the disproportionately damaging impact of the pandemic on people with disabilities to muster support amongst Member States for the Commission’s 2008 proposal for a directive prohibiting disability discrimination in areas such as healthcare, goods and services and education.

- (f) To actively foster the use of EU recovery funds on disability specific initiatives and the embedding of disability-inclusive approaches in broader initiatives.

4.1.2 To Governments in Member States

- a) To actively include persons with disabilities, through their representative organisations, in disaster planning and recovery strategies and to embed and monitor disability equality throughout.
- b) To review and strengthen systems for disaggregating data on the basis of disability, to allow for a better understanding of the impact of COVID-19 and other events and factors on people with disabilities.
- c) To carry out public health evaluations of congregate care settings and the factors exposing residents to infection from COVID-19 and other communicable diseases; and to use recovery-related funding to reduce dependence on congregate living by enhancing support available for community living.
- d) To develop, as part of disaster planning, disability-inclusive guidelines for accessing healthcare at times of crisis.
- e) To identify, maintain and build upon ways of working introduced during the pandemic to ensure the accessibility of public messaging and make the accessibility of media and communication a central plank of recovery processes.
- f) To build on the work-from-home legacy of the Pandemic by working with equality bodies and disabled people's organisations to ensure that employers understand that allowing a disabled person to work from home is a type of accommodation which they will be expected to consider seriously when discharging their reasonable accommodation duties.

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