

## INCLUSIVE ACCESS NETWORK WEBINAR – SUMMARY NOTE

### Post-COVID mobility for people with disabilities

23<sup>rd</sup> July 2020

[Watch/ listen to the webinar here](#)

#### Topic

COVID-19 has taken an extraordinary toll on people with disabilities (PWDs) in many ways, including hampering their ability to access essential services and receive necessary assistance. If lockdowns have been harsh, mask wearing, social distancing, and new road layouts are only some of the important challenges that PWDs have to face as lockdown conditions are eased in some countries around the world.

By bringing in direct lived experience of people with disabilities and knowledge from world renowned experts, this webinar explored key mobility and accessibility challenges for PWDs in the post-lockdown phase, and possible solutions both for the immediate problems and for the longer-term, combining technology with policy and practice.

#### Introduction

**Louise Cathro** introduced the [High Volume Transport Programme](#) (HVT), a 5-year applied research programme funded by the UK Department for International Development (DFID) focused on national and regional transport corridors and within cities in low-income countries in Africa and South Asia. This webinar features panellists from the HVT's Inclusive Access Network, which originated from the Foresight Session on [Disability Inclusive Road Transport](#), held at the PIARC World Road Congress in October 2019, and organised by HVT on behalf of DFID and the UK Department for Transport. *Inclusion* is one of the two main pillars of the HVT programme and HVT has published relevant research and policy documents such as the [Disability Inclusive Public Transport Policy Guide](#), a document for policy makers. HVT is also updating [Overseas Road Note 21](#), a document that helps technical experts improve transport infrastructure to be more inclusive and accessible, and running a COVID-19 challenge fund calling for innovative research projects that can improve inclusivity of transport systems in the global south in response to the COVID pandemic.

**Ann Frye**, Moderator, introduced today's topic. The webinar focuses on mobility issues facing PWDs as we move through the COVID pandemic at different stages in different countries. Key issues to be discussed, include:

- What social distancing means for people who need physical assistance;
- What can we do to mitigate infection risks of PWDs; and
- What can we do to deal with the current fear of people of assisting PWDs that they would not have in other circumstances.

#### Presentations

Two presentations were made by activists with disabilities from Africa and Asia.

#### **Samuel Mani, Entrepreneur and Director of "Yes! We can", India**

Samuel Mani co-runs the Indian NGO "Yes! We can", a group formed by individuals living with various disabilities, who have come together to promote independent living and commonly share

personal experiences and solve problems that are linked to the process of living independently. Highlights from Samuel's presentation include:

- Accessibility is still a relatively new concept in India – there are attitudinal problems as well as physical barriers – many PWDs are unemployed and lack support of any kind.
- There are specific challenges to mobility and accessibility brought about by COVID-19, on top of the general issues in India due to lack of accessible mobility and infrastructure.
- In many cases, even using accessible systems (like the Delhi Metro) still requires assistance, for example to get around parked cars at the entrance. However, since there is a significant lack of information/ understanding about the transmission of the virus, most people are very frightened and refuse to offer help. This often means not receiving assistance from people on the street or not being able to find volunteer drivers, resulting in PWDs' mobility being severely limited.
- Indeed, social distancing is usually not possible for PWDs because they need physical assistance which requires personal contact.
- There is very little financial help available (each State has its own policies). PWDs, who have often relied on friends, relatives or volunteers to withdraw money at ATMs for them because these are usually not accessible, now cannot receive such help and, in many cases, they have to live in severe financial hardship.
- There is general difficulty finding people to help PWDs to get things from the outside (withdraw money, food, water etc.), not just because of fear of contracting COVID-19, but also for all the additional problems that COVID might have brought to their life, which makes helping others secondary.
- Volunteers that were working with “Yes! We can” before COVID-19, are under pressure from their families to stop helping the NGO because of fears associated with social distancing.
- Financial issues need to be addressed to re-establish PWDs' independence (recapitalisation of business, the financial dependence on relatives, the need to pay for internet and other services), which requires them to be able to move freely and access services etc.

### Crystal Asige, Disability Consultant, Open Institute, Kenya

Crystal Asige, a musician, YouTuber and Accessibility Auditor and Diversity, Equity & Inclusion Consultant from Kenya, is visually impaired. Crystal provided an account of the key issues PWDs experience in Kenya as the economy opens up after lockdown. Highlights include:

- **Mitigation measures:** Crystal pointed out that some COVID infection mitigation measures are not applicable or could even be harmful to PWDs. For instance, people are asked to sneeze into their elbow, but that is exactly where blind people or those who have some mobility impairment would take the arm of their assistant. Wearing gloves is also not always an option for PWDs as some of them need tactile feedback to sense the environment. Sanitising hands frequently is another mitigation measure that can be harmful to people with sensitive skins like the albino community. Moreover, respecting social distancing in queues is difficult for people using guide dogs, which are not trained to wait in line. Finally, as COVID-related public health requirements are many and frequently change, it is difficult for people with cognitive disabilities to remember and apply them all.
- **Accessibility agenda:** Planning for a post-COVID world offers a unique opportunity to integrate accessibility and universal design into the built environment. Solutions to be advocated include: wider pavements, non-motorised transport zones, mixed use neighbourhoods, more spacious floor planning to allow for social distancing, “COVID-friendly” materials and technologies such as touchless doors, and more accessible buses and trains with clear signs to respect distancing.

- **Working from home:** Finally, working from home due to the virus could be both a positive approach as well as a risk for PWDs. It is positive because PWDs can have a stronger case to ask their employers to regularly work from home. However, at the same time, it could mean that PWDs could become more socially isolated and forgotten about, if they are not seen around the workplace. This might lead to society having less pressure to improve the accessibility of the built environment and address PWDs' problems.

## Panel Discussion

Three international experts sought to respond to the key issues brought up by the two presenters from India and Kenya and introduce some viable solutions and needs for further research.

### Prof. Nick Tyler, University College London, UK

Professor Nick Tyler, Director of Transport Studies at UCL was asked how the general sense of fear generated by COVID-19 could be addressed, so that PWDs get the necessary help. Nick stressed that it is wrong to talk about “social distance”, because social closeness is very much needed for everyone’s mental health, especially for PWDs; the term “physical distance” would be more appropriate. We need to promote physical distancing to prevent further infections, but the last thing we need during a pandemic is for people to become socially isolated. This distinction is particularly crucial when we think about PWDs.

Addressing people’s fear is difficult, but it relates very much to better understanding the virus and how infections come about. In relation to this, Nick illustrated research that he has been leading at UCL, where they studied the design of London buses to identify how to reduce the risk of infection for bus drivers. The study has now moved to explore how to make the bus saloon safer for passengers too. Ventilation is the key factor – together with physical distance – in preventing the passage of droplets charged with the virus among passengers. Nick underscored the importance of having more spacious areas with better ventilation and being outdoors where possible.

Nick indicated that masks are good for blocking the droplets going outward, but they also mask people’s lips, which can be a problem for people who rely on lip reading. So, they are not the perfect solution, but they do help substantially in terms of reducing spread of the virus.

Finally, Nick reiterated that, as Samuel and Crystal reminded us, “part of being human is social” and COVID can put us at risk of forgetting that and closing ourselves up. That is because of fear, but also because of a lack of good information. He stressed the importance of clear communications from governments, on a scientific base, and without too many changes, as that can create confusion, misinformation, and ultimately increase people’s fear of others.

### Dr Margie Peden, The George Institute for Global Health, UK

Dr Margie Peden, Head of Global Injury at The George Institute for Global Health was asked what innovative measures are being trialled to try and address some of the problems raised by Crystal and Samuel. She answered with three key points:

- The public health response needs to be holistic, not sectoral. Margie explained that some organisations focus on infrastructure changes, others focus on environmental changes, and others put the onus on the individual and look at behavioural issues. Only a holistic approach can be effective. For instance, we indeed need to make public transport safer, but we also need to provide other accessible and safe alternatives, such as walking, cycling, etc. We also need to repurpose the street layout for active transport, as well as enforcing speed limits – observed speed had gone up during and after lockdowns, due to there being fewer vehicles on the roads.

- The holistic planning must point to adapting the public health and environmental measures for PWDs. She gave the example of masks; on social media information might depict masks as harmful. Margie pointed out that, although masks are physiologically 100% safe, there might be instances in which they may be challenging to wear, such as for people with panic attacks, or other mental health issues. So, some innovative solutions should be put in place to adapt to those cases. Regarding communication, she was glad that the previous speakers had raised the problems with consistency in public health messaging. At the same time, the other issue is that messaging is usually visual in form (e.g. TV, signs etc.), hence it is not always accessible by PWDs. She therefore stressed the need for messaging to be more adaptable and more inclusive.
- Finally, in terms of policy changes, as an academic, Margie would like to see research being inclusive of methodologies and study designs. For example, data has to be analysed including the experiences of PWDs, since “if you can't measure it, you can't manage it”. Margie welcomed that HVT is calling for more inclusive research through the **COVID-19 Response & Recovery Transport Research Fund**. She thinks this will give more chances to hear from PWDs, to look at case studies, and to develop the evidence so that inclusive strategies can be proposed.

### Joseph Kwan, Rehabilitation International, Hong Kong

Joseph Kwan, Deputy Vice-President of Rehabilitation International (RI) and Global Chair for 10 years of RI's International Commission on Technology and Accessibility commented on accessibility and inclusivity issues within the micro- and macro-environment. The main solution is the need for an environment that is touchless, or hands free. For instance, voice-activated elevators could represent safer options for PWDs. Another example is having buttons that are pressed by our feet (or wheels) rather than by our fingers, for example at traffic lights. Therefore, a new paradigm of fully inclusive hands free planning needs to be put in place by all relevant professional figures, including planners, architects, transport operators and designers.

## Q&A Session

From the Q&A session that followed, four key points were raised:

- **How we educate the public on the needs of PWDs to reduce the current stigma on them** - solutions included having both the mass media and the government devising better communication strategies that are more inclusive. These would include increasing the visibility of PWDs as key testimonials of those campaigns.
- **How to ensure more inclusion of PWDs in planning for the COVID responses** in a way that considers their needs. Margie Peden reiterated the need for more inclusive and participatory research as well as participatory policy development. However, she cautioned against the suggestion of developing an inter-governmental framework to look at PWDs issues regarding COVID-19, reminding that this could be a laborious process that could take years to implement and might not provide the urgent solution that is needed in this case. She felt that it could be a longer-term goal, but something more agile in the interim would be more effective, such as global networks of advocacy organisations for the rights of PWDs.
- **How to organise safe transportation for schools, including for children with disabilities.** Janett Jimenez from Access Exchange International explained that they have been working on transportation for children and youths with disabilities in schools in developing countries and they are now facing some important challenge in thinking of the form of schooling required for disabled children when schools reopen. For instance, digital schooling resulted in serious limitations for children with disabilities (CWDs). On the other hand, there has also been shortage of transport options for CWDs for the same reasons that Samuel illustrated. To that, Margie

Peden added that the Child Health Initiative and UNICEF have been working on [guidance on safe and healthy journeys to school during COVID-19](#).

- **What short-term practical steps can be taken to ensure PWDs' needs are addressed** as lockdowns are eased. Nick Tyler reiterated the importance of the media and the fact that the science is properly communicated to all. Margie Peden agreed, pointing out that she had hardly heard any information in the media recently about the issues of COVID-19 for PWDs. Moreover, she added that academics should think more about social inclusion and include more PWDs in their research. Finally, Crystal Asige made the case for adding design and planning for pandemic resilience in higher education curricula.

## Summary

### Ann Frye, Moderator

One of the immediate problems is trying to **tackle the fear that exists** throughout populations and that is affecting the possibility for people with disabilities to move about, to travel and to get the assistance they need. So, there are a many myths about the infection and how it is spread that need to be tackled so that people with disabilities have better opportunities and are not left isolated.

We also need to **find practical solutions** – e.g. buttons you do not have to touch or that can be operated by something other than your hand. Many are simply based on existing technology that just needs a rethink to be appropriately applied as countries reopen.

For the longer term, one key issue that came out very strongly was the need to **ensure that people with disabilities are consulted** and engaged in the response to pandemics now and in the future. It is clear from the stories we have heard that disability issues were simply forgotten in the responses to the pandemic in many countries. We have an opportunity to make sure this does not happen again.

We need to **engage with established global organisations and alliances of people with disabilities** and ensure that their voices are heard from the outset and that we have a clearly established protocol and political framework.