**Vision Australia submission**

Royal Commission into violence, abuse, neglect and exploitation of people with disability

Submission to: Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, The impact of and responses to the Omicron wave of the COVID-19 pandemic for people with disability Issues Paper

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# Introduction

Vision Australia is providing this submission in response to the Commission’s Issues Paper on the impact of the Omicron wave of the COVID-19 pandemic in order to identify a number of factors that have lessened the impact on people who are blind or have low vision and service providers such as Vision Australia, but also, and primarily, to draw the Commission’s attention to ongoing systemic failure to address the unique needs of the blind and low vision community. We conclude that, overall, any mitigation of the impact of Omicron has been the result of serendipity and happy coincidence, rather than the result of any proactive measures taken by governments throughout Australia.

This submission is structured around the Questions included in the Issues Paper. Where a question or part of a question is outside the scope of our expertise or where we do not have anecdotal or other data that would contribute to a meaningful response, we have omitted it, but retained the numbering of the questions in the Issue Paper.

# Background

Vision Australia provides services to more than 30,000 people who are blind or have low vision every year. We work in partnership with Australians who are blind or have low vision to help them achieve the possibilities they choose in life. From its beginnings in early 2020 until now, the COVID-19 pandemic has presented national and worldwide challenges that are unprecedented in recent history. People with disability are among the groups that have been especially and severely impacted by all aspects of the pandemic, from the consequences of the COVID-19 disease itself, to the lack of proper disaster management plans.

In July 2020 Vision Australia made a submission in response to the Commission’s Issues Paper on Emergency Planning and Response. We used the results of a client survey to outline a number of significant challenges that the blind and low vision community were facing, including getting access to information about COVID-19 and the national response to it, accessing basic items such as groceries, and unpredictable access to online services as a result of non-compliance with accessibility standards and guidelines. Our recommendations called for the establishment of a national response group that would include representatives from the disability sector, and a requirement for supermarkets to implement disaster response plans that would address the needs of people with a disability.

In early 2021 Vision Australia conducted a further survey to find out how the blind and low-vision community were being impacted as the pandemic evolved, and to explore people’s expectations for the “COVID new normal”. The 492 responses received to this survey from people who are blind or have low vision painted a quite disturbing picture:

* 15% of respondents said that they had been abused or bullied on account of having difficulties complying with physical distancing requirements (for example, because the floor markings were not tactile)
* 34% of respondents said that they would visit shops and other facilities less often in future because of difficulties in complying with physical distancing requirements.
* 23% of respondents said that they were not confident that they would be able to get a PCR test if they needed one.
* 52% of respondents said that they had felt socially isolated during the pandemic.
* 42% of respondents said that uncertainty about the accessibility of QR codes and other methods for collecting contact information would negatively impact their confidence in resuming participation in face-to-face activities.
* 27% of respondents said that uncertainty about whether they would be able to obtain assistance in shops would have a negative impact on their confidence in resuming face-to-face activities.
* 20% of respondents said that, based on their experiences thus far in the pandemic, they were not confident that they would be able to obtain essential supplies such as groceries in the event of future lockdowns.

In mid-2021 the Delta variant of the SARS-CoV-2 virus began to spread rapidly in Australia, resulting in the need for widespread and lengthy lockdowns. At about the same time, mass vaccination hubs were established throughout Australia, and various vaccine mandates and verification checks were introduced.

We did not conduct another formal survey during this time, but we did receive a considerable number of anecdotal reports that people who are blind or have low vision were experiencing much the same impacts as our earlier surveys indicated, plus new challenges as the result of failures in planning:

* When the online vaccine eligibility checker was released, it did not comply with accessibility guidelines, so many people who are blind or have low vision were unable to use it to check their eligibility for a COVID vaccine and to book an appointment.
* We received reports that the vaccine checklist required for completion prior to receiving a vaccine was not accessible to people who are blind or have low vision because, again, it did not comply with accessibility guidelines.
* People told us of the difficulty in attending a vaccine hub because of poorly-signposted taxi drop-off points and the lack of any way of organising assistance to navigate the processes once they arrived at a vaccine hub.
* A number of people reported that they had initially been denied entry to a vaccine hub because they were using an assistance animal such as a Seeing Eye Dog or guide dog.
* With the exception of Victoria, it appeared that none of the states and territories had implemented a reliable and readily accessible system of in-home PCR testing for people who were not able to travel to a testing centre. This had a significant impact on the blind and low vision community, and we received numerous reports that people had been unable to have a PCR test to diagnose COVID-like symptoms that they were experiencing.
* People reported that a number of public health authorities were distributing important information on social media in inaccessible formats, for example, details of COVID exposure venues were distributed as graphical screen-shots that could not be interpreted by the screen-reading software used by people who are blind or have low vision.
* People reported that there were continuing issues in obtaining groceries because supermarkets appeared to have abandoned their previous priority assistance plans.

As with our previous surveys, these findings, albeit anecdotal, illustrate an ongoing pattern of systemic failure to prioritise the needs of people with a disability in general, and people who are blind or have low vision in particular. It should have been obvious from the outset that people who are blind or have low vision would require measures such as accessibility of online apps, assistance navigating large and complex vaccine hubs, and alternatives for accessing COVID testing. It was certainly obvious to organisations such as Vision Australia who work in the blindness and low vision sector, and if there had been systematic consultation with the sector as part of the development of national and state-based responses to the pandemic we would have been able to share our expertise, knowledge, and insights.

By the time the Omicron variant started to spread and displace the Delta variant in late 2021, Vision Australia had been interacting with clients and the broader blind and low vision community around COVID-related challenges for almost two years. As will be apparent in our responses to the questions below, some new challenges developed for people who are blind or have low vision, some previous challenges became less significant, and others remained the same and largely unaddressed in a systematic and systemic way. We emphasise that there have been no surprises for us, and all the new challenges, such as the inaccessibility of RATs were entirely known and foreseeable. It is still very much the case that there is little if any consideration being given to how the unique needs of the blind and low vision community can be met both now and into the future evolution of the COVID-19 pandemic, as well as in pandemics yet to come.

Victoria is an encouraging exception to the pattern of haphazard or non-existent planning to address the needs of people with disability. From fairly early in the pandemic Victoria implemented a system whereby people with disability could call a central telephone number and arrange in-home PCR testing. When vaccines became available, Victoria introduced a telephone booking service that included an option for people to identify as having a disability, in which case they were connected with an advisor who arranged whatever assistance they required when attending a vaccine centre.

We have heard from clients that both the in-home PCR testing booking service and the vaccine assistance arrangements worked well, and we commend this approach to the Commonwealth and other states and territories.

# Responses to Questions in the Issues Paper

## Question 1: What have been the experiences of people with disability, their family, support workers and carers during the Omicron wave of the COVID-19 pandemic? We are interested to hear about the impacts of the pandemic on people with disability, including the things that worked well, in addition to challenges.

## In particular, what have been the experiences of and impacts of the pandemic on:

## First Nations people with disability

## Culturally and linguistically diverse people with disability

## Children and young people with disability

## Women and girls with disability

## Older people with disability

## LGBTQI+ people with disability

## People with disability and co-morbid chronic physical and/or mental health conditions

## People with specific types of disability including people with cognitive disability

## People with disability living in rural and remote communities?

Vision Australia has continued to use service provision and client engagement strategies that we put in place early in the pandemic, including telepractice services and maintaining individual and group connections via telephone and Zoom. These strategies were essential during lockdowns, and helped clients to receive the supports they required and stay connected with Vision Australia and each other.

As the community has transitioned away from lockdowns with an easing of restrictions, we have been able to reintroduce face-to-face services and programs within a COVID-safe framework. Nevertheless, we have continued to maintain strong remote connections and operating capacity for those clients who prefer this approach (for example, because they have additional disabilities or underlying health conditions that make them more susceptible to COVID-19, or because they live in rural or remote areas and cannot easily attend a face-to-face location).

As a group, people who are blind or have low vision have faced significant challenges during the pandemic, and to a large extent these challenges have been the result of or exacerbated by the lack of proactive and consultative planning by governments and health authorities. We refer later in this submission to barriers in accessing COVID-19 testing, and we have already referred to difficulties in obtaining assistance to access vaccines earlier in the pandemic. Most people now find it much easier to access vaccines, but this is due mainly to the devolution of vaccine administration to the GP and pharmacy networks, and not to any initiatives by health authorities (with the exception of Victoria, as we have previously noted).

Early in the pandemic many people experienced significant challenges in accessing basic supplies such as groceries. The situation improved when the major supermarkets introduced priority assistance arrangements for people with disability, but clients report that these were discontinued when the overall COVID situation began to stabilise. When the Omicron wave developed, the priority assistance arrangements were not reintroduced, despite increasing problems with online grocery orders. The result was that for some clients access to groceries became more problematic than it was two years before. The following client experience illustrates how the removal of a good solution has created ongoing issues:

I’m totally blind and live in an apartment by myself in a metropolitan area. In March 2020 as the pandemic was developing quickly, both major supermarkets suspended all online ordering and deliveries. There was a week when I had no access at all to groceries. I was in the process of making arrangements to get bread, milk and eggs delivered from McDonalds by Uber Eats when the supermarkets, following pressure from the media and a number of organisations including Vision Australia, introduced priority assistance arrangements for people with a disability like me who absolutely depend on being able to order online.

These arrangements were scrapped as far as I could tell once things started to return to normal early in 2021. When Delta hit and we went back into lockdown, they weren’t reintroduced. One of the two supermarkets that I use stopped taking deliveries to individual apartments and would only leave them outside the main building door. For me as a blind person, this pretty much meant that it became too hard to deal with them: not only would I have to wander around outside the building to see if I could find where the delivery had been left (assuming someone hadn’t helped themselves to it in the meantime), I would then have to get everything up to my apartment with one hand (because I hold my white cane in the other). Fortunately, the other supermarket maintained its services so I was able to continue ordering groceries online.

Just before the Omicron wave started, the first supermarket resumed delivering to apartments, but by Christmas 2021 (I think it was) they had stopped again and have only recently recommenced. Even with the other supermarket, priority assistance was not reintroduced, so in January I was waiting five days for deliveries, and by the time the order was being packed for delivery a lot of the items, including staples like bread and eggs, that I had ordered five days before had become unavailable. Delivery times are back to normal now, but stock availability isn’t and if anything, it’s getting worse. I think what’s happening is that items are being diverted from the online distribution centre that services my area to local stores. As I can’t drive around from one store to another in search of items, if I can’t get it online I pretty much don’t get it. Things that I have been getting for years are suddenly gone without any warning. And I’ve spent hours on the phone to the supermarket trying to track a delivery that was six hours late, only to have the call disconnected when I made it to the front of the queue. There’s obviously an increased demand for online grocery ordering generally, but I wish they’d put something in place again for those of us who have no other option because we have a disability.

People who are blind or have low vision have also been impacted by the lack of consistency in accessibility of government and community apps and services. During the pandemic there have been numerous examples of websites, apps and services that have not complied with accessibility standards and guidelines. Clients often say that installing a new app – even a government app – is a bit of a lottery because they never know if it is going to be usable.

The constant background level of uncertainty and unpredictability in accessing services, using apps and getting access to basic supplies that has been a feature of the pandemic for most people who are blind or have low vision can cause insidious stress and high levels of anxiety. And there is little confidence that future waves and future pandemics will demonstrate any learnings by health authorities on how to address the needs of the blind and low vision community. This situation will only change if there is a proactive and consultative approach taken by governments as part of a national, disability-inclusive, disaster response strategy.

## Question 2: What are the main concerns of people with disability about ‘living with COVID’ and the prospects of further waves and variants of COVID-19?

A key concern for many people who are blind or have low vision is that there is no imminent solution to the inaccessibility of RATs, at a time when being able to conduct these tests at short notice is an important part of “living with COVID” for the rest of the community.

The fact that such inaccessibility is well-known but that governments have so far done very little to provide alternative solutions (such as readily available in-home testing) is a cause for ongoing concern for many people, because it is illustrative of a lack of forethought and attention to their needs that, they feel, is likely to carry over into future waves and future pandemics. The precarious access to basic supplies such as groceries that has been a feature of the pandemic for many people who are blind or have low vision is still an issue of concern, especially in the absence of clear and consistent priority assistance arrangements by supermarkets. There is also concern that governments and health authorities have few safeguards in place to ensure that information they provide or events they organise will comply with accessibility best practices.

In general, the lack of a coordinated national disaster response strategy that specifically includes a focus on the needs of the blind and low vision community gives people little reason to be confident that new challenges will be addressed effectively and in a timely way.

Question 3: What actions have been, or should be, implemented to make it easier for people with disability to keep COVID-19 vaccinations and boosters up to date? What barriers have people with **disability faced in trying to access vaccines or boosters?**

By the time the Omicron wave began in late 2021, the focus of vaccine administration had shifted from large hubs to individual GPs and pharmacies. This change has made it much easier for most people who are blind or have low vision to obtain a COVID-19 vaccine, including booster shots. There will always be a need for in-home vaccination to be available for people who are unable to obtain it elsewhere, and we are not persuaded that current arrangements are consistent or reliable in meeting this need.

For those people who are blind or have low vision and who have access to MyGov and Medicare (whether via a website or a smartphone app) it is fairly straightforward to access and review one’s digital vaccine certificate and immunisation history. It is important that these records remain accessible as requirements evolve. Clients have also reported receiving text message reminders from their public health authority about the status of their vaccination. It is not clear whether this reminder service is nationally consistent, but it is certainly useful and appreciated.

Online vaccine systems are inconsistent and unpredictable in their level of compliance with accessibility standards and guidelines. Some systems are maintained by individual GPs or pharmacy chains, and are not subject to accessibility compliance checks. We believe it is essential that a mechanism is developed requiring all online booking systems to be accessible (for example, by requiring that they comply with the Web Content Accessibility Guidelines, and the accessibility guidelines developed by Apple and Google).

## Question 4: Have people with disability experienced barriers to accessing quality health care during the Omicron wave of the pandemic? This includes access to acute or emergency care; access to general practitioners (GPs) and allied health services; access to mental health support; and access to critical tests or regular screening. What initiatives have supported the continuity of health services during the Omicron wave? Have telehealth services worked well? What have people with disability who have contracted COVID-19 experienced in accessing health care whether they are self-managing COVID-19 at home or have been hospitalised?

We have limited information about the experiences of people who are blind or have low vision in accessing healthcare during the Omicron wave, but we have not received reports of particular barriers, apart from those related to accessing COVID testing. There does appear to be widespread satisfaction with Telehealth services and a wish that they continue even after the pandemic. A number of clients have also mentioned to us that they find the electronic prescription service introduced during the pandemic very valuable because it allows them to keep a record on their smartphone of their prescription history and the status of available repeats and other information that has traditionally only been provided in an inaccessible paper format.

People who are blind or have low vision, and especially those who also have other disabilities such as hearing impairment or brain injury, often express considerable anxiety about the possibility that they may have to attend hospital, quite apart from the COVID-19 pandemic. The training of medical and allied health staff in disability awareness is often haphazard and certainly inconsistent across the health system. We recommend greater investment in disability awareness training, and a national uptake of the “Hospital Disability Passport” that is being trialled in NSW.

## Question 5: Have people with disability and the disability workforce been given clear, accessible and timely information during the Omicron wave of the pandemic? What barriers are experienced by people with disability, their family, support workers and carers when seeking access to personal protective equipment (PPE), rapid antigen tests (RATs) and Polymerase chain reactions (PCRs)?

In some areas the clarity of and access to pandemic-related information has improved during the Omicron wave. Public health restrictions became less confusing and more consistent, vaccine eligibility rules became simpler to communicate and apply, and there was a move away from reliance on frequently-updated and lengthy lists of exposure venues. In previous phases of the pandemic, access to these categories of information proved quite problematic for many people who are blind or have low vision, because there was an extensive use of inaccessible graphics, screenshots and other images, and charts.

For Vision Australia, who operates in multiple states across Australia, the simplification of restrictions has made it easier to schedule staff availability to provide client-facing services and programs, while maintaining a COVID-safe environment for staff and clients.

During the early stages of the pandemic, many people and organisations found it difficult to obtain PPE, but we are not aware of any issues that have been ongoing during the Omicron wave. There has, however, been no mitigation of the barriers that people who are blind or have low vision can experience when trying to obtain a PCR test: with the exception of Victoria, there is no reliable or consistent mechanism for accessing in-home testing, and many PCR testing centres apparently required people to drive through rather than arrive by public transport – this is clearly a barrier for people who are blind or have low vision and therefore cannot drive.

The Omicron wave marked the beginning of a transition from PCR to Rapid Antigen testing as the primary method for diagnosing symptoms for most people. There is no RAT available in Australia that can be administered reliably by a person who is blind or has low vision. This is because they all rely on colour changes to interpret the results, and they involve measuring a precise amount of liquid that is difficult or impossible to do by non-visual means, and most of the instructions are quite pictorial. In the early stages of Omicron when RATs were in very short supply, it was often more difficult for a person who is blind or has low vision to source them by driving from one pharmacy to another (one client told us that they had bought some RATs on Ebay and paid $20 per test). But even when the supply issues were resolved, the barrier of being unable to self-administer RATs remains for many people in the blind and low vision community.

A client has provided the following detailed account of their experience with COVID-19 and testing, which we quote here in full because it well illustrates how access barriers are compounding and cumulative, and will require a proactive and consultative whole-of-government, whole-of-systems approach to address what is currently lacking:

I am a legally blind single mother with 2 children. I use a long white cane for navigation. On January 3, 2022, during the Omicron wave one of my children became ill. I attempted to book a PCR test at home through a private lab but there were no appointments available indefinitely. I was unable to access drive through test sites as I do not drive and hours long wait times made the cost of taking a taxi to a drive through test site prohibitive. Similarly, it was impractical and cost prohibitive to take a taxi around to various chemists in an attempt to find rapid home tests. From media reports, there were no rapid tests available at chemists anyways. At that time, the Queensland Health website advised people to travel to a PCR test site in a private vehicle, and if a person could not access a private vehicle, they could use taxi or ride share services.

On January 3 my children and I rode in a taxi to a walk-in PCR test site in Brisbane. The taxi driver did not object to dropping us off at a COVID test site. Upon arrival I was unable to see the length of the line or where the end of the line was, but I was told that the line stretched along at least 2 suburban streets. I was guided to the end of the line by my children. There were no staff around for sighted assistance or guiding. If I had been alone I would not have been able to identify the end of the line. Upon reaching the end of the line, people around us said the wait was 4 to 6 hours. Media reports indicated that other PCR test sites in Brisbane were experiencing similar wait times. My child was ill (with COVID as identified later) and could not stand so he sat on the footpath. After a short time, I ordered a taxi to take us home. The driver did not object to picking us up from a COVID test site, but having said that, we were actually located streets away from the test site.

After a one-hour wait on the phone I was able to book one PCR test at the Q.E.2 Hospital on Wednesday 5 January. On that day my children and I rode by taxi to and from the test site, neither driver objected to dropping off or picking up from a COVID test site.

In the following days, I attempted to phone other PCR test sites that took bookings, but phone lines were permanently engaged, and it was not possible to even get on hold. I also repeatedly attempted to phone the Queensland Government 13 HEALTH phone line and Queensland Government’s COVID hotline for advice as my child’s symptoms worsened, however both of those phone lines were also permanently engaged and it was not possible to even get on hold. The GP could not do in person consultations, so I did phone consultations with him.

I booked two PCR appointments online for myself and my other child for January 7. I required sighted assistance from my child to make the online booking as some fields were inaccessible to voiceover [iPhone] screen-reading software. If I had been alone, I wouldn’t have been able to make these PCR appointments. I booked a taxi to travel there on the day, but upon arrival at my home, the driver was reluctant to drive us to the COVID test site. I advised that the Queensland Health website said that if a person does not have a private vehicle to travel to a PCR test site, then they can take a taxi or ride share. He eventually drove us there but was unpleasant during the trip and upset my child. After the PCR tests I phoned the taxi company and spoke to an operator, explained what had happened on the way there, and asked how we could get home. After some consultation, the company sent a vaccinated driver to pick us up and that driver had no objection to picking us up from a COVID test site.

During the isolation period, which lasted for 13 days due to the timing of our COVID infections, I was unable to have anyone attend the house, including support workers or cleaners. I had family and an independent support worker drop medication and food outside the house.

The following week I managed to get hold of a few rapid tests from family and friends in order to do the Day 6 tests. The rapid test was entirely visual so my sighted child completed the rapid tests on all 3 of us. If I had been alone I would not have been able to do the Day 6 test, or subsequent rapid tests to determine when the infection was gone. I asked my children to take a photo of each test result, then sent these to an adult to verify if they were positive or negative, as one of my children was desperate to end his isolation period and I needed independent visual verification of the result.

In summary, I faced barriers including:

- Lack of access to PCR testing at home

- Lack of access to drive through PCR test sites

- Lack of access to RATs, including sourcing them, performing them and reading the result

- Lack of access to a walk in PCR test site including sighted assistance or guiding

- Lack of stress-free transport to and from a PCR test site

- Lack of access to phone booking systems for PCR tests

- Lack of access to Queensland Government phone hotlines for health and COVID advice

- Inaccessible online booking systems for PCR test appointments

- Lack of access to disability support services including cleaning and support workers

We need only note that all of the barriers experienced by this client were entirely foreseeable and could have been largely prevented, and certainly significantly mitigated, if there had been a proactive, consultative approach from government and health authorities as their response to the pandemic was being developed.

In the past day we have heard from a number of clients who received an invitation to attend a webinar organised by the Commonwealth Department of Health. The webinar was organised specifically for people with disability, their families and carers, to provide the latest information about COVID-19 oral treatments and winter preparedness. The clients who contacted us said that they were unable to join the webinar because the process was not accessible using screen-reading software. This is probably because the webinar used an online meeting platform known to have a number of accessibility issues in the sign-on process.

One client who contacted us in relation to not being able to join this webinar said, “I tried for half an hour to get in but it was impossible - why won’t they stop excluding us”. Instances such as this do reinforce a view that the needs of the blind and low vision community are simply not considered important, and that when accessibility of events, apps or services is implemented, it is more by accident than by design.

## Question 6: Has sufficient support been provided to effectively prevent and manage COVID-19 infections at home? What have been the impacts on people with disability who have had to isolate due to a positive case in their household or workplace?

With the exception of access to in-home testing (both PCR and RAT) our strong impression is that people who are blind or have low vision have received a level of support in preventing and managing COVID-19 infections that they consider adequate. The adequacy of any support is, however, limited in situations where a person is not able to access COVID testing. One client provided the following account:

I am totally blind, and I live by myself in an apartment building in Sydney. On January 7 this year residents of my building received an email from the building management advising that a resident had tested positive for COVID. We were not given any specific information about whether the resident had used any of the building’s common areas, or the general location of their apartment. So, I couldn’t tell how likely it was that I had been exposed to the virus. Because I can’t administer a RAT myself I couldn’t test my COVID status. I think I’m the only resident in the building who was not able to test themselves. It was quite stressful as I monitored for symptoms over the next few days and cancelled all activities in case I was or became infectious. Fortunately, I did not develop any symptoms, but if I had I don’t know how I would have arranged a test.

It is also worth noting that the apparent lack of consistent priority assistance arrangements within and between the major supermarkets poses an increased risk of a person who is blind or has low vision and who is isolating at home due to a COVID-19 infection being unable to access basic supplies, because while they are isolating they may have reduced access to other supports that are usually available to them.

## Question 7: What have been the experiences of people with disability in accessing disability supports during the Omicron wave? Is there more that governments and relevant agencies should be doing to support disability service providers to keep providing services during future COVID-19 waves or other emergencies?

Overall, we have not received reports from clients that they have been experiencing difficulties accessing specialised supports during the Omicron wave. As restrictions have eased, Vision Australia has been able to resume the provision of face-to-face services and programs with appropriate COVID-safe strategies. As with other aspects of the pandemic, direct consultation by governments prior to the introduction of or changes to public health measures would be a significant improvement, and it would assist Vision Australia and other organisations to plan an optimal response.

Question 10: Were people with disability, disability representative organisations and disability advocacy organisations adequately consulted in 2021 when governments were preparing to ease restrictions? How have people been consulted during the Omicron wave and to inform emergency preparedness, planning, and response for future phases of the pandemic and the winter season? What is required for **more meaningful consultation?**

Vision Australia is not aware of any consultations aimed specifically at understanding and mitigating any potential impact on people who are blind or have low vision of the Omicron wave, including the easing of restrictions. We do participate in the NSW Ministry of Health’s Disability Community of Practice, but it is often difficult to discern a direct connection between feedback from this group and government actions or policies, especially as they impact the blind and low vision community. In 2021 Vision Australia provided feedback about the difficulties people were experiencing in obtaining assistance to navigate the large vaccine hubs, and we also raised concerns about the inaccessibility of key information being distributed on social media. We are unable to identify improvements or positive systemic changes that have resulted directly from this and similar feedback.

One of our frustrations during the pandemic, including during the Omicron wave, is that the opportunities for us to provide feedback on public measures have generally been limited and available only after the measures have been introduced and any negative impacts on people who are blind or have low vision have already occurred. While we do recognise that there is sometimes a time-critical element involved in the introduction of public health measures, other measures have longer lead times. For example, large vaccine hubs did not spontaneously appear, and there would have been ample time to put a system in place to allow people who are blind or have low vision to pre-arrange assistance from staff when they attended the hub. Administrative and logistical changes are much less likely to be made after systems have been established than during the planning stages.

We believe that there must be a requirement for public health authorities to engage in a formal process of disability impact analysis prior to the introduction of community-wide public health measures. Working in combination with our previous recommendation for the establishment of a national disability-inclusive disaster response group, such an analysis would provide an opportunity for expert and informed input to be considered, and for impact mitigation strategies to be developed. If the current ad hoc and haphazard approaches continue, then we have little confidence that the needs of people who are blind or have low vision will be even considered, let alone addressed, in future waves of the COVID-19 pandemic or in other pandemics and natural disasters that may occur in the future.

## Question 13: How has the severe weather and flooding in New South Wales and Queensland during February and March 2022 contributed to challenges for people with disability during the Omicron wave? We are interested to hear how the response to these concurrent emergencies addressed the needs of people with disability, in terms of their health, safety, shelter and support (for example, access to disability support, health services, and/or income support). We are also interested in the extent to which people with disability have been able to access critical information.

Vision Australia continued to provide services to clients affected by the floods in Queensland and NSW as much as possible, using the telehealth model that we implemented throughout the organisation during the early stages of the pandemic. As an example, we assisted a client who had to leave their home due to flooding by providing them with some orientation and mobility (O&M) familiarisation around the emergency shelter.

Of course, the issues around accessing COVID testing did not stop for people who are blind or have low vision during the floods. If anything, the impact of being unable to administer RATs independently became more acute as many people had less access to formal and informal support networks. Clients also reported that they found it challenging to identify a reliable source of local information about specific flooded roads. The news channels had generic information, and highlighted some of the most affected areas, but in previous flood disasters they had advertised where a comprehensive list of affected roads could be located.

People who are blind or have low vision struggled to get access to any information at all in areas where there were prolonged (4-5 days) power outages and where there was therefore no ability to charge mobile phones or access the internet. It is worth noting in this context that there are no accessible powerbanks available in Australia for use by people who are blind or have low vision when charging mobile phones. Accessible powerbanks are available in the US and elsewhere, and they provide an audible indication of whether the device is being charged, and how much charge is left in the powerbank. This eliminates the guesswork entailed for a person who is blind or has low vision and who is unable to access the visual indicators on the powerbank.

# About Vision Australia

Vision Australia is the largest national provider of services to people who are blind, deafblind, or have low vision in Australia. We are formed through the merger of several of Australia’s most respected and experienced blindness and low vision agencies, celebrating our 150th year of operation in 2017.

Our vision is that people who are blind, deafblind, or have low vision will increasingly be able to choose to participate fully in every facet of community life. To help realise this goal, we provide high-quality services to the community of people who are blind, have low vision, are deafblind or have a print disability, and their families.

Vision Australia service delivery areas include: registered provider of specialist supports for the NDIS and My Aged Care Aids and Equipment, Assistive/Adaptive Technology training and support,

Seeing Eye Dogs, National Library Services, Early childhood and education services, and Feelix Library for 0-7 year olds, employment services, production of alternate formats, Vision Australia Radio network, and national partnership with Radio for the Print Handicapped Spectacles Program for the NSW Government Advocacy and Engagement. We also work collaboratively with Government, businesses and the community to eliminate the barriers our clients face in making life choices and fully exercising rights as Australian citizens.

Vision Australia has unrivalled knowledge and experience through constant interaction with clients and their families, of whom we provide services to more than 30,000 people each year, and also through the direct involvement of people who are blind or have low vision at all levels of our organisation. Vision Australia is well placed to advise governments, business and the community on challenges faced by people who are blind or have low vision fully participating in community life.

We have a vibrant Client Reference Group, with people who are blind or have low vision representing the voice and needs of clients of our organisation to the board and management.

Vision Australia is also a significant employer of people who are blind or have low vision, with 15% of total staff having vision impairment.