

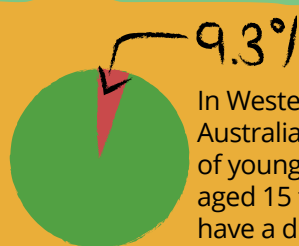
YOUNG PEOPLE WITH DISABILITY

EXPERIENCES OF COVID-19

The following paper represents the experiences of young people consulted by YACWA between June and September 2020. While by no means comprehensive, it aims to provide a snapshot of the experiences of young people with disability across Western Australia through the COVID-19 pandemic and recovery. This paper was co-authored by the YACWA staff and the YACWA COVID-19 Youth Steering Group. This paper should be read in conjunction with the ["Framework for Young People's Recovery from COVID-19"](#) in Western Australia produced by YACWA in August 2020.

THANK YOU TO THE YOUNG PEOPLE WHO GAVE THEIR TIME AND SHARED THEIR EXPERIENCES WITH US TO PRODUCE THIS PAPER.

KEY FACTS



In Western Australia, 9.3% of young people aged 15 to 24 have a disability¹



Around 757,000 people in Australian aged 16 and over receive the Disability Support Pension (3.8% of the Australian population in this age group)²



Young people with disability face higher rates of mental ill health than their non-disabled peers.³

GIZELLE'S STORY⁴

Gizelle is a 19 year old with a disability. Before COVID-19 she was employed and studying at TAFE as well as using support workers to be active in her community. When COVID-19 first hit, because she is immunocompromised she had to stop working, stop going to TAFE and stop going on outings with her friends much earlier than the rest of the community. Gizelle struggled to understand why she wasn't able to keep working and what the COVID-19 pandemic meant for her. This made her feel confused and frustrated and resulted in mental health issues such as increased anxiety. Gizelle's family had to start providing support like helping her get dressed and engaging with online education because her disability service provider was no longer providing support workers for her. Her family also needed to provide her with financial support, as she wasn't eligible for Jobkeeper. This caused increasing tensions between her family and herself, which consequently led to fights with her mum. Since the restrictions lifted, Gizelle has struggled to find the motivation to get back into the community, and is feeling overwhelmed and uncertain by the new information that is coming out every day. She's feeling hopeless and unsure about her future.

KEY THEMES FROM CONSULTATION

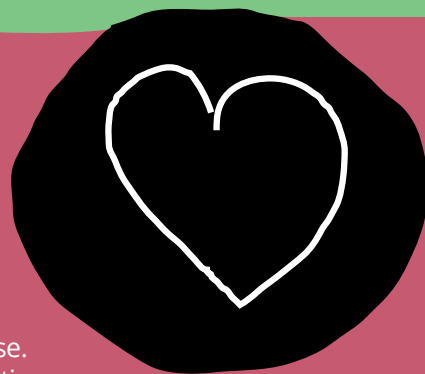
LOSS OF FORMAL SUPPORT

When the threat of COVID-19 became real in Western Australia, disability support services drastically changed the way they operated. For many young people with disability, this meant they suddenly lost the support workers who assisted them to access the community, engage in personal care and engage with education and employment. Many young people with disability had to rely on family members or partners for these supports, which, for some, increased tension in their homes and relationships. For young people with disability who came from violent or unsupportive families, this made them vulnerable to neglect, family violence or abuse. For those whose education transitioned to online learning, many educational institutions did not provide equivalent supports in a remote learning setting and young people with disability found themselves relying on family members to stay engaged with their education.

Some disability services increased their costs by up to 10%, which meant that many young people had to reduce the number of hours they could access in their NDIS plan or start paying out of pocket for support. The Disability Support Payment (DSP) was not raised during this time to accommodate this change.

For many, the loss of formal support meant losing connection to community and programs which helped build skills and routine. This loss of routine and connection is something that many young people with disability have struggled to regain even after restrictions have been lifted.

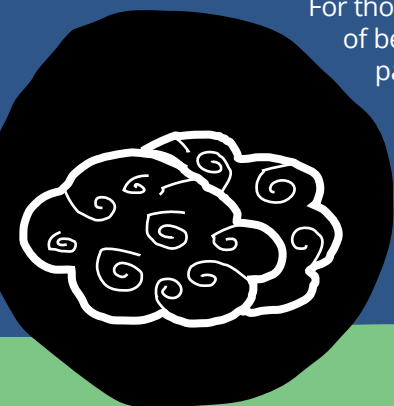
It is important to note however, that for many people who were immunocompromised or housebound, informal community programs that were formed during COVID-19 to assist with grocery shopping or delivering medication were exceptionally useful and the first time they felt supported by their communities.



MENTAL HEALTH

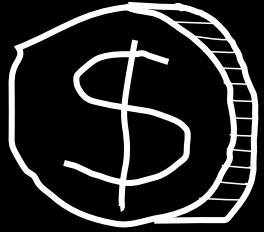
Young people with disability face higher rates of mental ill health than their non-disabled peers⁵ This occurs for a myriad of reasons, many of which have been linked to the diminished social conditions that young people with disability face, such as increased financial hardship, increased occurrences of bullying and increased likelihood of social exclusion⁶. The additional challenges that came with navigating the COVID-19 pandemic compounded these issues, which led to the general worsening of overall mental health for some young people with disability. For those who lost programs and supports, the subsequent loss of routine and identity decreased their mental health and wellbeing.

For those who struggled to understand or access information about COVID-19, this led to feelings of being overwhelmed and confused. Additionally, much of the societal messaging during the pandemic was that COVID-19 was ok because it “only” affected the elderly and those with disability and pre-existing conditions. This messaging contributed to feelings that society views those with disabilities as expendable. It is also important to note that for many, mental health services became significantly more accessible during the lockdown due to the expansion of telehealth, and many found it easier to access services than they prior to COVID-19.



FINANCIAL INSECURITY

For those young people on the Disability Support Payment (DSP), there was incredible frustration that they were not eligible for the coronavirus supplement. The supplement was introduced to acknowledge the increase in cost for many during the lockdown period, however these costs were also felt equally or more so by people with disability. Incidental costs like paying for groceries to be delivered, using taxis instead of public transport, or paying out of pocket for support services increased financial strain on young people with disability. For those on NDIS, many found it incredibly difficult to re-negotiate plans and revise their support in light of COVID-19. The rigidity of the NDIS scheme was not eased during the COVID-19 pandemic and support or information on how to adjust plans was not provided in an accessible way, meaning that young people with disability were left to try to renegotiate their plans on their own or pay out of pocket for supports



INFORMATION ABOUT COVID-19

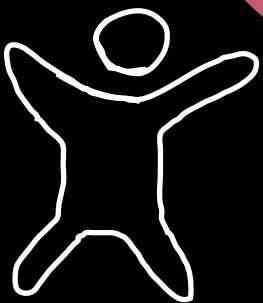
Information about the COVID-19 pandemic changed rapidly and was often difficult to stay on top of. For some young people with disability they felt they were left without accessible information on COVID-19, and how they could protect themselves and prevent spreading the disease. Many young people felt that creating accessible and easy to understand information was not a priority for Government and media and simple things like showing Auslan interpreters and adding subtitles to press conferences was not done reliably. This felt particularly stressful for young people with disability, in a time where knowledge is power to “stopping the spread” and not following restrictions could lead to fines, penalties or death.



ACCESSIBILITY AND CHANGES IN PERCEPTION

During the period of lockdown, physical events, workplaces and educational institutions had to adapt to provide remote access. For many people with disability this was a bitter sweet victory as they were finally given the flexible and online access they had long been campaigning for. Being able to go to the doctor, fill out forms, do online education and employment and order groceries online has changed the lives of many young people with disability, who had been previously told this was impossible. The Deaf community across Australia campaigned to ensure that Auslan interpreters were available and on screen during press conferences, and secured an Auslan interpreted news segment on Sunday evenings (though it should be noted many T.V. stations still do not show interpreters during press conferences). Many young people with disabilities expressed their ambition that these changes be maintained after the COVID-19 pandemic and workplaces, schools and events will be offered online as well as in person.

For those with compromised immune systems, the increase in hygiene practices in public spaces was a huge relief and made being in the community safer. For those who are housebound, there was a perceived increase in empathy and support from the broader community, as many began to empathise with what it was like to be unable to leave the house. Communities, in many places, banded together to provide support to those who were vulnerable to COVID-19, and now many people with disabilities are turning their sights to how to ensure that this support and empathy continues, when the COVID-19 pandemic does not directly affect those without disability.



RECOMMENDATIONS TO START OUR RECOVERY



WHAT

WHO

Provide a rapid, flexible small grant program to youth services that enables the rapid pivoting of service provision to meet emerging needs of young people, including a dedicated funding stream for telehealth and outreach services to engage isolated young people.	Department of Communities
Ensure there is targeted messaging to the community that combats the community attitude that young people with disability are expendable and affirms their contributions to the community and their unique health needs.	Department of Communities and Department of Premier and Cabinet
Fund dedicated youth peer support programs for young people living with a disability.	Department of Communities and Department of Premier and Cabinet
Provide funding that supports mental health services to be inclusive to people with disability and their unique needs through dedicated training and small grants.	Mental Health Commission
Maintain and expand recently established community services that assist young people with disability who are isolated in the community to meet their needs (such as grocery shopping support), ensuring these initiatives are led by people with disability.	Department of Communities
Ensure that family and domestic violence services are accessible and responsive to the needs of young people with disability, and provide funding for dedicated awareness raising campaigns targeting young people with disability.	Department of Communities
Fund a dedicated awareness raising campaign educating young people with disability to identify, recognise and respond to family and domestic violence, that is co-led by the community of people with disability.	Department of Communities
Ensure that all future information about COVID-19 and changes to restrictions are provided in timely and accessible formats to people with disability as a priority. This principle should be applied for all public facing communications, across-government moving forward	Department of Premier and Cabinet
Provide additional resources to all public schools and TAFEs to ensure all students with a disability receive inclusive, individualised support in their education, that is consistent across in-person and remote learning.	Department of Education and Department of Training and Workforce Development
Fund disability advocacy organisations, to advocate for the continuation and normalisation of flexible working and educational arrangements.	Department of Communities
Advocate via the National Cabinet to increase the Disability Support Pension in line with increases to JobSeeker.	Department of Premier and Cabinet

1. Australian Bureau of Statistics (2018) Disability, Ageing and Carers Australia: Summary of Findings retrieved from: <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>
2. Australian Institute of Health and Welfare (2019) People with Disability in Australia, Retrieved from: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/income-and-finance/income-support/the-size-of-the-dsp-population>
3. ABS (Australian Bureau of Statistics) 2019. Microdata: National Health Survey, 2017-18. ABS cat. No. 4364.0.55.001. Canberra: ABS. Findings based on AIHW analysis of the main unit record file (MURF).
4. Gizelle is a fictional story made of composite experiences representative of stories from real young people.
5. ABS (Australian Bureau of Statistics) 2019. Microdata: National Health Survey, 2017-18. ABS cat. No. 4364.0.55.001. Canberra: ABS. Findings based on AIHW analysis of the main unit record file (MURF).
6. Black, M., Buchanan, A. & Thomson, A. (2019). 'Support Programs for Young People with Disability and Experiences of Trauma or Abuse.' Curtin University, Report prepared for Uniting Care West. Retrieved from http://link.library.curtin.edu.au/p?cur_dspace_dc20.500.11937/76268.