
TEACHING AND PSYCHO-PEDAGOGICAL EXPERIENCES

People with disabilities in the COVID era

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Abstract

People with disabilities are prone to health problems and face discrimination and stigma and these problems were exacerbated during the COVID-19 epidemic. People with disabilities have an increased risk of contracting COVID-19 for several reasons, including due to difficulties in using basic protection measures and the need to comply with the requirements set for social distancing, and the risk of death due to COVID is estimated for persons with disabilities as being approximately double that of persons without disabilities. The society's response to the COVID-19 pandemic should also include disability as concern, protection of the rights and needs of people with disabilities, as provided for in the Convention on the Rights of Persons with Disabilities and in the 2030 Agenda for Sustainability and Development.

Keywords: people with disabilities, COVID-19, pandemic, accessibility, inclusiveness

The COVID-19 pandemic is a human crisis on an unprecedented scale, severely affecting the health and disrupting the livelihoods and general well-being of people around the world. It also has a major impact on human rights and exacerbates existing social inequalities. People with disabilities have been disproportionately and severely affected by the pandemic.

Globally, there are over 1 billion people with disabilities according to statistics (WHO, 2011), and a third of people over 60, the age group with the highest mortality COVID-19 are people with some form of disability. In our country, the total number of people with disabilities (uninstitutionalized and institutionalized) in Romania was 854,965 in 2020 (ANPD, 2020), of which 783,810 adults and 71,155 children.

People with disabilities face discrimination and difficulties in all aspects of life, including employment, education, and access to healthcare. In addition, people with disabilities are more likely to have health problems and face discrimination and stigma. These problems were exacerbated during the COVID-19 epidemic (Armitage & Nellums 2020;).

According to a UN study (2020), people with disabilities are “disproportionately affected by the COVID-19 outbreak” (UN, 2020). When disasters or epidemics occur, the global demand for medical equipment and disaster response increases significantly, and decisions about who has access to them are crucial. The UN Response to Persons with Disabilities to COVID-19, published in May 2020, states that persons with disabilities should be included in the actions of

the authorities in response to the situation generated by COVID-19, which is in line with international commitments. These include the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the 2030 Agenda for Sustainable Development, the Agenda for Humanity (2016) and the United Nations Strategy on the Inclusion of Persons with Disabilities.

The UN position emphasizes that non-discrimination is a fundamental right for all people and, for this reason, the response of state authorities to the pandemic must go in the direction of ensuring the same rights for people with disabilities (UN, 2020). According to the UN Convention on the Rights of Persons with Disabilities, these persons have rights to access to healthcare and any refusal of healthcare or health services in the territory of a State because of disability is discriminatory (Article 25).

Decisions made at the state level can be significantly influenced by the way society and policy makers view disability, especially the value and importance they place on the lives of people with disabilities (Emanuel et al. 2020), and there is a real fear and often justified among people with disabilities that they will be neglected in the event of health problems.

According to research by Pineda and Corburn (2020), during the COVID-19 pandemic for people with disabilities the probability of being injured or dying can be four times higher than for people without disabilities. The authors point out that this is due more to health policies, planning and practices and not to the inherent vulnerabilities of people with disabilities. A government study in England estimates that the risk of death from COVID-19 for people with disabilities is about double that of people without disabilities (www.ons.gov.uk, 2020). Another study shows that compared to the general population, adults with intellectual disabilities were almost twice as likely to be infected with COVID-19, 2.3 times more likely to have a severe infection, 2.3 times more to have mortality from COVID-19 and there were 25% more cases of COVID 19 mortality (Henderson et al., 2021). Adults with intellectual disabilities were more likely to be infected with COVID-19 and the disease was much more severe once infected, especially in those under 65 years of age.

People with disabilities are at increased risk of contracting COVID-19 for several reasons, including difficulties in using basic protection measures and the need to comply with the requirements set for social distancing.

Some people with disabilities require frequent physical contact from other people to get the support they need (such as transport, lifting or feeding), and this situation raises a lot of issues in the context of the pandemic. Other people with disabilities have a higher risk of contracting COVID-19 due to lack of access to information on virus transmission and prevention, for example, health information is disseminated in inaccessible formats, such as the lack of a sign language interpreter or the level of information being too complicated for someone with an intellectual disability.

The medical challenges faced by deaf people are usually because hospitals, doctors and nurses do not know and cannot understand sign language. Therefore, the deaf patient requires an interpreter for sign language, and this is usually not possible. In addition, some care institutions for people with disabilities have experienced a sudden spread of the COVID epidemic 19 which has led to major difficulties in caring for and supporting these people. People with disabilities living in care facilities are more likely to contract the virus and have more complicated health problems that can lead to a higher mortality rate. In such institutions, there is often an increased risk of the spread of diseases and viruses, due to the challenges of implementing basic hygiene

issues and maintaining social distance, as well as providing appropriate healthcare. The mere movement of such a person to the hospital is a challenge, and the administration of treatment and specific care needs will cause problems that ordinary medical staff cannot solve. According to recent statistics, people living in care facilities face a higher number of COVID-19 infections, leading to complications such as pneumonia and death (Landes et al. 2020, after a 2020 UN study).

That is why we believe that it is necessary to implement special protocols, including for triage, in medical institutions, for situations where medical problems occur in people with disabilities.

During exceptional situations such as disasters, when resources are limited and the pressure on the medical system related to intervention and medical care is significant, medical staff are asked to make decisions about who can and who cannot access life-saving medical treatment. Priority decisions are known as "triage" and are commonly used in emergency medicine, where there are many patients and few resources. People with disabilities and their families are concerned about how this triage is done in situations where serious medical problems occur, because we can consider that in many such situations the phenomenon of structural discrimination can occur, which directly or indirectly affects people with disabilities. This refers to the assumption made by healthcare professionals when treating people with disabilities that their health problems and conditions are due to their deficiencies. Thus, making the decision to sort explicitly or implicitly because of the presence of a deficiency in a particular person and not because of the potential to benefit from treatment is another form of discrimination.

People with disabilities and the elderly are at higher risk and are much more vulnerable to health care. Another element that we should keep in mind is that COVID-19 infection causes a huge stigma on the person. This is not about reducing or even banning social contacts in a medical context, but especially about the reaction of others when they find out that a person is or has been infected. When people with disabilities are infected, this stigma is amplified by the situation caused by the presence of deficiency. Because people with disabilities are often marginalized and discriminated, it is exceedingly difficult for them to access medical services, especially in this special situation, when many are reluctant to consult a doctor or refuse medical care because they are afraid of becoming infected.

Many people with disabilities have a higher risk of contracting the virus and developing severe complications, but also of increased mortality, for many reasons, including, in some cases, pre-existing health problems or living in institutional settings. People with disabilities have experienced environmental and institutional barriers and discrimination, exclusion from access to health care services and information, as well as professional opportunities, education and access to social protection and other support services.

The society's response to the COVID-19 pandemic should also include disability as a concern, protection of the rights and needs of people with disabilities, as provided for in the Convention on the Rights of Persons with Disabilities and in the 2030 Agenda for Sustainability and Development.

Recommendation

Recommendations on respecting the rights of people with disabilities during the pandemic:

- Needs and risks assessment and analysis activities should be conducted according to gender, age and diversity, including the presence of deficiencies, and should consider the specific risk of exclusion and violation of rights for adults and children with disabilities.

- All preparedness and response plans must be included and accessible to all people with disabilities. This means that authorities need to ensure that all health and social services workers have sufficient training on disabilities, enabling them to provide individualized support and have the skills and knowledge to provide effective support to adults and children with disabilities.
- Restrictions on the provision of services (e.g., medical services) must consider the fact that people with disabilities need to be provided with permanent care services, as well as physical and communication accessibility, protection systems and potential care mechanisms, and social support.
- Remote services (such as telephone counseling or medical appointments) should also be accessible to people with disabilities, and therefore service providers should consider providing appropriate support and communication arrangements.
- People with disabilities should be able to give informed consent for various situations related to their health or access to other services. To allow this, different methods of communication should be used, such as written, verbal and sign language.
- Children and adults with disabilities should be actively involved in health decisions and, where necessary, should be supported to communicate their needs during treatment.

As each crisis can become an opportunity, the COVID 19 pandemic can pave the way for a greater awareness of society about the rights and needs of people with disabilities. We can give an example related to the way in which the governmental communication was made in crisis: the provision of interpretation services in mimetic-gesture language for people with hearing disabilities by a graduate of the Special Psychopedagogy program of the Faculty of Psychology and Educational Sciences, University Bucharest.

This initiative of the National Association of the Deaf in Romania was made to make information accessible to the deaf community and led to increased interest from the media and social media pages not only for the translator but also for the entire community of people with hearing disabilities.

Children with disabilities during the COVID-19 pandemic

In a "GUIDE for parents of children with disabilities", UNESCO Director ERIC FALT said that, "Of all children, children with special needs find it very difficult to stay indoors without social exposure, which often leads to frustration, agitation or aggressive behavior.

Therefore, their parents are going through hard times.

Before the pandemic, the care and recovery of children with disabilities was shared between parents, schools, and recovery centers, but now, during pandemics, most parents were left almost alone with their children.

In such a period, it becomes more and more important to support children with special needs, but also their parents who take care of them" (Eric Falt, UNESCO director).

Children with or without disabilities must adapt to the closing schools and other structures that provide educational support. The impact of closing schools was substantial on children with disabilities, led to setbacks in terms of development and learning, and lack of socialization affected the mental balance of children, but also access to care and rehabilitation devices present only in schools. It was found that the lack of digital infrastructure and the absence of devices to allow communication (phone, tablet, computer) are the biggest challenges in special education. Under these conditions, the gap between the village and the city in terms of access to data networks became obvious. If in urban areas the fixed internet (network) is used in proportion of

73.7%, in rural areas the access is only 47.1%, so it became obvious that online education can only be achieved partially and does not cover the educational needs of all children with disabilities. In the case of students with disabilities, digital skills are limited or even absent, but there have also been situations in which even teachers have had difficulties in teaching online. Another aspect related to online teaching is the fact that students with disabilities need, sometimes permanently, the assistance of an adult (parent, guardian). Parents were forced by the pandemic context to assume an active role in the education of their children and conducting online activities always involved the presence of a parent, for example to connect on the online platform, teacher support and explanation of lessons, homework, in asynchronous activities. Limited internet access has been one of the problems most often faced by the education system for students with disabilities. The way of teaching exclusively online has highlighted the social inequalities present in our society. The lack of digital tools or their extremely poor quality, the difficult or non-existent internet connection, the impossibility of parents to provide support for their children, either due to lack of basic digital knowledge or lack of time generated by the profession, deepened social inequalities, this time in the educational sphere, many children with disabilities not having access to education at a minimum level.

The closure of schools was a serious problem to many extremely poor families, and if these families had a child with disabilities, the financial effort exceeded their means, so we can consider that the pandemic hit these children both educationally, as well as in terms of meeting daily care needs.

However, the COVID 19 pandemic also created a significant opportunity related to the development of special education in the online environment, platforms for conducting lessons and activities were tested, both teachers and students became familiar with the format of distance learning, so the system used in a crisis it can become a system of deeper inclusion of children with disabilities when the health crisis will disappear. For example, children who cannot move can participate in the lesson if there is an online format accessible to them. Children who have difficulty attending school (too far from school, various illnesses, or disorders) will have the opportunity to benefit from online education, which would become an important support factor and reduce the dropout rate.

We believe that the COVID 19 pandemic, through changes in society, can lead to the promotion of more inclusive public policies, which offer equal opportunities to all actors in society, from education, health to social assistance, so it could be one of the symbolic gains of this period.

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