

# Interim report

## Executive summary

Women have been disproportionately affected by the COVID-19 pandemic due to several factors, including economic insecurity, over-representation in certain sectors of the economy and caring responsibilities. The research undertaken in this project will examine the ways in which the COVID-19 pandemic has specifically impacted women with disability.

The project will also explore potentially positive changes adopted during the pandemic, such as the introduction of telehealth, online education and digital access to the arts. The project is currently in its formation stage. We have developed and tested our research questions and established an online survey. Themes are beginning to emerge. There has been an overall positive response from women with disability to sharing their stories of the pandemic.

## Purpose of this report

The purpose of this interim report is to:

* summarise our progress
* identify key emerging themes and trends
* outline how we will approach this research as a Disabled Person’s Organisation (DPO), which prioritises the voices of people with disability in research findings and methodology.

## Methodology – inclusive research

The United Nations Convention on the Rights of Persons with Disabilities’ (CRPD) Article 31 states clearly that accurate data needs to be collected around the issues and barriers that impact people with disability. As a DOP, PWDA recognises that research into disability must be derived from, and led and generated by, people with disability. For research to be fully inclusive, people with disability must determine the matters that require investigation and the subsequent potential outcomes.

PWDA has a vision of a socially just, accessible and inclusive community, in which the human rights, citizenship, contribution, potential and diversity of all people with disability are recognised, respected, and celebrated.

## Project logic

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| PHASE 1: Project set-up (July-August) People with Disability Australia |
| Outcome/deliverables: Final Project Plan |
| Engagement of Investigator |
| Formation of the Advisory Group |
| Undertake a literature review. |
| PHASE 1: Complete |
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| PHASE 2: Desk review (August/September) Investigator, People with Disability Australia |
| Outcome/deliverables: Data set 1. |
| Collection and analysis of statistical data regarding the experience of people with disability during the pandemic and associated lockdowns.  |
| PHASE 2: Complete |
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| PHASE 3: Research Framework Development (September/October) PWDA, Project Advisory Group  |
| Outcomes/deliverables: Research Framework and Engagement Strategy |
| Development of a consultation/research framework based on the initial findings from Data set 1.  |
| Development of engagement strategy and initial logistical planning to support phases 4, 5, 6 and 7. |
| PHASE 3: Complete |
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| PHASE 4: Focus Groups with People with Disability, (October-December) and other disability-specific organisations (replaced by online survey). |
| Outcomes: Data set 2. Interim report. |
| Data set 2: 10 focus groups of 3-8 people with disability to be held across Australia (see research methods below for detailed method, recruitment and sampling information).  |
| Key questions to be explored through this data set include: the impact of the pandemic on women’s experience of sexual and domestic family violence, housing and financial insecurity, the impact of virtual education and telehealth, the effect of the pandemic on those who rely on paid support for emotional, social and physical support, home schooling, working from home.  |
| Interim report to be delivered by the end of November 2021. |
| PHASE 4: Primarily complete – further interviews to be done in the new year. Focus Groups replaced by online survey. |
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| PHASE 5: Second set of Focus Groups with People with Disability, (November-January), living in group homes or closed institutions. |
| Outcomes: Data set 3. |
| Data set 3: This phase will concentrate on the experiences of women and girls with disability who live in institutions and group homes and the impact the pandemic has had on their physical, social and emotional wellbeing. The parameters for this phase of the research will be refined during Phase 3. |
| PHASE 5: Pending |
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| PHASE 6: Cross-sectoral consultation with paid carers who support People with Disability, (January-March) in group homes and institutions. And with unpaid supporters via community and parents’ groups. Data set 4 and 5. |
| Data set 4: The parameters for this phase will be refined during Phase 3. |
| PHASE 6: Pending |
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| PHASE 7: Analysis and report-writing (April-June) |
| Outcome/Deliverables: Final Report with Easy English Summary and academic journal article drawing on the project research.  |
| Analysis of all 4 data sets  |
| Drafting of report including Easy English version |
| PHASE 7: Pending |

## Emerging themes

Women with disability have experienced mental health impacts on a number of fronts. Basic needs such as housing, education, employment, community access and social participation have become increasingly difficult for many women with disability as a result of increased barriers during lockdowns and periods of restriction. Many women in our community are at higher risk of, and from, COVID. Some are also unable to wear masks. These factors created additional stressors for women in our community.

Women with disability already face significant barriers and inequalities in their lives. The pandemic has exacerbated many of these inequalities, though this cohort’s resilience and familiarity with restrictions meant that, for some women, the pandemic posed no significant change to their mental health, or even created more opportunities for participation.

In the data, we’ve begun to see how contrasted women’s experiences have been in relation to accessibility of housing, food, education, and support services. There are early indications that access to technology, suitable housing and income support are factors that have impacted the mental health of women in our community. Multiple inequalities faced by our community result in a lack of basic needs being met for many women. The pandemic has unequivocally heightened the impact of these inequalities and unmet needs.

For other women with disability, new opportunities arose as a result of the pandemic. For some women, work and learning opportunities increased, as did settings for socialising and taking part in global culture, which had not previously been accessible to them. The diversity among women’s experiences is evident in the graphs following this section.

A theme which remained consistent was violence. Almost 100% of women who had experienced abuse said it worsened during the pandemic. Through our interviews with SDFV services, we understand this to be a result of multiple factors explored in Section A of the initial findings.

It is vital for women with disability that practices and cultures of remote working, learning, healthcare and culture remain, and continue to be strengthened, over time. Accessibility of media, art and culture is also vital to women with disability. The pandemic has forced people to find alternative ways of delivering services and social and cultural activities.

Our community has been calling for greater accessibility and inclusion for a long time and the pandemic fast-tracked some of these changes. It’s crucial the learnings around increased accessibility and inclusion are developed and diversified in recognition of the diverse communities who require equal access.

## Initial findings

1. Before the pandemic, women with disability were almost twice as likely as women without disability to have experienced physical or sexual violence by a cohabiting partner over a 12-month period. An intellectual or psychological disability put women further at risk.[[1]](#footnote-1) What impact has COVID-19 had on these already vulnerable cohorts?

Some services reported having more women with disability reaching out for help with SDFV, some of whom were experiencing these issues for the first time. Other services believed requests for outreach had dropped because women were locked down with perpetrators and thus unable to access support. These services believe there will be a surge once lockdowns are lifted. Some services are already experiencing surges as hard lockdowns are lifted off LGAs.

Women who were already experiencing violence or abuse reported it growing in intensity and complexity during the pandemic, with fewer opportunities to get a break from unsafe situations, let alone leave them. (SPG1)

Services also reported issues relating to income support. Perpetrators being at home all the time compounded these issues. While violence and abuse increased, services reached capacity and were unable to meet demands for their services, from counselling to crisis accommodation. There was nowhere for women to go. (SPG1, 23 Sep 2021 NSW)

Women didn’t always identify the pandemic as worsening relationships or experiences of violence and abuse; however, these issues were experienced during the timeframe. Some women hadn’t identified abuse in relationships as it occurred, but on reflection recognised their experience as abuse. The impacts of relationship breakdowns were complex for women with disability during the pandemic. Housing, support services and income support all added to the stress of leaving abusive relationships during the pandemic.

Care and support needs previously met by partners devolved to services such as NDIS. In some instances, where there had been a family supported by one service, a breakup affected service provision as they were implicated in the conflict. Disability service providers were not responsive to situations of abuse, or supportive of women with disability who were victims of abuse.

First Nations service providers identified that while SDFV is not openly spoken about in community, ‘girls got floggins’ when men lost income and work.

It was also identified that in First Nations communities drug violence increased, and there were ‘blueys down the corner’. This increase in violence was attributed to layers of stressors, which included loss of income, loss of mobility, over-crowding at home and the reduced availability of illicit substances which people had been reliant on. While this observation was relevant to men more so than women, it gives an indication of the dynamics around violence, abuse and the pandemic.

1. People with disability are at greater risk of homelessness. They also experience increased housing insecurity.[[2]](#footnote-2) What impact has COVID-19 had on housing insecurity for women and girls with disability?

A significant percentage of survey respondents told us about how their housing stress and insecurity had increased as a result of the pandemic. These impacts included reduced affordability, or ability to pay for housing, poor housing conditions adding to stress and neighbours/local communities causing stress and posing risk to women with disability

My housing situation is less than ideal. This is getting harder to manage and finding somewhere else in the current situation is dreadful. This is part of a bigger issue than merely COVID I realise (Survey respondent)

I had to negotiate rent reductions and eventually lost that home because of it becoming unaffordable (Survey respondent)

Violence in our community; violence from neighbours increased; crime increased. (Survey respondent)

Physical living situation not great - dilapidated house with no heating/cooling, poor sound proofing, etc. Fine in a situation where one can leave, but very difficult for 3 people full time (Survey respondent)

Among First Nations communities, overcrowding was a factor that caused housing stress for many first nations women with disability. (SP02)

1. Prior to the pandemic, 45% people with disability in Australia lived in poverty. 11.2% of people with disability experienced deep and persistent disadvantage, more than twice the national prevalence.[[3]](#footnote-3) What has been the financial impact of COVID-19 on women and girls with disability?

A survey of over 200 people with disability found that 66% had experienced adverse financial impacts as a result of the pandemic. Increased costs of living for people already living in poverty was detrimental to mental health. These increased costs were largely from PPE and sanitising equipment, rising costs of groceries, deliveries and medical equipment. Many people with disability received no form of COVID-19 income supplement. (June 2020). Many people also reported job loss as a result of the pandemic.

Among First Nations women with disability, jobs were lost as a result of public transport being considered unsafe. (SP02)

Lost work and number of people in share house dwindled and got sicker from not having support workers anymore (Survey respondent)

Part time and casual work dried up. More jobs have become available, but vaccine mandates have made it impossible for those of us who cannot have the vaccine or do not want to get it, to be ostracised and unable to work, even from home in some jobs. That is not upholding our human rights. (Survey respondent)

Costly maladaptive coping mechanisms (e.g. drug use) up as health declined, also so many things just more expensive during pandemic (e.g. delivery costs instead of being able to go to the store, etc.) (Survey respondent)

Both women with disability and a range of service providers reported that food security was a source of distress for women with disability. In particular, women and their children had difficulty accessing fresh food and nourishment. Many women with disability had difficulty accessing food when deliveries were suspended, and later, when there was increased demand by the general public. Food services such as OzHarvest reached capacity and couldn’t meet demand in many areas. (SPG1)

In families where workers lost income, this often compounded relationship stress, increased use of substances and violence and abuse. (SPG1, SP02)

1. How has COVID-19 affected the work/life balance of women with disability, particularly in relation to home schooling and working from home?

For some women with disability, working from home is not only safer, but more accessible. For them, demands to return to in person to do work that could be done from home caused greater anxiety.

One woman shared a story about leaving a job because of the tensions around returning to the office. A demand had been made and a doctor’s letter about risks associated with returning to work and the impacts of catching public transport were ignored by her employer. One woman was forced to leave her job, but discovered that she could earn more money working for herself.

We heard varying accounts of the experiences of working women with disability. For many women, the option of working at home enabled greater access to employment and learning opportunities.

Women trying to complete a myriad of essential tasks, such as work alongside home-schooling, caused mental health distress to women with disability. For many women who were caring for children at home, working became impossible.

For women with cognitive impairments, in particular, home-schooling was inaccessible, making it impossible for some to fulfil expected parenting duties. This impacted heavily on self-worth and self-esteem. (SPG1).

1. What impact has online education, and the associated virtual learning tools, had on the educational outcomes of women with disability?

While we don’t yet have a lot of data on this area of enquiry, a pattern is emerging where we see some women having improved experiences as a result of online learning and the accessibility potential of learning remotely. Other women have reported increased barriers, as a survey respondent explains below. This may be an indication of a lack of equity between those who have good access to technology and essential equipment and those who don’t. It is important to recognise the diversity of women in our community and acknowledge their diverse experiences and inequalities. These diverse experiences highlight the importance of good services and equipment to enhance accessibility of education for women with disability.

I found it difficult to sit at a computer for longer periods. I had difficulties accessing equipment e.g. office supplies, things that needed to be carried. My application for a mobility scooter was declined which did not help. Also declined was an arm support designed to enable me to study/work online (Survey respondent)

I enjoy the self-pace of learning online and the accessibility was good. (Survey respondent)

Some women have shared stories about the increased accessibility of cultural and live events, including being able to access museums, galleries and concerts worldwide, as well as the increased availability of online education and learning opportunities. This has been described as a strong gain our community is hopeful will be maintained.

Parents of children with disability have experienced distress at their children’s lost social skills and concerns about lost learning, in particular for those students who accessed additional support at school. Some women who were managing other work and responsibilities couldn’t support their children with online learning as was required, which caused mental health stress. There is an implication here that children with disability will fall further behind and miss out on more learning than their non-disabled peers, further exacerbating educational inequalities.

1. What impact has telehealth had on the health outcomes of women and girls with disability?

As in the realms of education and work, telehealth has offered a more accessible and convenient mode to receive healthcare.

I appreciate being able to access telehealth, including via Zoom, for psychology and GP consultations. (Survey respondent).

This experience echoes those of other women. However, we have also learned through early interviews that telehealth was not suitable for all women some of whom experienced difficulty not receiving in-person attention or waiting long periods of time.

That said, the option of telehealth has been embraced by many members of our community and the option for telehealth creates alternate, accessible pathways to healthcare for women in our community.

1. How has COVID-19 impacted on women and girls living in institutions and group homes?

We have not yet had the opportunity to reach women in closed settings but hope to reach women living in these settings in the latter half of the project.

For women living in refuges or communal crisis accommodation, sharing space in close proximity, for example when cooking or home-schooling, became a source of added stress and conflict. Fear of the virus and potential contagion affected women with disability. Service providers identified this as a source of mental health stress for women with disability whose lives were already in crisis. This situation emphasised the need for core and cluster crisis accommodation for women and families escaping SDFV. (SPG1)

1. How has COVID-19 impacted on people who support people with disability, in both paid and unpaid roles.

In the early stages of our data collection, we have not yet reached out to carers directly, but some themes are emerging. Some disabled women are carers, and anecdotal evidence tells us that carers have been affected in a number of ways.

Many WWD have told us that they cut back or went without services during lockdowns. Others have told us that they had difficulty getting services during lockdowns. Some women have expressed outrage at vaccine requirements which mean that for those who are unable or choose not to get the vaccine, it is difficult to find work. All this tells us that the work of carers and job security has been impacted in a variety of ways.

Some anecdotal evidence suggests that carers faced discrimination and abuse when policies and restrictions conflicted with their duties:

I just opted to postpone having my Wesley Mission cleaning person clean my home. I did it myself. No decline in mental health. (Survey respondent)

Surgery postponed (understandably); carer was not going to be allowed into the hospital ED - security and nurses were verbally intimidating to carer and paramedics stepped in to ensure carer could accompany patient (Survey respondent).

As explored in section D, parents of children with disability experienced mental health stress when children with disability weren’t having their needs met in online education.

1. Women with disability often rely on paid carers for social, emotional and physical support. What impact has COVID-19 and the associated lockdowns had on this vulnerable cohort?

Women report issues with service delivery and lack of clarity around NDIS services.

NDIS responsiveness varied greatly in the experiences we’ve heard so far. While many women found this difficult to navigate, some reported responsiveness during COVID and as circumstances changed.

During periods of uncertainty in lockdowns some women chose not to continue services, while others had difficulty securing services, or feeling safe receiving services.

Especially had to see a number of new practitioners during restriction periods, which was very difficult. (Survey respondent)

Lucky that I am on NDIS so cleaning, etc. support was ongoing. Getting informal care from other people was very difficult though. (Survey respondent)

Providers dropped me as a client so they could hide from COVID. (Survey respondent).

We heard from women who said disability services weren’t responsive to SDFV-related behaviour – either pretending it wasn’t happening, or at times siding with a perpetrator when conflict arose. This reflects PWDA’s experiences of disability services not being well informed or equipped to deal with SDFV-related issues.

SDFV services told us that women with disability who they worked with in crisis accommodation and in outreach had lost social skills over the course of the pandemic. They attributed this not only to support groups ending, but also to the closing of schools and the ceasing of other activities in the community. (SPG1)

A First Nations worker told us that in her communities, single mums had also lost all opportunity to socialise in person. Social media became a source of social contact but also of information, which led to misinformation and stress around COVID-related issues, such as whether to be vaccinated.

For some women in our community, the move to online socialising and events enabled a fuller, more accessible social life.

Since I'm largely homebound, my social life actually improved due to more public activities (e.g. webinars) being available online and my able-bodied friends being more available (in-person and via Zoom) too. (Survey respondent)

## Outline next phases to final report

Phases 5, 6 and 7 of the project will be completed between December 2021 and May 2022. The final field collection of data will be completed with individual interviews, focus groups where possible. and a follow-up online survey.

The data will be analysed on a thematic basis and collated into a final report with input from our Advisory Group. We envisage the final report will carry significant recommendations to help government and policy makers determine how to better support the mental health and wellbeing of women with disability through disasters like the COVID-19 pandemic.

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## About PWDA

**People with Disability Australia** (PWDA) is a national disability rights and advocacy organisation made up of, and led by, people with disability. We are a peak, not-for-profit non-government organisation that represents the interests of people with all kinds of disability. We have a vision of a socially just, accessible and inclusive community in which the human rights and freedoms of all people with disability are recognised, respected and celebrated.

1. Australian Bureau of Statistics. (2021). ‘Disability and Violence – in Focus: Crime and Justice Statistics, Australian Bureau of Statistics’. Retrieved May 31, 2021 from <https://www.abs.gov.au/statistics/people/crime-and-justice/focus-crime-and-justice-statistics/april-2021> [↑](#footnote-ref-1)
2. Healey, L. (2013). ‘Voices Against Violence Paper Two: Current Issues in Understanding and Responding to Violence against Women with Disabilities,’ Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria. Retrieved June 9 from <https://www.wdv.org.au/our-work/building-the-knowledge/voices-against-violence/> [↑](#footnote-ref-2)
3. Mitra-Kahn T., Frohmader, C. (October, 2020). Responses to questions on notice. House Standing Committee on Social Policy and Legal Affairs’ inquiry into family, domestic and sexual violence’, Women with Disabilities Australia (WWDA). [↑](#footnote-ref-3)