

# Pandemic Project

Final report



PEOPLE WITH DISABILITY  
AUSTRALIA

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# Acknowledgements

We would like to acknowledge the Traditional Custodians of the land on which this report was researched and written, the land of the Gadigal people of the Eora Nation. Aboriginal and Torres Strait Islander people have been taking care of the land on which we live and work for tens of thousands of years, and to this day sovereignty has never been seeded. We would specifically like to acknowledge Aboriginal and Torres Strait Islander women with a disability, who are often overlooked and discriminated against when it comes to services, policies and recognition.

I would like to acknowledge and thank the National Mental Health Commission for providing PWDA the opportunity to bring attention to the issue of the mental health and wellbeing of women with a disability. Their constant support and guidance has been invaluable in the development of this report.

Thank you also to the Advisory Committee for their advice and guidance, which helped shaped the Project.

Finally, I would like to acknowledge Frances Quan Farrant and Freya Higgins, who started this Project in 2021, and their dedicated work provided the foundations for this final report.

# Executive summary

This report has found that the COVID-19 Pandemic has had significant and far-reaching impacts on women with disability, both positive and negative. The mental health and wellbeing of women suffered significantly due to the COVID-19 Pandemic, with isolation, abuse, confusing government messaging and lack of access to support needs playing a major part. However, the wider transition to online meant that women with a disability could access doctors via telehealth, increase their involvement in the workforce thanks to working from home arrangements and access social and cultural activities more freely.



## Recommendations

1. Continue bulk-billed telehealth for GP's and specialists and remove requirement for patients to have seen their doctor in-person within the last 12 months.
2. Ensure and promote data gathering and studies about women with disability.
3. Prioritise disability inclusive responses, messaging, and information.
4. Maintain work-from-home alternative in the public service and encourage private organisations to do the same.
5. Include women with disability in the consultation and stakeholder engagement processes.
6. Increase mental health and domestic violence supports, with specialised training, understanding and accessibility requirements for women with disability.

**“During the pandemic there has been a lack of interest in people with disability, no plan, no respect.”**

(interview participant)





## What our research is about and why it is important

In June 2021 the National Mental Health Commission (the Commission) funded ten projects investigating the impact of the COVID-19 Pandemic on different communities in Australia. This project was selected as part of that process to investigate how the COVID-19 Pandemic impacted the mental health and wellbeing of women with disability.

Before the COVID-19 Pandemic, women with disability already had disproportionately high rates of mental illness, as well as domestic violence. With the Pandemic causing widespread mental health issues and domestic violence rates going up, it was important to fully understanding the impacts on this community. This report sought to understand the impact that COVID-19 had upon domestic and family violence, social isolation, health status, access to support

services and in turn the overall mental health of women with disability.

This Project is important as women with disability deserve to be heard and have their concerns actioned by the government. Their mental health and wellbeing should be prioritised, with effective and necessary policies in place to provide the best possible chance for a happy and safe life.

## What did we want to find out?

This Project aimed to understand the how the COVID-19 pandemic impacted the mental health and wellbeing of women with disability. It was colloquially understood that women, and especially women with disability bore the brunt of the impacts of COVID-19 pandemic and associated lockdowns, and as such we hoped this research would provide evidence of the impacts for women with a disability. We also were interested in if there were any positive impacts from the COVID-19 pandemic.

## What did we do?

The methodology of this Project focused around The United Nations Convention on the Rights of Persons with Disabilities (CRPD) Article 31, which states that accurate data needs to be collected around the issues and barriers that impact people with disability.

To gather data and information for our research, we conducted an in-depth literature review. This was followed by an online survey, with 112 respondents. As well as 13 one-on-one interviews with women with a disability.

## What did we find out?

- Telehealth resulted in more accessible healthcare for women with disability. However, fear and anxiety of going in person to hospitals or doctors' offices, meant that necessary in-person check-ups were missed.
- Working from home resulted in women with disability being able to start work or increase their work hours. This resulted in increased productivity, financial security, and improved emotional wellbeing.
- Women with disability felt abandoned by the government during the COVID-19 Pandemic. Confusing and constantly changing messaging and information did not prioritise people with disability and caused increased anxiety.
- Domestic violence rates and rates of mental ill-health increased significantly among women with disability, with isolation caused by lockdowns being a considerable factor.

**“I felt forgotten by the state and federal government”**

(interview participant)





## Opportunities from our research

- To provide insight and shine a light on to the experiences of women with disability during the pandemic, as they are often overlooked and underrepresented in research.
- Highlight the ways in which the government, businesses and society can be more inclusive and accessible for women with disability.



# Introduction



There has been a recognition that the impacts of the COVID-19 Pandemic and associated lockdowns have had a disproportionate impact on women with disability. The purpose of this report was to formally investigate this and provide an in-depth analysis of the specific impacts that women with disability have experienced, with their Project centred around spotlighting their voices and stories.

A desktop literature review, an online survey and one-on-one interviews have been conducted, gathering the relevant information and stories for which the recommendations of this report are based.

This report has found that the impacts of COVID-19 on women with disability are diverse and far-reaching, with both positive and negative experiences emerging from the research. In both these instances, the government can implement changes which will allow women with disability the opportunity to either continue to capitalise on the positive opportunities the COVID-19 Pandemic provided and provide remediation for the harm it has caused.

# 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 Disabled Persons Organisation, People with Disability Australia recognises that research into disability must be derived from and led and generated by people with a disability. For research to be fully inclusive, people with a disability must determine the matters that require investigation and the subsequent potential outcomes.

There were three primary research methods for this report: a literature review, an online survey, and one-on-one interviews.

The in-depth literature review examined primary and secondary sources from predominantly grey literature on women with disability and their experiences of the pandemic. Notably, very little has been written on this subject from a peer-reviewed perspective. The review was time-limited from December 2019 - November 2021. Material was sourced from Google scholar, reliable media sources, parliamentary

submissions, peak body websites, community surveys as well as reports from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

The online survey was made up of nine questions, with 112 participants. It was promoted via the PWDA social media, website, and LinkedIn. We invited people who identified as women with disability to participate.

Finally, one-on-one interviews. Thirteen were conducted, via either Zoom or phone call. The interviews were promoted on the PWDA social media, website, and LinkedIn. Those who wished to participate emailed through their interest. The requirements to be interviewed were that they identified as a woman with disability.

It must be noted that the methodology for engaging with women with disability throughout this Project has been entirely online. Whilst this has meant we have been able to hear from women all over the country, we acknowledge that this has posed accessibility barriers. Indeed, COVID-19 moved the Project totally online.







# Themes

A UK report on the impact of COVID-19 on people with disability (Lund, 2020), found that the pandemic amplified existing issues for women with disability. This finding has been corroborated through the research conducted by this Project.

COVID-19 has had a significant and complex impact upon the mental health of women with disability. Stress and anxiety arose from all areas of life being impacted by the pandemic, including housing, education, employment, social participation, and health care. Further, many women with disability are at higher risk of, and from, COVID-19. This has created additional distress for these women.

However, an important theme to note is that there is significant diversity in the experiences of women with disability. If someone's ability to access their basic needs, such as housing, food, education, technology and support services, had been impacted due to the Pandemic, they had significantly reduced outcomes than those that did not.

Women with disability already face significant barriers and inequalities in their lives, and the pandemic exacerbated many of these inequalities. However, through this groups resilience and familiarity with restrictions meant that, for some women, the pandemic posed no significant change to their mental health, and in some cases even created more opportunities for participation. Indeed, a survey respondent stated that the COVID-19 Pandemic "reminded (them) that (they are) far more resilient than most".

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 sexual, domestic and family violence services, we understand this to be a result of multiple factors explored in Section 1 of the initial findings.

Further, access to regular support services was consistently impacted. Whether it was because women did not feel safe having support workers come into their home during the pandemic, or support services

were stretched so thin, many women were left without support. This caused significant mental distress for women with disability as they felt isolated, and also felt they burdened their immediate family members with greater caring responsibilities.

Another theme that was consistent to women with disability was feelings of being abandoned by the government. Women with disability were not made a priority both in health policies and public messaging. The constant and often confusing messaging was not accessible, this resulted in increased anxiety and distress.

Alternately, the COVID-19 Pandemic did create an environment for new opportunities to arise for women with disability. Indeed, for lots of women, work and learning opportunities increased. Through the sudden universally accepted nature of working from home, women found they were able to increase their employment participation, either moving from part-time to full time work or starting employment all together. Similarly, through university

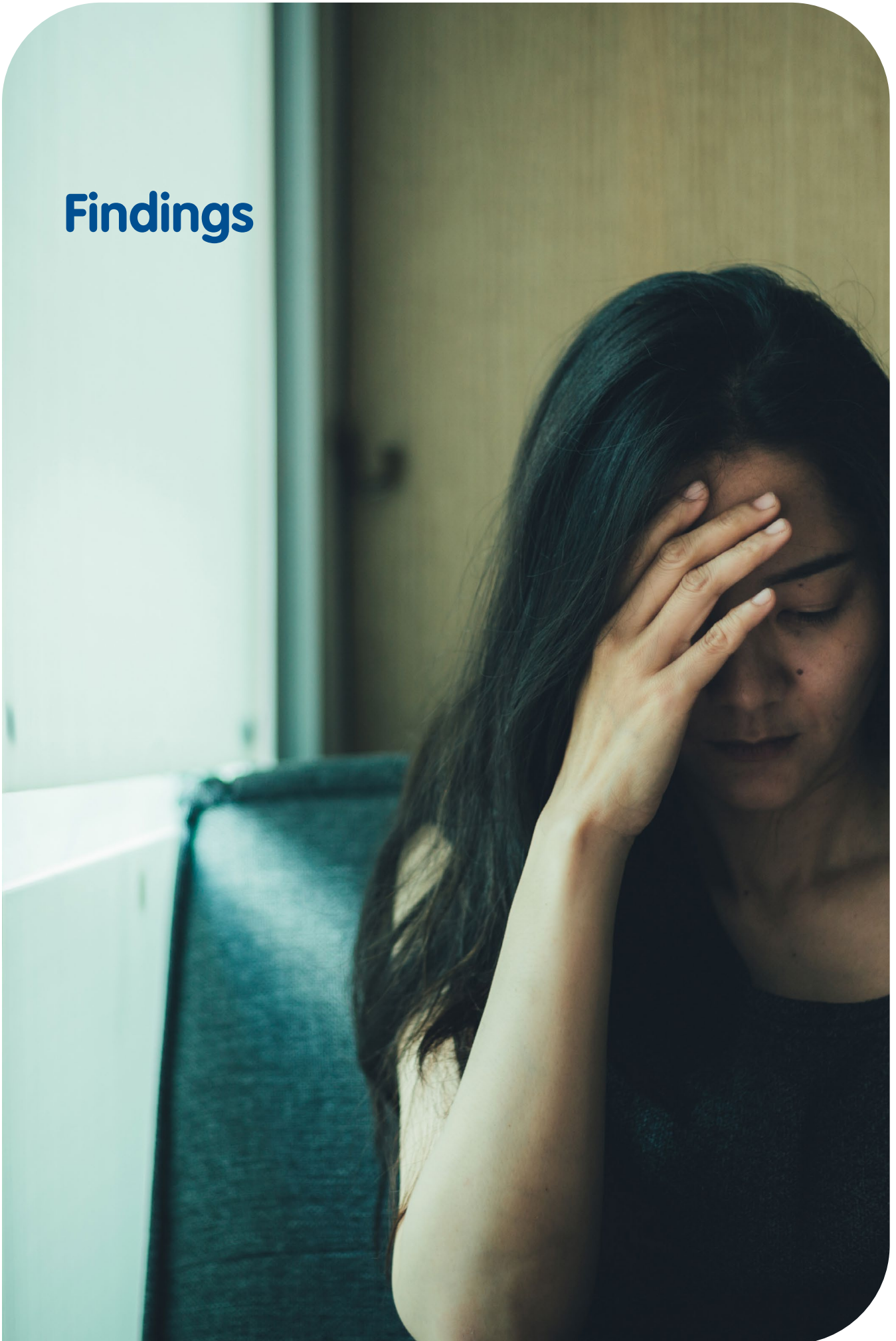
education moving online, some women were able to take up studies or participate further than they were able to previously. As well, opportunities for socialising and taking part in global culture increased.

Another positive outcome of the COVID-19 pandemic is the mass introduction of telehealth services. Almost every respondent to the survey, and interview participants, discussed the difficulty in getting to medical appointments, and now the additional anxiety of being in medical situations due to COVID-19. Thus, the ability to receive care from the comfort of their own home was a welcome change. However, it was also found that the fear of COVID-19 also led to women not receiving necessary in-person medical care.

**“The government has not been looking after people with disability. We are the hidden minority, people do not notice or care about the issues affecting this group”**

(interview participant)

# Findings



**Before the pandemic, women with disability were almost twice as likely as women without disability to experience physical or sexual violence by a cohabitating partner over a 12-month period. An intellectual or psychological disability put women further at risk.**

## **What impact has COVID-19 had on these already vulnerable cohorts?**

Some services reported having more women with disability reaching out for help with sexual, domestic, and family violence (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.

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.

**“Covid provides an opportunity for coercive control”**

(survey participant)

**“The pandemic made abusers more paranoid and financially controlling and sexually abusive”**

(survey participant)

Indeed, 67% of survey respondents who experienced abuse said it worsened during the Pandemic. The COVID-19 Pandemic and associated lockdowns provided a unique situation for inter-personal violence to intensify.

Whilst 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.

**“Unable to leave, was told there was no place that would house my dogs and myself and that I was likely better to stay where I was unless the violence increased”**  
(survey participant)

Women didn't always identify the pandemic as worsening relationships or experiences of violence and abuse; however, these issues were still 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. 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 floggings' when most lost income and work. It was also identified there was an increase in violence in First Nations communities. This increase was attributed to layers of stressors, which included loss of income, loss of mobility, overcrowding at home and 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.

Lockdowns and enforced isolation have seen many women with disability 'locked in' with perpetrators. A recent ANROWS study (Boxall and Morgan, 2021) cites that many women with disability experienced intimate partner violence for the first time during the pandemic. Many women were unable to continue with counselling and support services (even digitally) because perpetrators were now constantly present. When the vaccine became available, reports began to emerge of women disclosing instances of domestic and family violence at vaccination centres (Baker, 2021).





**People with disability are at greater risk of homelessness. They also experience increased housing insecurity.**

## **What impact has COVID-19 had on housing insecurity for women with disability?**

Almost half of survey respondents reported that housing stress and insecurity had increased due to the pandemic. This stress resulted from 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”**

(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)



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

For those women that were on disability pensions, this has not been enough money to cover the increasing housing costs, causing significant distress.

Further, it is not simply about being able to access affordable housing, but also housing that is accessible.

The compounding issues of increasing property prices, inaccessible housing and a lack of available housing, is causing significant detriment to the mental health of women with disability.

**“The stress has come from the difficulties in even finding a suitable house... the lack of stock coming on to the market, the difficulty inspecting any properties, the 50% increase in prices... I am worried I will end up becoming even more housebound because of access issues”**

(survey participant)



**Prior to the pandemic, 45% of 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.**

## **What has been the financial impact of COVID-19 on women with disability?**

A survey of over 200 people with disability found that 66% had experienced adverse financial impacts due to the pandemic. Increased costs of living for people already living in poverty was detrimental to mental health. These increased costs were largely from PEE and sanitising equipment, rising costs of groceries, deliveries and medical equipment. Many people also reported job loss as a result of the pandemic, which furthered financial distress.

Among First Nations women with disability, jobs were lost because of public transport being considered unsafe.

**“Lost work and number of people in share house dwindled and got sicker from not having support care 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)

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 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.

In families where workers lost income, this often compounded relationship stress and increased use of substances as well as violence and abuse.

It is well recognised that 50% of people with disability already live in poverty so additional costs at this time are tipping people with disability over the edge. Over 40% of people in receipt of the Jobseeker payment are also people with disability and/or chronic illness (PWDA Pandemic Survey, 2020).

However, there were also improvements in the financial situation of many women with disability. This was due to the introduction of working from home arrangements.

Indeed, one interview participant spoke of being able to start her own business during COVID-19. By moving online she was able to start a business remotely and connect with clients online. They did not believe this would have been possible before the pandemic.

**“The pandemic allowed me to work lots more... so I was earning more because I was able to work more hours”**

(interview participant)

**“Due to working from home requirements I was able to take on more work and start full time, this made my financial situation a lot better”**

(interview participant)



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

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.

In particular for women with cognitive impairments, home-schooling was inaccessible making it impossible for some to fulfill expected parenting duties. This impacted heavily on self-worth and self-esteem.

Bower et al. (2021) identified that the bulk of caring and home schooling fell to mothers during lockdown. This is echoed in Gender Equity Victoria's COVID-19 report, which stated that women carried the "triple load" of caring, working and worrying. The report did not address women with disability specifically, however our findings show that the experiences of women with disability concur with those of women with no disability.

However, working from home did provide opportunities for women with disability. It was more accessible, they felt safer and were able to engage in family life more, due to no time and energy spent travelling to and from the workplace. Indeed, this has meant that demands for return to in person work has caused greater anxiety.

Parents of children with disability have experiences 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.





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

Some women have improved educational experiences as a result of online learning and the accessibility 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 this 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 long 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)





A survey respondent spoke about studying at TAFE during the pandemic. As it was all online they found it significantly more accessible. Being able to study remotely meant that they could increase their employability.

Further, some women have shared stories about the increased accessibility of cultural and live vents, including being able to access museums, galleries and concerts worldwide. As well as the increased availability of online and learning opportunities. This has been described as a strong gain and it is hoped this will be maintained.

## What impact has the COVID-19 pandemic had on the health outcomes of women with disability?

The COVID-19 pandemic resulted in the introduction of widely accessible telehealth. This has offered a more accessible and convenient mode to receive healthcare for most women with disability.

Being able to access both their regular GP as well as specialist services via telehealth as seen improved health outcomes for some lots of women with disability. They were able to seek appointments as regularly as needed, without having to take into consideration the time and energy it would usually take to go in person.

**“I appreciate being able to access telehealth, including via Zoom, for psychology and GP consultations”**

(survey respondent)

**“Telehealth was very helpful. I usually have lots of appointments that take up a lot of time and energy. So, doing them via telehealth has been very accessible”**

(interview participant)



In the previous quote, the interview participant is referring to the fact that a person must have seen their GP (in person) within the last 12 months in order to access telehealth services. Multiple women have found this change has made accessing telehealth, which was very convenient and accessible, more difficult. In order to travel and access in person doctor services, it often requires significant amounts of energy and in turn causes stress. This interview participant explained that visiting her GP in person is “very difficult and often requires the next week to be spent on bed rest”.

However, telehealth has not been suitable for all women. Some experienced difficulty not receiving in-person care or waiting long periods of time. Some doctor services only offered telephone access (rather than video calling), and this has caused accessibility issues. Similar to other issues raised in this report, women having a positive or negative telehealth experience often depended most heavily on their ability to access stable phone or internet services.

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

Finally, the deprioritisation of people with disability in the vaccine roll out caused immense confusion and concern for an already anxious cohort who felt that their health and lives were not valued.

**“Telehealth was fantastic. Getting to the doctor was very difficult and required a lot of energy. So, having telehealth available for regular GP services allowed her to have appointments more regularly. However, there have been changes to accessing telehealth and this has made it more difficult”**

(interview participant)

**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?**

Indeed, women with disability reported significant issues with service delivery, as well as a lack of clarity around NDIS services.

Many women with disability 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.

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

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 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 and receiving services.

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.

Carey et al. (2020), stated that access to PPE for disabled people and support workers needed to be guaranteed and that the disability support workforce needed to be reinforced to ensure that people with disability were not left without supports and services when workers became ill.

**“I 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).









## What impact has COVID-19 and the associated lockdowns had upon the social life and social interactions of women with a disability?

Similar to other findings, the impact of the COVID-19 Pandemic on the social lives of women with a disability was significantly diverse.

Due to the move to online socialising for the wider community, it meant that women with disability had more accessible social lives. Indeed, with concerts and other forms of live entertainment being streamed online, it meant they were able to access their shared interests with friends much more readily, often leading to a fuller social life.

**“Since I’m largely housebound, 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).

**“I joined social groups on Zoom and was able to maintain friendships and socialise more than usual”**  
(interview participant)

However, being totally restricted to online socialisation, was difficult for a lot of women with disability and posed significant barriers.

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 ceasing of other activities in the community.

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.

Some interview participants highlighted the fact that socialising online did pose accessibility barriers. Further, for those that were able to socialise online, since things have opened back up, it has been difficult to transition back to in-person social interactions. Since this transition is also meaning there is less socialisation online, people are losing friendships and reducing their social engagements, which is causing mental distress.

**“As a person with a disability and chronic fatigue I was used to socialising online. It is good that it has become mainstream. So, I was able to maintain that social interaction online”**

(survey participant)

**“I struggled to socialise online, this resulted in lost friendships. Group Zooms were difficult to navigate”**

(interview participant)

**“Online access has helped make it more accessible. However, the emotional and physical toll of COVID has mean that the things (I) would get up and go to before the pandemic, (I) now do not have the motivation to do, as I have gotten out of the habit”**

(interview participant)

Again, it seems that people's success in engaging effectively online was in part due to their access to stable internet and technology. Whilst online socialisation was good for most, it must still be acknowledged that there are barriers for some women with disability.

**“I was able to adapt relatively well to socialising online and via Zoom. But, now it is hard to get back out there in person and do social activities in person”**

(interview participant)



## What impact has COVID-19 had on employment opportunities for women with disability?

The impact of COVID-19 on the employment outcomes for women with disability was probably the most disparate of all the findings covered in this report. Women spoke of both significant improvements which would have not been possible in the past if not for COVID-19 and the pandemic, others spoke of significant hardship.

Work moving online meant that a lot of women with a disability were able to engage in the workforce in a much more accessible way than previously. Not having to travel to and from work saved significant time and energy. This meant that they were able to participate more significantly than they thought they were able to.

**“The Pandemic allowed me to work lots more because working from home meant that it did not take any time or energy”**

(interview participant)

**“I was able to engage in professional training and development. This was possible due to everything being online, I didn’t have to spend energy travelling and could complete it at my own time and pace”**

(interview participant)

**“Working from home was fantastic. I could participate more in work as I felt more comfortable (health wise) doing it online from home”**

(interview participant)



Also, for some women who had previously been working from home, the new widely accepted nature of this made them feel much more a part of their workplace and less excluded. However, it must be noted that the acceptance of working from home has only come about since the non-disabled community required it.

However, it is also just as clear that the Pandemic had a detrimental impact on the employment opportunities for women with disability. Many women reported losing their jobs and also faced significant difficulty in finding new employment. This caused great emotional as well as financial distress.

It is also becoming clear that for women who were able to keep employment during the Pandemic and work from home, now there is a shift back towards in person work and this is causing increased anxiety.

One woman shared a story about leaving a job because of 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.

Another interview participant also said that she loved the freedom and accessibility of working from home but "now there is pressure from work to go back into the workplace, this pressure is causing anxiety and (I) would much prefer to stay working from home due to health reasons".

The culture of working from home has been a significant benefit to women who were able to maintain employment during the pandemic, and this should be strengthened, not wound back.



**Women with a disability often have worse mental health outcomes.**

## **What impact has COVID-19 and the associated lockdowns had on the mental health of women and girls with disability?**

A joint 2021 UNFPA and Women enabled International report noted that disabled women had difficulties in accessing mental health support during the pandemic. This experience was also reflected in Australia with many women in the Deaf community saying they had immense difficulty accessing mental health services during the pandemic. Women with disability often had to resort to seeking assistance from poorly skilled care workers, causing increased mental distress.

The impact of COVID-19 on the mental health of women has been significant, with almost all interview participants describing the negative toll COVID has had upon their mental well-being. Not being able to control almost anything that was going on, such as lockdowns and rules which dictated their lives, women with disability felt extremely anxious and distressed.

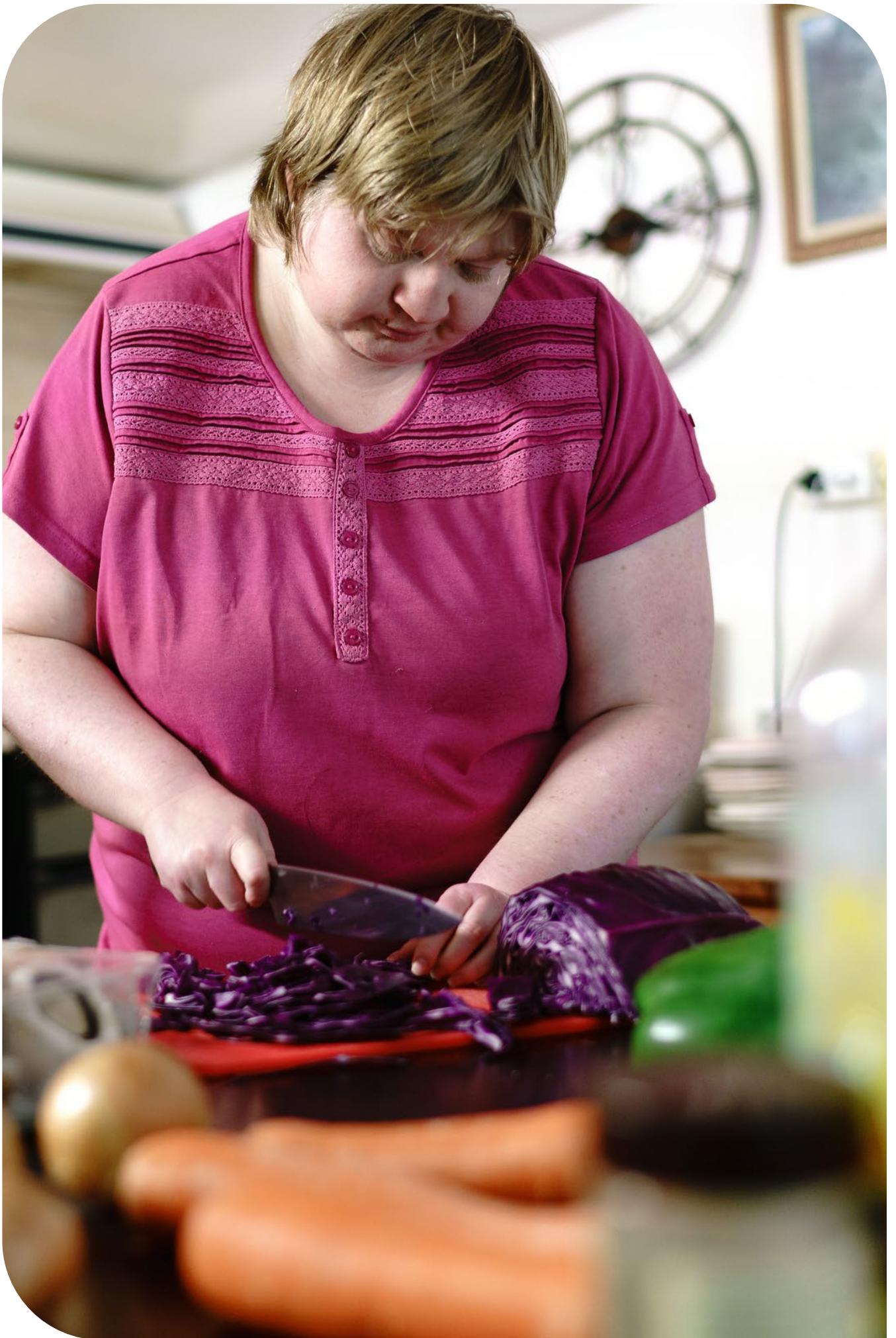
**“My fear and anxiety increased significantly”**

(interview participant)

**“My mental health suffered hugely”**

(interview participant)

Indeed, all the themes and findings of this report, from increased domestic violence rates, to poorer social outcomes, all impact upon the mental health of women with disability. In order for the mental health outcomes for women with disability to be improved, all the findings above must be addressed.





## Recommendations



## Continue bulk-billed telehealth.

**Continue bulk-billed telehealth by phone and video call, as a permanent option for people seeking medical treatment from their GP's as well as specialists. Remove the requirement that patients must have seen their doctor within the last 12 months to use telehealth services.**

The introduction of telehealth was a great benefit to many women with disability. Although it cannot totally replace the need to be seen in-person for certain medical needs, it has meant that for most check-ups and issues, women with disability are able to seek the help they need from the comfort and safety of their own home.

Making sure that doctors have the option for both phone and video call is extremely important. It was noted from both survey and interview participants, that lots of

services only offered phone calls, which was very inaccessible, both due to their disability but also prevented genuine human connection during their appointments.

It was also noted that the requirement of having to see their doctor in-person within the last 12 months was very restrictive. When going to the doctors office can take significant energy, and often lead to days if not weeks of recovery, this has been a deterrent for many women with disability to seek necessary medical care.

## Promote and ensure data gathering and studies about women with disability occur.

The intersection of gender and disability often leads to women with disability being left out of studies and data gathering. In order to have an accurate understanding of the impact of COVID-19 they must be included in all research. However, most of the literature currently on COVID-19 does not include women with disability. By being left out of this research and data it means that an accurate understanding of the impacts of COVID-19, especially on mental health, domestic violence etc. are not readily available for this group.

The result of this is that the government cannot respond to the needs of the community without the relevant data.

This in turn leads to a lack of services and programs that are designed to specifically meet the needs of women with disability. This is a significant problem as many services that address problems, such as domestic violence, are not accessible for women with disability.

Further, when the data is collected and these women are included in studies, it is vital that their voice is centred. Providing this, often marginalised, community a legitimate space where they can be included, have their stories and experiences listened to, and acted upon, is vital in continuing to develop trust.





## Prioritise disability inclusive responses, messaging, and information.

During the COVID-19 pandemic, the messaging by the government has caused severe anxiety and distress for many women with disability. Getting accurate and accessible information has been extremely difficult, with messaging constantly changing, not being consistently accessible and not prioritising people with disability. Indeed, an interview participant explained they felt like the “hidden minority”.

A PWDA survey highlighted the lack of Auslan interpreters at some major press conferences, as well as the lack of understanding of the extra precautions people with disability need to take in order to be safe from COVID-19.

**“There has been a lack of information and guidelines for people at the highest risk from the virus. Government restrictions have been for healthy people. However, high riskers need to be in more restricted isolation and take greater infection control measures, whilst others have given up because it’s been too hard to take extra precautions”**

(survey participant)

In its Statement of Concern on the Pandemic (2020), the Disability Royal Commission identified serious concerns regarding access to information for disabled people and called on all governments to ensure accessible information was made available in all formats.

Indeed, the impact of COVID-19 on women with disability can be seen as more significant than the general population, and as such, they should be prioritised when dispersing information.

Similarly, messaging in relation to domestic violence and mental illness is extremely important. The intersectionality of suffering domestic violence or mental illness but also living with disability is very difficult. Thus, messaging that addresses and acknowledges those who do experience this intersectionality is important. When people feel they are left out, not represented or don't matter, they will not engage.

**“During the Pandemic there has been a lack of interest in people with disability; no plan, no respect”**

(interview participant)

**“Disabled people weren't thought of, they were an after thought when restrictions came in to place and the way in which they were communicated”**

(interview participant)



## **Maintain work from home alternative in the public service and encourage private companies to do the same.**

It is vital for women with disability that practices and cultures of remote working remain and continue to be strengthened over time. Universally instituting and accepting working from home arrangements has been a complete game changer for the lives of women with disability. At present, requests facing women with disability to move back to working from the office has been met with significant distress and anxiety.

Working from home allows women with disability to engage in the workforce to an extent which has not been previously possible. Due to their disability, the time

and energy it takes to get to and from work has prevented many women from either engaging in employment at all or taking on full time work. Thus, being able to work from the comfort of their own home, and adjust their hours to fit their needs, has been a welcome change for women with disability.

By maintaining working from home arrangements for those that desire it, it will help increase the workforce participation of women with disability. This will in turn have positive impacts for the economy, help increase the financial stability and independence for women with disability as well as improve job productivity.

## **Include women with disability in the consultation and stakeholder engagement processes.**

Similarly to including women with disability in data research and studies, it is imperative that when changes to government policy are being made, women with disability are at the centre of the consultation and stakeholder engagement processes.

It is important that when these decisions are made, women with disability are provided the opportunity to speak to their experiences and be heard. They are the only ones that can speak accurately to their situation and circumstances.

Women with disability have often been ignored and overlooked in development of policy that directly affects them. This is due

to too common paternalistic ideas that the government knows better.

Throughout this report process, conducting a survey and speaking individually with women with disability, most women noted how they were extremely grateful for the opportunity to voice their opinions and experiences. Indeed, including women with disability in the consultation and stakeholder engagement process is beneficial on all fronts. It provides women the chance to speak to their experiences, provide input and recommendations which can contribute towards policy that is relevant, necessary and wanted.

## Increase mental health and domestic violence supports with specific training, understanding and accessibility requirements for women with disability.

Accessing support services for problems such as mental illness and domestic violence is often a significant challenge for women with disability. Services are rarely accessible or understanding towards the unique situation that women with disability experience.

**“The information provided by support services is not accessible or clear”**

(interview participant)

The lack of understanding, training and accessibility often leads to women with disability not accessing these much needed services, resulting in increased distress, anxiety and trauma.

It is imperative that support services for mental health and domestic violence are provided with the necessary and specific training to engage appropriately and effectively with women with disability.

Disability training mandatory for support services and regular accessibility audits must be undertaken in order to ensure that women with disability are being provided with services that meet their needs.





# Conclusion

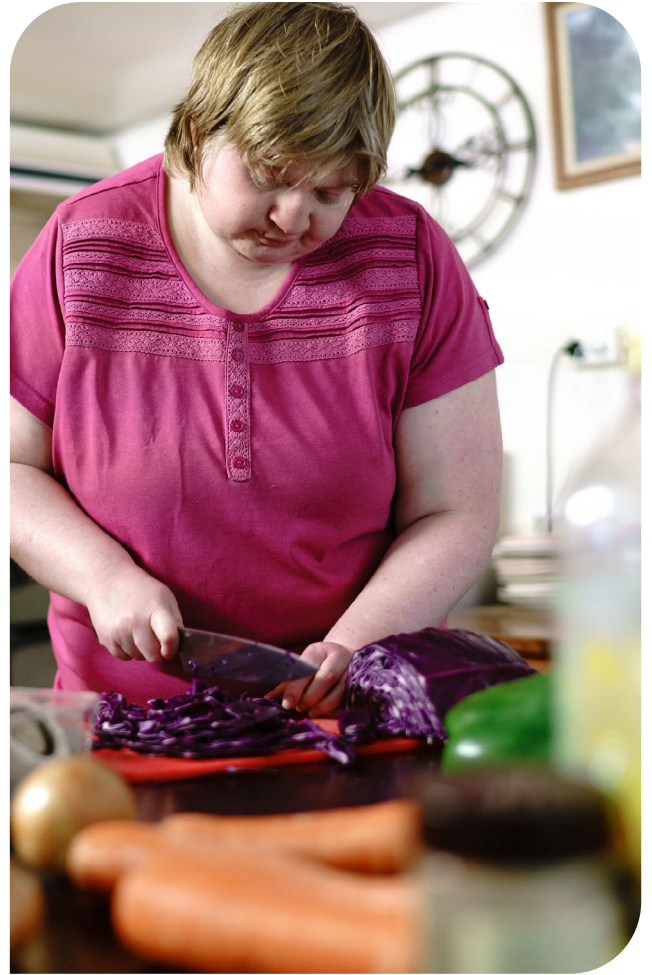
The COVID-19 Pandemic has been a completely unprecedented experience. With it, it has brought about changes to society, culture, the workplace, the medical field and interpersonal relationships.

Women with disability have been one of the groups most significantly impacted by COVID-19 and its associated lockdowns. This Project's aim was to discern the experiences of these women, listen to them and in turn understand what changes are necessary in order to provide better outcomes for this community.

Many issues that are faced by women with disability were increased as a result of COVID-19. It is vital that the government responds to the needs of this community and listens to what they have to say. Urgent reforms are needed to improve the life chances for women with disability.

Women with disability have 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.







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