MDAA submission to: Australian Human Rights Commission – 'How were you affected by Covid measures?'

Multicultural Disability Advocacy Association NSW Inc.

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The Multicultural Disability Advocacy Association of NSW (MDAA) is the peak body in NSW for all people with disability (PWD) and their families and carers, with a particular focus on those from a culturally and linguistically diverse (CALD) and non-English Speaking (NES) background with disability.

Having consulted with especially with PWD, and people from CALD and NES backgrounds on this submission, MDAA's submission will focus on the experiences of PWD with Covid measures and how they affected their personal and work life. The submission is presented as a collation of de-identified consumer stories and recommendations for planning for future emergencies.

The consumer submissions explore the following:

1. Varying covid measures and their effectiveness - Lock down, border closures, school closures.
2. Recommendations on what can be done differently in the case of future emergencies.
3. The negative impact of Covid measures in the long and short term.

Submission 1

De-identified Consumer (LK)

Essential items shortages, border closures, 5km radius.

As a person with disability who uses a wheelchair, requires a support worker or carer present with her (LK), it was extremely difficult to complete everyday tasks. It was a particular challenge when it came to completing her household and grocery shopping.

The designated 'Quiet Hour' which was created to accommodate elderly people, essential workers, and others was often set in the early morning or in the evening. While this may have worked in favour of essential workers, for a person with a disability like LK organizing a support worker for odds hours is difficult. LK had to then rely mostly on her niece for physical assistance who was not always available or within the introduced 5km radius.

With the strict border closures in place, essential items and medicines were often low in stock and very difficult to source. This particular measure left LK without essential items for periods of time and she was forced to make small quantities last a much longer time than usual. This includes items such as toilet paper, gloves, masks, wipes, long-life

foods, RA-Tests, and more. The widespread panic that surged with the pandemic created a culture of hoarding and panic buying, left vulnerable people like LK with almost nothing when it came to when she was physically able to shop.

LK had felt that she had lost her independence even further with the pandemic and the Covid measures. Activities that once felt within her control were no longer as she remained reliant on support when support was hard to reach. The surge of panic buying exacerbated the difficulty of accessing household goods for ordinary people able to come and go to their local shopping with relative ease compared to more vulnerable people.

In addition, LK's confidence and mental health deteriorated as the isolation of lockdowns dawned, leaving her with little social interaction and limited access to support. As LK requires the use of a wheelchair, even if she was able to get to and from her local shop, reaching for items on higher shelves, or purchasing more than she carry on her chair is extremely restricting of what she is able to provide for herself. The intersection of disability and government crisis responses had left many feeling helpless and alone in a society that already accepts the isolation of people with disability.

Submission 2

De-identified Consumer (SB) – Person with Disability

I was affected mostly by border closures and not being able to visit family and friends. The inability to travel on a plane and the implementation of social distancing impacted my ability to network with others as well as physically connecting and showing affection to those important to me such as family and friends.

A lot of the measures, I believe, did not work well as it was intended and particularly brought upon anxiety regarding the confidentiality of people's personal information. This was an issue when using things such as QR code sign ins and providing information of whereabouts, without being asked for consent. Additionally, many people were not willing to download an app.

The restriction of movement with the 5 or 10 km radius for essential services made it very difficult as you would feel like you were only out for a short time. With such a short distance between home and the local shopping, the feeling of being out and about and ability to interact with others and your surroundings was taken. Often times, the local supermarket would be out of the items required, but with this restriction there would be little room to explore other options.

What could be done in future emergencies is being open to establishing third spaces where people are given the opportunity to meet others regularly. By doing this, individuals would not feel as alone or isolated, particularly those who live alone or need

face to face interaction. The reliance on the internet for gatherings, events, classes, and workshops was not feasible for all as some may not have sufficient access to the internet or elderly people who are not familiar with its use.

There was nothing I did during these measures to cope. I was really isolated with nowhere to go out to see friends.

Submission 3

De-identified Consumer (MG)

5KM Radius, closures of universities (online learning)

With family and friends living beyond the 5-10km radius, it was extremely challenging upkeeping the connection that was so suddenly stripped away. In my personal experience, I fell into a deep state of loneliness and depression as the world around me felt helpless. As someone with a very active social life prior to the pandemic, it was extremely daunting being secluded at home with little face to face interaction.

In addition, I struggled heavily with university as all learning was moved online. As a full time student coming into their second year of study, creating meaningful connections with my classmates and friends was put to an abrupt halt leaving me feeling lonely as I felt it was impossible to connect with others online. As a result, both my academic and mental health declined as I was unable to focus in online classes and all were isolated with no external spaces for collaborative learning. This experience left me feeling as though I had the experience of university and my early twenties stripped away and felt helpless for my future.

I believe the beauty of higher education is that it is collaborative and allows one to broaden their strengths and perspective. When formal education takes place remotely and online, it paves the way for a more distracted and unfocused student.

As a young person who must also work to live, staff hours were being reduced, due to the social distancing policies, as well as the fact that there was no one to service in the retail space. This caused major income insecurity as prices of goods began to increase along with the added cost of covid related goods and medicines (masks, tests, gloves, sanitizer, etc.). Additionally, with my work being beyond the 5-10km radius, having to always carry my schedule and a letter from my employer clarifying that I am travelling for work increased my anxiety as I was constantly vigilant of being stopped and questioned.

Where the lockdowns may have been beneficial for me physically, in the sense that all we felt we were allowed to do is 'go for a walk', it heavily impacted on my mental health and exacerbated my already existing depression.

I found myself in an extremely privileged position as someone who was in a safe home and had little issues with those I was in lockdown with. Another woman living through this lockdown in an unsafe environment would have been forced into an extremely volatile and dangerous situation. The Australian Institute of Criminology found that since the beginning of the pandemic, two-thirds of women experiencing physical or sexual violence said that the violence had escalated prior to the survey in May 2020 (AIC 2020). The increased social isolation granted by the covid lockdowns and the increased time victims and offenders were spending with each other increased the prevalence and severity of domestic violence (AIC 2020).

Where lockdowns may have been considered a standard in controlling the spread of the virus, it did not take into account people in vulnerable and unsafe positions and left many worse off than if they were to contract the virus.

Source:

Australian Institute of Criminology (AIC) (2020) *The prevalence of domestic violence among women during the COVID-19 pandemic,* Canberra, Australian Institute of Criminology.

Accessed: https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf

Submission 4

De-identified Consumer (PH)

Lockdowns, information in community languages, poor communication.

From my observation of those around me, including close family members, many were relying on community and word of mouth from friends and family to understand the unfolding situation. This included notifying and staying up to date on varying covid rules that were ever changing, and the risks of the virus. This led to misinformed communities and made way for severe distrust in the government as many felt that something was being hidden. I believe this is largely due to the poor communication between governments and Culturally and Linguistically Diverse (CaLD) communities. The poor roll out of translated information to areas with a high density of multicultural communities meant that the relay of information and advice was delayed and a reliance on online forums and chat groups became more common. Some in CaLD communities were unaware as to why such strict measures were taking effect and struggled to find coping strategies to help them navigate the sudden change of life.

As lockdowns increased in severity, so did people's dependence and addiction to social media making way for misinformation and conspiracy theories. In my personal experience in speaking to a family friend, they were convinced that the pandemic was a part of larger government ploy to 'control the masses'. This becomes an issue of concern when stories such as this are relayed to friends, family, community members who are also vulnerable and possibly susceptible to such. I believe this was also as a result of being unable to have an active social life and being secluded to the home, leaving them with little to do than explore seemingly outlandish stories.

Lockdowns paired with poor communication to CaLD communities set some individuals up for an environment of anxiety and uncertainty of the situation. This led me and some family members to constantly browse the internet, which I believe played a part in the uptake of different types of media with an overwhelming amount including false or misleading information.

Efficient roll out of information in community languages should be an essential part of the planning and procedures to ensure that all are receiving the same information at the same time. For someone who is socially isolated and has English as a second or third language, relying on community for information may not be an option. Information should also be simple to understand and easily digestible.

Submission 5

De-identified Consumer (NI)

Work From Home – Closure of businesses and organisations, moving to fully remote work, Lockdowns

May have worked for some workplaces, however for some such as community organisations, it was difficult to adapt as elderly consumers required the face-to-face meetings and interactions for their cases. With all communications being held online, it was extremely difficult for elderly people with little to no experience in using certain technologies. Work from home significantly impacted the way in which cases were being handled due to this sudden face-to-face disconnect. This was especially significant when working with people in vulnerable situations such as domestic violence. Where face-to-face meetings with their case worker or advocate gave the individual some reprieve from an unsafe situation by being able to remove themselves from the home for a short period of time. This unintentional safeguard was forcibly removed as there became no safe second or third space to receive help and support.

Additionally, from a staff perspective, many did not have the ability to accommodate separate office space causing the merge of home and work life. While I felt and saw that my productivity had not decreased during this transition, I was working longer hours

and outside of office hours. The idea of a good work/life balance was almost eradicated as both became intertwined and disconnecting became more difficult. Being confined to a space where I both live and work with the inability to participate in any activities during the lockdown caused a sense of lifelessness. In my personal experience, this carried through post covid restrictions, changing the way I interact with others as I became used to the isolation.

This greatly affected my mental health and personal relationships as it felt as though work almost took over my thoughts and personal time. With the added remote monitoring of our devices used for work, a micro-management style emerged as poor policies and procedures were put in place for remote work due to the lack of time for preparation for this transition.

In a social aspect, even with the easing of restrictions, social spaces remained unattended as people struggled to return, and these spaces became almost obsolete for a period of time as attitudes changed and the cost-of-living crisis was on the rise.

Harsh lockdown rules and restrictions on movement may have had its benefits for some in the short term, however its long-term effects are still being felt as evident with the slow re-transition into normalcy. The effects on mental health were diverse with many, including myself, feeling isolated, disconnected, and almost helpless falling into states of depression and anxiety. The affect that lockdowns and strict restrictions would have on the mental health of the collective was largely ignored. Using hindsight, finding a balance between home and the workplace would be essential as daily life cannot and will not pause in a state of emergency such as Covid. Even with such strict measures, the virus was uncontainable leaving many including myself to question its validity and effectiveness.

Recommendations:

Translation of media and information

- Ensure that all individuals and communities receive the same information at the same time in a culturally appropriate manner.
- Close the gap between those who are socially isolated, from a non-English speaking background, and the mainstream population.
- Reduce the spread of misinformation to the most vulnerable.

Lockdown Measures

- An analysis of the effectiveness of lockdowns and restricted movement in the short and long term.
- A common theme among the submissions included isolation and disconnection to family and loved ones as a direct effect of strict lockdowns.

- Improved strategy and safeguarding of the delivery of essential goods to the public. Border closures affected the availability of essential items and medicines. This, coupled with behaviours of hoarding and 'panic buying', left vulnerable people with little to no access to these essential items.
- **Increased supports to victims of domestic and family violence**
    o Lockdown measures did not take into account people in vulnerable and unsafe environments.

Social

- Establishing third spaces where people are given the opportunity to meet others regularly. By doing this, individuals would not feel as alone or isolated, particularly those who live alone or need face to face interaction.