**Draft Transcript**

Disability-Inclusive Practice & Research:

COVID-19 & Beyond

Panel Discussion and Guidance Report Launch

Wednesday, 10 June 2020 at 3pm

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VICKY WONG: Good afternoon, everyone. Welcome to the webinar. Before the webinar starts, I'll quickly go over some housekeeping matters. First of all, this webinar is being recorded. When the recording is ready, it will be available on the ACFID YouTube channel and I'll send a link to all of you in an email. During the webinar, please use the Q&A area to type in your questions. You can also view other participants' questions there as well as upload those questions you like by using the thumbs up button there. We will have a Q&A session towards the end of the webinar. When the webinar closes, you will be directed to a survey. It's a quick one, so please stay and complete the survey and let us have your feedback.

Now, with no further ado, I'll hand over to our moderator, Kylie Shae OAM. Thanks, Kylie.

KYLIE SHAE: Good afternoon, everybody. I'd like to start by acknowledging the traditional owners of the lands that we all meet on and by paying our respects to their elders past and present and emerging.

45% of Aboriginal Australians live with a disability or a long‑term, restricting health condition. They are 2.1 times more likely to live with a disability than non‑Aboriginal Australians and 5 times more likely to experience a mental health condition, yet Aboriginal people with disabilities participate in cultural activities at the same rates as those without disabilities. I pay my respects to their enduring spirit and fight. At this time, we also particularly remember the at least 432 Aboriginal people who have died in custody since the 1991 Royal Commission, some of whom had significant disabilities, with no convictions being made. We stand with the First Nations Disability Network and the Black Lives Matter movement in calling for justice. Thank you.

So I would like to extend a welcome to all of our participants and thank you for allocating time to join us in this opportunity to hear from some COVID‑19 pandemic specific reflections from leaders in disability inclusion about the work that they and their organisations have been doing throughout this period of unprecedented change to ensure that disability inclusion is not forgotten in the midst of many rapidly evolving responses to the crisis.

So my name is Kylie Shae and I am the CEO of Motivation Australia and I'm currently the Chair of the Australian Disability and Development Network, or ADDC. The webinar that you are joining us for today is co‑hosted by the Australian Council for International Development, so ACFID, and ADDC.

ACFID is the peak body for the Australian non‑government organisations involved in international development and humanitarian action and I know that many of you on the call today are members of organisations that are members of ACFID. Founded in 1965, ACFID has over 130 members working in 90 developing countries and supported by over 1.5 million Australians. ACFID's purpose is to lead and unite members in action for a just, equitable and sustainable world. ACFID has a variety of learning offerings, including e‑learning, learning with ACFID toolkits, webinars such as this one and workshops and to learn more about those, please do visit the ACFID website.

Introducing ADDC ‑ ADDC is an Australian‑based international network focusing attention, expertise and action on disability issues in developing countries. We work through advocacy and by providing news, resources and networking to facilitate disability‑inclusive development in full recognition that at least 15% of the world's population live with disability. These 15% are overrepresented amongst the world's poorest people and are often excluded from accessing development and humanitarian programs. So obviously the issue of disability inclusion is very much central to the work of ADDC, and again I really thank you all for your attention to this issue.

Membership and subscription to ADDC is free and you can register in the exit survey if you are not already a member at the end of this webinar or via the ADDC website. Some of you may also have already participated in the Disability Focal Point Network, which is a monthly online discussion and networking meeting for international development practitioners to discuss topics around practising and promoting disability‑inclusive development within your work. If you are interested in joining that, please let us know via the exit survey or you can contact Lucy Daniel ‑ I think you've got ‑ yes, you have her email address up on the screen, ldaniel@addc.org.au. Lucy is our executive officer and would love to hear from you.

Before I introduce our speakers, I will just let you know what our plan for this afternoon is. You will be hearing from three speakers who I'll introduce shortly and then after each person has spoken, we will have a panel discussion with some questions and discussion between the speakers and we're also going to then take the opportunity of the webinar to support the launch of a very timely guidance report on making research inclusive of people with disabilities.

We'll then open up the session at the end for a brief Q&A and at this point I'd like you to start thinking about questions that you may have or may arise during the session for the Q&A session. You can enter your questions into the Q&A area, which I hope you can see on your webinar, down the bottom to the right you should see a Q&A button ‑ and to think about using the opportunity to use the insights and experience of our speakers to help you answer questions you may have about how you can best apply in practical ways the principles of disability inclusion into your work.

Now, without further ado, I'd like to introduce our first speaker, Mr Setareki Macanawai, currently CEO of Pacific Disability Forum. Seta holds a Bachelor of Education and Masters with Honours in educational administration from University of New England in Australia. Seta has received several regional and international awards in recognition of his professional and academic achievements in the field of disability. He is a leading disability advocate and he has served on the committees of many international and regional organisations and written journal articles on disability. He's a keen advocate of disability‑inclusive development where persons with disabilities and their representative organisations are in the front and centre and playing a key role in all aspects of development. Seta, over to you.

SETAREKI S MACANAWAI: Warm Pacific greetings to all those of you that have tuned into this webinar and may I also take the opportunity on behalf of the Pacific Disability Forum to thank ADDC and ACFID and fellow colleagues here on the panel as well for this session.

I will be setting up the experience from the Pacific ‑ in relation to this pandemic that has caught all of us by surprise. Work we did with Pacific Disability Forum in terms of our response largely around three areas firstly is strengthening the capacity of our disabled peoples organisations. As I said, this was unplanned in terms of a big surprise, so our team ‑ the secretariat through our program that we have with our member DPOs each work with about three DPOs, firstly to find out and assess the capacity, the handling, responding to the news about COVID‑19 and, secondly, the capacity to be able to engage with our partners on the ground.

We also then facilitate the sharing of lived experiences of persons with disability during COVID. You know here in Pacific ‑ Fiji, Papua New Guinea, Java of course up in the northern islands as well as the French Pacific territories, Tahiti, had active COVID‑19. Others luckily did not have. So for us it is focusing, as I said earlier, with our DPOs and that also includes working with DPOs on their messaging, the key messages that can frame the messages that are coming in from the partners, the governments on how best to be disability inclusive.

The second area we worked on was our participation and representation in the various meetings if you like with our partners and ensuring that the voice of persons with disabilities both at regional and global levels are shared, and then of course a key area there is the highlighting of the gaps in disability‑inclusive messaging ‑ an example is around social distancing, how does that fare with persons with disabilities ‑ and also particularly with the UN organisations like WHO to be able to influence advice given to countries in the region.

We also developed along with our partners issue papers and we targeted education, food security, health, information and social protection, how does this look to persons with disabilities in a COVID‑19 pandemic setting.

We also conducting ‑ social media experiences of persons with disabilities in relation to COVID‑19. The third area of our work for DPOs, secondly on participation on the work on inclusion and thirdly the provision of technical assistance and advice to our partners and here we developed some key ‑ core disability inclusion COVID‑19 documents and thanks to the secretariat, they helped us in the translation of these documents into French for members in the three trans Pacific territories.

They're on our website and these documents can be shared if you are interested to find out what these documents are. Just to give you a couple, guideline on three conditions. Interestingly, because it came in the midst of COVID‑19, we also put out paper, guidelines on disability inclusion considerations in light of the pandemic, COVID‑19 ‑ human rights approach, as I said.

I'll turn to the challenges and opportunities that we faced. The challenges, of course a big one it came unexpected, so we had not allocated resources, both human and financial, when COVID‑19 came. So thankfully and for the reality of having flexibility within our funding arrangements, not just at PDF level, disability rights ... to divert some of the funding to COVID‑19 work.

I'm pressed for time to deliver and uncertainty around ‑ the uncertainty of COVID‑19. Another challenge is any type of emergency we are used to dealing with disaster risk reduction management, climate change, this one is new and it's changing.

The other challenge we faced was cracking some of the hard nuts to crack when the regulations, the systems, don't allow us to influence, such as data, the lack of data and also with information coming through.

The lack of accessibility is another issue, both guidelines to be followed during the COVID‑19 and some countries do not have those in place, so it's hard to have that in place. And of course one of the challenges also is lack of support to organisations of persons with disabilities to be able to do their work and advocacy to their partners in country.

Opportunities ‑ we saw that the COVID‑19 is an opportunity for us to do further research and identify gaps around disability inclusion. It was rushed, it was a hurried process. People wanted all to be involved and sometimes persons with disabilities are left behind and are further marginalised. Also an opportunity for us to work with DPOs in setting up the resource team to be multitasked, to be able to sharpen messages and opportunity to access funding that we would not otherwise have received ‑ for example, WHO ‑ on production of materials, training packages for DPOs.

Lessons learned over the last bit of my sharing this afternoon for this particular session, what's some of the lessons that we've learned? We need to be creative in our response, not just disability‑inclusive response, a creative, innovative disability response when things like this happen. We are working with climate change, and a health issue arises, are we ready to prepare for that should another pandemic come - also the strengthening of our advocacy to enable changing the systems happen and happen fast. Human rights approach ‑ I think that's critical. We need to be ‑ on lessons learned, we need to do that better and ensure that's there from the get‑go.

In closing this point, although a lot of the COVID response is focusing on prevention, fortunately not many ‑ just a couple of countries that were affected by COVID‑19, the others are not, so I think how we can then use that to prepare ourselves now and not be caught by surprise again. I think the last point for me on this lessons learned is the economic hardships faced by persons with disabilities and I'll talk about this in a later segment. Thank you, Kylie.

KYLIE SHAE: Thank you very much, Seta. Much appreciated. Yes, each of the speakers are going to be looking at those sections that Seta was outlining around what have you been doing as an organisation, where are the challenges and where are the opportunities that COVID‑19 have presented?

Coming now, I'd like to introduce you to Samantha French, who is our second speaker. Sam is a senior policy officer for People with Disability Australia. She's been an active member in the disability field for over 25 years working in the government and non‑government organisation sectors on disability policy, education, consultancy and more. As a person with a disability, Samantha is an active member of a number of disabled persons organisation representative networks across Australia and the Pacific region, including Women with Disability Australia and as a board member of the Pacific Disability Forum. Sam was directly involved in the development of the Convention on the Rights of Persons with Disabilities as a civil society representative and I know that since COVID arrived, she has been extremely busy. So looking forward to hearing a bit more about what PwDA have been doing and then also Sam's involvement in those regional networks during this time. Over to you, Sam.

SAM FRENCH: Okay. Can you hear me? Thank you. Welcome, everyone, and I also wanted to say thank you for the opportunity to speak with everyone today. I'm going to be talking from the perspective of a disabled persons organisation.

So my organisation, People with Disability Australia, is a national disability advocacy organisation and we work in providing a voice for people with disability. Our members are people with disability, so we're a representative organisation, and many of you would be aware of the role that DPOs play in international development efforts. I just wanted to share with you what we've been doing as a DPO and our involvement a little bit at the domestic level but also how we've networked and engaged with other DPOs to strengthen our advocacy in this area.

So we as a DPO and an advocacy organisation ‑ we do provide individual advocacy, we provide systemic advocacy, policy work. We also do outreach work to hard‑to‑reach communities and training and all sorts of other things, but also as a disabled persons organisation, we're very much involved with our other networks, so the Pacific Disability Forum, for example, and other networks such as the International Disability Alliance and they've been very important partners to have not only in supporting the work that we do, but also particularly during a situation like COVID.

In terms of what we've picked up ‑ what our organisation has been involved in, the key issues that we've found for people with disability during COVID we're finding similar in Australia as they are globally, so obviously the immediate threat to safety and life through COVID and we also had, as you would be aware, the bushfires, worst bushfires in history, but also those people who are living in segregated or closed settings such as group homes or may be reliant on family and have been self‑isolating, but it also can include people whose services have been overly stringent around the restrictions and have literally locked people in to situations. Those that are also most marginalised, such as people who are homeless and those with psychosocial disability, and physical distancing has actually brought about some very key challenges for certain groups. For some people physical distancing has meant isolation from their services, essential services and supports, and also the heightened risk for people with disability in those situations for exposure to violence, abuse and neglect. We have seen an increase in suicide, we've seen an increase in domestic violence. These are all things that have significantly increased and we think to some degree the physical distancing and social distancing ‑ we like to use the term physical distancing ‑ has been a part of that, restrictive practices being used and, as I mentioned, lack of continuity of supports.

So they're the key areas that we've been advocating on and really trying to reach out ‑ we've found that the importance of not only advocacy but also outreach to those people who cannot for various reasons come to us or even call us, so the importance of outreach, and in that you'll hear me often talk about the necessity for advocacy to be classed or considered, acknowledged, as an essential service and this does not only, as I mentioned before ‑ this is what we're hearing globally.

So in terms of our national disability work during COVID, initially and traditionally in Australia there is very little engagement with DPOs and advocacy organisations on emergency response. We've been quite active ‑ PwD, my organisation, has been quite active at the regional and international level, we've done quite a lot of work with the PDF and other UN bodies around development of regional strategies for implementing the Convention on the Rights of People with Disabilities but also on disaster risk reduction and response. But at the domestic level that has been very weak. So for us we were brought into the picture quite late compared to other stakeholders or responders. That was challenging in that we had to advocate very strongly to have a seat at the table.

Now we have been brought into most decision‑making roles and we've now helped to develop a national COVID‑19 response plan, we've even been involved with the development of ethical triaging protocols in times of pandemics, so areas of work which we traditionally have definitely not had any involvement in.

We've also written an open letter to the national cabinet, we've done a lot of work with sister DPOs around group advocating in terms of our key concerns and what we think are solutions, so trying to be solutions focused, and we've now got a seat at the table. We are involved with a lot of high‑level decision making, but we are now at the point where we're rolling out those national plans at local level, and again the challenges come ‑ Seta has mentioned a number of these, but challenges come where advocacy, DPOs are not resourced to do this work. We're doing this work on top of other critical advocacy work.

So there has been traditionally a lack of engagement. That is changing, that is now an opportunity that we need to learn from. We also have a lot of different jurisdictions and sectors implementing response and that has caused some fragmentation, confusion and inconsistencies also in messaging. Opportunities ‑ now that we have become involved ‑ and again, I can't emphasise this enough that this is what we're hearing globally when we connect with our global DPO networks, these are very similar stories, not only the problems that we're seeing, the concerns, but also the opportunities that once DPOs are brought in to the planning and the response to emergencies, we're demonstrating that we are best placed to advise on accessible guidelines and practices to provide independent advocacy and advice, to provide outreach into closed settings and where people are most excluded, but advocacy has filled a gap to ensure that there's an integrated approach to support coordination and that we're being in a position where we can monitor how the response to COVID and other disasters are occurring.

I think I've come to the end of my time. So just to sum up in terms of lessons we've learnt ‑ the importance of greater engagement, and this applies to any environment that where you can to support that engagement between disabled peoples organisations, advocates and other agencies involved in planning and response efforts that we need great improved coordination and that we need to recognise and resource DPOs and advocates as essential services to provide necessary information advocacy. I think I'll leave it there.

KYLIE SHAE: Great. Thank you very much, Sam. I think what really came through in that, and certainly when we were talking a couple of days ago about this, is that importance of having the DPO networks there and established and the incredible role that you play in this and also that linking of the work you've been doing in Australia and the work you're doing engaged with DPOs in our region and how you've all been learning and sharing from each other. We might try to pull that out a little more in the panel discussion.

SAM FRENCH: Definitely. Thank you.

KYLIE SHAE: Thank you very much. Now I have the great pleasure to introduce Mika Kontiainen, who is the Director of the Disability Inclusion Section of the Australian Department of Foreign Affairs and Trade, DFAT. Mika is responsible for managing policy advice on disability inclusion and disability rights within Australia's international advocacy, diplomatic and for supporting the implementation of DFAT's disability strategy development for all 2015 to 2020. Previously in 2011 to 2014 Mika held a similar role managing the Australian aid policy for communicable and non‑communicable disease as Director of Disease Prevention and Control. Mika also held a range of challenging and high‑profile leadership roles in the Attorney‑General's Department, Department of the Prime Minister and Cabinet and Department of Immigration and citizenship. Mika holds a Master of Arts in International Relations. I shall now hand over to you to finish off our third speaker and then we'll move on to the panel discussion. Thank you, Mika.

MIKA KONTIAINEN: Thank you, Kylie. Good afternoon, everybody. It's a pleasure to be here on this wonderful day working from home dealing with COVID‑19 work restrictions, which of course means I'm not required to wear my normal suit.

As Seta was saying, when COVID‑19 came along it was completely unexpected. Three months ago, the Government was well and truly on track to release a new development policy by about April of this year and a new disability policy by the end of this year. Then COVID‑19 came along and we had to divert all our resources to supporting a COVID‑19 response which became the number one priority for the Department of Foreign Affairs and Trade. So in that very rapid pivot towards COVID‑19, we've had to down tools on what we thought we'd be working on and start focusing more on COVID‑19 itself.

Just recently the Foreign Minister has launched a new development policy called "Partnerships for Recovery: Australia's COVID‑19 Development Response", and as noted in the ministerial foreword for that policy, Australia's response to COVID‑19 will include a focus on the most vulnerable, including women and girls and people with disabilities and those living in poverty. What the new partnerships for recovery policy recognises is that pandemics will exacerbate the inequalities and hardships faced by already vulnerable groups, including people with disabilities who already face multiple levels of exclusion and who will be particularly vulnerable as health and other social services are disrupted.

Now, our approach to disability inclusion has been longstanding. It's been clearly articulated in the foreign policy white paper which commits Australia to disability inclusion alongside gender equality as a cost‑cutting priority for our international engagement in development, humanitarian action and in human rights. Our global leadership in disability inclusion, together with DFAT's capacity to deliver disability‑inclusive development and humanitarian programs, is built on a series of longstanding, mutually reinforcing strategic partnerships with international civil society and multilateral organisations. Some of the most important of those partnerships are with CBM Australia, with the International Disability Alliance, with the Disability Rights Advocacy Fund, the UN Partnership on the Rights of Persons with Disabilities, and of course the Pacific Disability Forum and I'm delighted to be speaking alongside the centre this afternoon.

These partnerships are the primary enablers by which DFAT's international engagement on disability is progressed because they do three things for us. Firstly, they provide us with the access to the essential technical assistance and advice including advice from the perspective of people with a lived experience of disability. These partnerships also support disabled peoples organisations to contribute to and benefit from development, humanitarian action and human rights processes. And thirdly, these partnerships are essential for influencing other stakeholders, particularly the UN system, to be more disability inclusive.

If you have a look at how it works in the Pacific, for example, you can see how these relate to each other, how they mutually reinforce. In the Pacific our principal partner is the Pacific Disability Forum. We have a direct funding relationship with them, provide them with funding. We also provide funding to the International Disability Alliance, of which PDF is a member, and PDF provides that voice of advocacy for people with disabilities, including from the Pacific within the UN system. We also provide funding to the Disability Rights Advocacy Fund, which then provides grants to DPOs in developing countries, including in the Pacific and including to PDF member organisations.

Our funding to the UNPRPD enables UN country teams in the Pacific to engage in joint programming that is disability inclusive and is done in partnership with local DPOs. So we have this very effective network of relationships with key stakeholders all of which are designed to deliver a rights‑based approach to disability inclusion, something that gives people with disabilities an active and meaningful role both as participants and as beneficiaries in the development programs that we are delivering.

Now, in the face of COVID‑19, all these partnerships are pivoting towards supporting a disability‑inclusive COVID‑19 response and recovery. PDF has been doing a sterling job of this at the regional and country level in the Pacific, but you can also see it happening at the global level in the UN, for example, where Australia's support and the voice of people with disabilities from including the Pacific has seen the UN system starting to pivot towards a disability‑inclusive COVID‑19 response and recovery. Most recently, if you're interested, the Secretary‑General launched a policy brief on disability‑inclusive COVID‑19 response which was made possible in part because of the quiet advocacy behind the scenes by Australian Government and by Australian‑funded DPOs like the International Disability Alliance.

At the programmatic level, various parts of the Australian development and humanitarian program are also pivoting towards supporting disability‑inclusive COVID‑19 response. One example of that is around social protection. What the pandemic has demonstrated is that investing in inclusive, accessible and disaster responsive social protection systems is crucial, so DFAT has been providing technical assistance to our bilateral partners to ensure that the scale‑up of social protection programs are inclusive. This includes health services and other services like nutrition and food voucher programs.

Elsewhere, if you take the example of WASH, for example, the water for women program has been working in a number of countries on supporting disability‑inclusive COVID‑19 responses. In Vanuatu, World Vision is installing accessible hand washing stations with safe drinking water facilities in key public places.

In India, the Centre for Advocacy and Research is distributing COVID‑19 hygiene messages in braille and in Indonesia plan is working with people with disabilities to sustain their livelihoods by redirecting their massage businesses towards making masks as per the government of Indonesia requirements.

Elsewhere we're seeing DFAT‑funded partners like WaterAid supporting local rights groups in the Pacific to identify joint advocacy opportunities as well as examples such as CBM supporting a project in Sudan in Africa which is working with local DPOs and community‑based inclusive development workers, CBID workers, to translate public health messages to distribute COVID‑19 materials and to facilitate the broadcast of radio talk shows. What these show often is that a key element is supporting people with disabilities and DPOs by focusing on accessible information, so a common feature of what's happening at the programmatic level is supporting sign language interpretation on the crisis response to COVID‑19 as well as disseminating information in other forms. So quite often we're seeing that Australian funding is being used to support sign language interpretation to help deliver those messages.

To allow time for question and answer, I think I'll just pause there for the moment and hand back over to you, Kylie, and happy to take further questions as we go along. Thank you.

KYLIE SHAE: Great. Thank you very much, Mika. It is interesting that there is such a broad range of programmatic‑level inputs that are funded by DFAT across a real spread. So it's not just in one sector, it's across quite a wide range. So I think that's very interesting for a lot of people to see that breadth.

I can see that there's a couple of questions that have come in on the Q&A chat and I'll try to work some of those into ‑ one of those ‑ there's more coming now. Please do start putting questions into the Q&A chat so we can start building some of those into the panel discussion now, and then in the meantime I'm just wondering, Seta and Sam, if you'd like to turn your videos back on so that we can have you back up on to the panel.

I might start with you, Mika, with a question. We've just talked about the fact that yes the DFAT investments have been across a broad range of sectors, but we do know that with COVID‑19, one of the things that a lot of people initially were immediately starting to talk about from a developing country context is the weakness of health systems and the fact that health systems need to be strong and well prepared to be able to cope with something like this, and yes it was unexpected, but we do know that health systems are going to suffer shocks from time to time and we need to have strong systems in place to be ready for those. So with this in mind, is this an opportunity as we go forward with the Australian aid program to ensure that a renewed focus on strengthening the overall health systems in countries is disability inclusive from the ground up, that we're really thinking about that in any new program approaches?

MIKA KONTIAINEN: Thanks, Kylie. As a student of history, I remember John F Kennedy ‑ not because I was around then, but I've studied him ‑ in his campaign speeches back in 1959 and 1960 he used to often refer to the Chinese word for crisis as being composed of two characters, one representing danger, the other opportunity. Linguistically this widespread public misconception is actually not entirely accurate, but in the case of COVID‑19, there is indeed opportunity to promote and support disability‑inclusive health system strengthening based on the concept of universal health coverage. So universal health coverage is the idea that all people and communities have access to the health services they need without suffering financial hardship. Unfortunately, about half the world's population does not have access to essential health services.

Now, Australia is a signatory to the global commitment to achieve universal health coverage through the sustainable development goals. Known as the UNHC 2030, this global compact has been agreed to by all 193 member states of the United Nations. The concept of leave no‑one behind is core to universal health coverage, meaning that people with disabilities will benefit from this work.

Now, COVID‑19 presents an opportunity for further investment in disability‑inclusive health services and progress towards universal health coverage. For a start, the pandemic has highlighted the importance of access to inclusive and non‑discriminatory health services for people with disabilities. In addition, it's highlighted the need for comprehensive and inclusive social protection mechanisms to support access to universal health coverage, it's highlighted the value of support services for people with disabilities to enable access to those health services, and it's also highlighted the importance of shifting attitudes and equipping frontline health personnel and health management to ensure that people with disabilities are not deprioritised.

Now, in response to COVID‑19, I'm seeing a renewed interest and commitment from across DFAT's health and health security programs in relation to disability inclusion. For example, I've seen that the Indo‑Pacific Centre for Health Security is now actively looking for opportunities to enhance disability inclusion within both existing and new grant partners that are pivoting their programs to respond to COVID‑19, including through workforce development, inclusive training, disaggregation of surveillance data, more accessible health and deep epidemiological analysis. All of these opportunities are built on the recognition that it is essential to actually partner with people with disabilities and their representative organisations. I'll leave it at that. Thank you.

KYLIE SHAE: Great. Thank you. I think again there's an awful lot happening and there's an awful lot of opportunity.

What I'd like to do now is actually shift the focus from health, having put the spotlight on there, and Seta, I wanted to just explore a little bit ‑ yes the health response to COVID in the Pacific initially focused on prevention and preparation, but we have, as you said ‑ we've been fortunate that there's been really low incidences of COVID in the region. However, Pacific island people are actually being greatly impacted as a whole by the economic impacts of the COVID prevention responses themselves because of the travel restrictions internally and closing of international borders, shutting down of economies. So is PDF and your networks ‑ are you seeing that economic hardship creating additional challenges for people with disabilities? What are the opportunities as national governments and development partners respond to the economic impacts to ensure that these responses are disability inclusive, and I pose that question in the knowledge that the focus of the Australian Government aid program will be looking at health security, but also economic recovery amongst a few other areas but economic recovery so we can exceed ‑ we are likely to see programs targeting economic recovery, how do we make sure that is truly disability inclusive? Seta?

SETAREKI S MACANAWAI: Thank you, Kylie. It's a great question indeed. Certainly to those countries due to the closure of borders here in the Pacific and countries that have had COVID‑19 cases, like Fiji, Papua New Guinea and others up north that I've mentioned earlier, the effect on the economic ‑ the challenges that people for example in Fiji experience because of no travel, borders closing, tourism almost collapsing, so hotel workers are being sent home, some in the retail industry, so the effect of COVID‑19 on the economic wellbeing of families if you like where they've been affected where they include people with disabilities, they do feel the pinch as well.

Our DPOs in some of our countries here in Fiji and others have also experienced ‑ in Fiji a slash in funding from the Government. They've received first and second quarter but not the third or fourth quarter, which means that their staff, some of whom are persons with disabilities, have to work reduced hours or are sent home. Now we continue to hear companies, even smaller companies, closing down so the effect on people not just economically but even in terms of their mental health, their wellbeing, to know that the uncertainty around cash flow, their funding, the food on the table, schools are still closed at the moment in most of the countries in the Pacific. When school resumes, they will also feel the pinch there in terms of needing to provide for their children.

So all in all there's certainly been ‑ persons with disabilities have not been spared by the pandemic on the economy of our countries. Tonga is the only country that we know of the governments have been able to top up their social protection. I think around $12 US, if I'm correct, was added to their social protection. Fiji, on the other hand, the bus fare scheme for persons with disabilities used to be $40 a month is reduced to $20 and those persons with disabilities who apply for social protection during the COVID pandemic period, it's been put on hold.

Luckily and thankfully ‑ I did mention this earlier around what government and partners can do. Government in Tonga has done the right thing. I think Fiji should not have done what they did. Instead of slashing funds and adding to the burden, they should have retained those social protection schemes and even added to it like what Tonga did.

Interestingly, the Fijian national fund, the security system for Fiji for those working are helping those who are contributing to that scheme. Persons with disabilities who do not have a job will miss out because they don't have any contribution. What do they get? Nothing.

So I think the countries ‑ our governments in the Pacific can do better in ensuring that persons with disabilities are not being made worse off as a result of this pandemic.

I mentioned earlier about Disability Rights Advocacy Fund talking to members here in Pacific and thanks also to DFAT for funding they were able to rewire the funding to address COVID and then the staffing. We've had similar conversations with Mika and his team around the support that we can give to our members from the funds that we currently have. I mentioned this also earlier, the flexibility around equal funding arrangements, provision within that when a crisis happens, when tough times come, the flexibility of a funding mechanism to allow for funding to areas that's needed the most.

So all in all I think, Kylie, we certainly are feeling it and Sam also mentioned this earlier around services to persons who are marginalised. We do not have those services for people who have intellectual disability or psychosocial disability. They miss out because there's no support services for them.

So it covers ‑ the pandemic is affecting us financially, economically and in terms of health I mentioned earlier, stress and the like, of course not knowing what is coming next, around uncertainty that COVID is bringing to our region is huge. Thank you, Kylie.

KYLIE SHAE: Okay. Thank you very much, Seta. I think that is a really good point you've raised, that yes there's economic impacts, but there's also that uncertainty which has all of those mental health components to that which increases people's stress and certainly when you're not sure where the next piece of funding is going to come from.

Sam, I'm just going to throw to you for a question relating to that in a way around the role of the DPO in advocacy and it really came through when you were speaking about how important it is that we've got those well‑established DPO networks at country regional level, that you're working together as networks in order to be able to facilitate an effective disability‑inclusive response to COVID‑19, then perhaps we've seen before, from me looking on at the way the DPO networks have been interacting and working, it seemed very fast and very strong and that seems to be something that has been able to benefit from all of the work that's gone on in the last decade and more in really building those networks, so you're at a state of readiness perhaps that we've not seen before and is that an opportunity to further highlight the benefit of investment in ensuring that these networks are sustained, that they are resourced, as Seta has spoken about and also Mika, and further enabled so that we can respond when these things happen.

SAM FRENCH: Yes, definitely. I think ‑ firstly, my organisation and myself have been involved with our DPO networks such as PDF for quite some time and we've always considered that a highly valuable opportunity to work together to support the work that we do. So we've always recognised that and we've certainly drawn on it heavily during these times.

For example, prior to COVID when Australia went through the bushfire season I was over in Suva for a PDF board meeting and took the opportunity to meet with their Peru unit which does work in this area and because we hadn't really had the opportunity at domestic level in Australia for DPOs to be engaged with disaster planning response efforts, that conversation I had with PDF staff was around what's their experience in country around the Pacific in really working with grassroots DPOs that may not have the resourcing to respond to this work, you know, what are the different ways that we could be looking at responding. One of the lessons we learnt from that discussion ‑ it was a fabulous discussion, very helpful ‑ was around the whole need to actually look at what the current picture is and to work out who the key players are, who the key responders are, who are the key decision makers, and what's the opportunities for us to link in with them.

Initially we in Australia had to rely very heavily not only on our own networks here in country but also with our regional networks like the PDF, also just dialling into webinars, the various webinars going on, some of which are organised through the UN, some through organisations like ACFID, others through DPO networks like International Disability Alliance, just sharing information, getting an idea of what's happening across the globe, globally, what are some good practices, what are very distressing, concerning things that we're seeing, so sharing information, sharing good practices, just supporting each other's work and that reinforcement that what you are doing was useful. So certainly, we've drawn on those networks very heavily.

Within our country and within Australia we also initially had to advocate, and we still do, collectively, we had to pull together to collectively advocate to get a seat at the table to actually make sure that people with disability and their representative organisations were involved with the response efforts. So definitely whilst we've always recognised the value of those networks, it's become very clear to us and our government I believe in terms of how we can work together to strengthen that disaster response effort.

In terms of opportunity, we would certainly hope that this has shown others that DPOs have a role ‑ people with disability have a direct role to play ‑ anything from what's happening on the ground, you know, how we're identifying where service gaps are, identifying vulnerable communities, identifying violence, abuse and neglect and exploitation and raising concern about that, so giving a voice to people particularly marginalised and how valuable that can be to government and other key stakeholders in responding to the disaster.

So we're very hopeful that that will be valued, our role that we've played and including within the health system, the health system's response to COVID that we do have a role to play, we have advice that we can provide, we have independent advice that we can provide, but also, as has been mentioned by all of the speakers, the issue of resourcing. So whilst we want to be seen as an essential service, we feel we need to be seen as an essential service and that outreach has taken on a very important role, much more important role than it probably ever has been recognised for in terms of not just providing advocacy but actually outreach into very difficult to reach communities and isolated communities and people, but also ‑ so the need to recognise us as essential services as the importance that outreach has to play, but also the resourcing of that, that we can't ‑ it is very difficult to continue that work whilst continuing or taking on that work whilst continuing to provide all the other work that we do. We're facing ‑ my own organisation is actually facing a quarter of our staff being cut, that section of our organisation that does outreach, because it's funded through a different source, so it's the need to also see when it comes to emergency situations like this, we need to just look at what is actually essential and what's needed particularly in terms of dealing with mental health consequences of this situation.

KYLIE SHAE: Great. Okay, thank you. That was a really comprehensive answer and I think one of the things that I draw out of that is just the importance of highlighting and having individual stories of how the DPO network across the region here in Australia and across the region has actually made a difference to the lives of people and gathering those stories so that we can continue to highlight how important it is that we have strong representative bodies available as a technical resource and an on‑the‑ground resource for all of us when we're trying to respond in a disability‑inclusive way. Without your networks we really can't do it. So being able to really highlight what you've achieved and why you've been able to achieve it is important for us all in my opinion.

I'd like to thank Seta, Sam and Mika for the time that you spent in pulling together your thoughts for the panel and for your presentations and being with us now. I can see there's a lot of questions that are coming up, but before we go on to the Q&A, what I'd really like to do first is introduce Alex Devine and Whitney Yip, who are going to launch the guidance report on making research inclusive of people with disabilities, and it is really timely that you're launching that at this time when I'm sure there's a lot of research going on around COVID and responses.

So this was a collaborative project between the Research for Development Impact Network, so that's the RDI Network, and the CBM‑Nossal partnership. Alex, who will be speaking in a moment, joined the Nossal Institute in 2005 via the Victorian Public Health Training Scheme and she worked in the mental health and HIV areas, but for the past eight years her local and international research capacity development and technical assistance expertise has focused on disability‑inclusive development. She was recently the lead researcher on funded situational analysis of children with disability in Cambodia and, in addition, was co‑investigator of an Australian Government‑funded, developed the rapid assessment of disability, RAD, a toolkit which measures the effectiveness of development activities that target or include people with disabilities.

And with her we have Whitney, who is RDI network communications coordinator and is involved in translating research for policy makers and the wider public. So I shall hand it over to both of you to give us some information about the guidance report. Thank you.

ALEXANDRA DEVINE: Thank you so much, Kylie. Firstly, thank you so much to the panel for your knowledge and insight today and also for sharing the platform to enable us to launch these very hot off the press research guidelines which have been collated, as Kylie said, through partnerships between RDI Network and also Pacific Disability Forum, CBI, Nossal and steering committee with the support of DFAT as well.

I guess while this webinar has really focused on COVID and the need for disability‑inclusive development, it's also really demonstrated the critical role of those enduring and resourced partnerships between development programmers, people with disabilities and their representative DPOs in being able to respond to unexpected pandemics and other crises in a way that ensures people with disabilities are included in the response.

So these Research For All: Making Research Inclusive of People with Disabilities guidelines have also been informed by such partnerships between researchers with and without disabilities, with development programmers and DPOs and the increasing implementation of disability inclusive development research that so many people I know present in the webinar today have been involved in over the last two decades or so, much again of which has been funded by DFAT. I guess it's not only that research has informed the guidelines, but it's been really important that continually informing our understanding of how we ensure people with disabilities are included in both the processes and outcomes of development programming, but as Sam and Seta and Mika have clearly highlighted today, there's just that greater and ongoing engagement is always needed. So we really encourage everyone to see how they might draw on these guidelines to strengthen inclusion within our research and evaluation work and how that can inform subsequent development and humanitarian programming. Over to you, Whitney.

WHITNEY YIP: Thanks, Alex. Hi, everybody. I'm Whitney. So we've really designed this guide to be as easy to understand and workable for busy practitioners. You know, not everybody always has time but we hope that we can still be inclusive even though not everybody might know what to do.

So we've designed this guide for everyday practitioners and we've divided it into three sections. The first section really covers the background and assumptions on disability‑inclusive development. The second section devotes itself to ethical considerations and I guess tools and resources on how you might tweak your research process just a little bit to make it inclusive, so it doesn't actually need to be anything big or difficult, it just is a small tweak. And the third section is focused on the research cycle, so that's from planning, designing, implementation and the dissemination of this work, so like someone I think asked how do we get more strengths based and incorporate people with disabilities information back into policies, so being able to disseminate that information in a way that DPOs can actually utilise and access is really important. So we're hoping that this guide will absolutely help everyone to be able to do that.

In fact, we are also going to work with ACFID ‑ we're going to be co‑hosting with ACFID a webinar series. We're going to host three webinars on Thursday, 2 July, Thursday, 23 July, and Thursday, 13 August to do a bit of a deep dive into the guide. It is now available and I will pop the link into the chat to everybody. I've just popped the link in the chat and that is the link to go and download the guide as well as watch our little animation about the guide.

It is a PDF upload, but it has been designed to be an accessible PDF. So it is able to be read by most screen readers and it is interactive, so you can click in and out and it will go ‑ you know, if it says click go to page 20 and you click go to page 20, it will jump to page 20 for you, so you don't need to be scrolling up and down all the time.

I think that is about it from me. So please go and have a look at our document. Thank you so much for attending and watching the little launch and thank you to everybody for sharing their time with us. Back to you, Kylie.

KYLIE SHAE: Great. Thank you very much both Alex and Whitney. It is really great to know that those webinars are coming. If you want to know more from the perspective of my organisation when you are doing research that involves anything to do with the lives of people with disabilities, doing that in a disability‑inclusive way cannot be more rewarding. So I strongly encourage organisations to think really hard about how they make their research, evaluation, monitoring, all of it, truly disability inclusive.

Now we have the bit that I always struggle with the most, which is the Q&A. We have a bunch of questions that are up and I've noted that there are a couple that are really trying to tease out a little bit around social protections and social vulnerability. So I'm going to try to weave them together a little bit. So we do have a specific question which is addressed to you, Seta, but I don't feel like you have to be entirely on the spot with this, which is in relation to what the security systems are in Fiji and the context in particular during COVID‑19, but then there's a more general one about how social protection schemes are operating in the Pacific and how they can ensure economic participation of people with disabilities not reinforcing stigma and practices that keep disabilities at home, which also blends with an earlier question I saw that came up around ensuring that people with disabilities do not become passive resistance of aid packages, kits, whatever, that they are actively involved, so it sort of welds into that what are the social protection schemes and how are they operating. I'm going to throw that to the panel to see who would like to respond and you can all chip in a little bit if you would like. I see, Seta, you have your mute off, so perhaps you'd like to go first.

SETAREKI S MACANAWAI: I'll take the question (inaudible) for persons with disabilities that is (inaudible) ‑‑

KYLIE SHAE: Yes, so what are the social protection schemes in Fiji and how have they been impacted, how do you (inaudible) social protection during COVID‑19?

SETAREKI S MACANAWAI: There is of course disability allowance and that's not affected during COVID, but those persons with disabilities who were not receiving it and they have applied to receive it in COVID, those applications are still sitting there waiting to be processed and I also mentioned the bus fare subsidy, $40 a month, that was slashed to $20 ‑ this is to persons with disabilities. That's for Fiji.

The social ‑ what we call the National Provident Fund, security for those working ‑ persons with disabilities who are working and have been laid off can access that, but those who have not contributed, do not have contribution in that fund, cannot access it because they don't have any there. But governments ‑ the Fiji Government at least are topping up those workers whose contributions are not sufficient. So my argument is that if they are topping up for those who do not have sufficient contributions in the fund, why not extend it to those who do not have anything in the fund? And that can come in the form of topping that up through the disability pension, if you like, that Tonga did. Fiji did not.

That's the experience for Fiji because there were COVID cases here and Tonga went ahead even though they didn't have any COVID cases, they still topped up the social protection ‑ disability pension if you like to persons with disabilities in Tonga. The question I asked earlier about hardships faced by families including persons with disabilities at this time. So that would be my response to that question. Maybe Mika or someone might want to add.

KYLIE SHAE: Thank you, Seta. Sam?

SAM FRENCH: Just to add ‑ we recently did a survey, PwD recently did a survey, specifically around ‑ well, particularly looking at the economic social protections for people with disability and COVID and what we found ‑ I can share the link to that later on, I haven't got it in front of me to do so now but it's available on our website, but it was ‑ there's quite increased costs for people with disability just in terms of cost of food items, cost of medical items, prices have gone up or are difficult to access those things, so just the reliance that people have on service providers or third party family members ‑ well, family members to source, access things that they need.

So I think there's just ‑ it's not just about the social protection that people might receive during non‑COVID times, but when we have an emergency situation like this, how cost of living has significantly increased for people with disability and also the difficulty in accessing things without paying additional cost for that. So I think that was just a general comment I thought I'd make and I'll forward them to the survey, the findings from that survey through after this.

KYLIE SHAE: Great. Thank you, Sam. Mika, did you have something to add to the issue or the question around what kind of social protection schemes there are in the Pacific and how can they be used or strengthened in order to prevent the economic hardships that people with disabilities are facing and also that tendency towards then being passive recipients of others in their communities who are able to access financial supports ‑ Seta talked about people who are employed being able to access supports in Fiji, but we know that there's only a small percentage of people with disabilities who have employment in countries across the Pacific and in Australia indeed.

MIKA KONTIAINEN: So thanks, Kylie. I think the point I'd make is one approach which we've seen as being quite successful in the Pacific is around the skills development program, so if we can ensure that skills development programs that are rolled out in Pacific island countries are inclusive of people with disabilities, we are actually helping to enable people with disabilities to be meaningfully employed to contribute to their communities and for all of us to get away from that charity‑based model that none of us are particularly fond of. Thank you.

KYLIE SHAE: Thank you, Mika. So I have another question which again is sort of going into the structural and social factors a little bit. So Scott Avery has asked what needs to be done to capture what has been learned from this pandemic management on the structural and social factors that have caused people with disability to be more vulnerable to COVID‑19? So that could be incorporated into longer‑term planning for disability inclusion. So I guess, yes, this is where we are now, what could we be doing to prevent being at that baseline in the future?

SAM FRENCH: Big question, Scott. Look, again, I've got my DPO hat on here, what we've learnt from it, which we're hearing this globally from disabled peoples organisations and advocacy organisations, is that we may have fancy regional plans in place to either implement a convention or to have disaster risk management, we may even have, as Australia does, a fantastic national plan in place for disaster risk response ‑ planning and response, rather, and now we've got what I understand to be quite a good national COVID disability ‑ COVID response plan for people with disability, so apparently that is actually internationally considered quite a good plan.

That is a start, but unless we actually significantly increase engagement with people with disability and the representative organisations in planning how we're going to respond to an emergency ‑ now, we couldn't have foreseen the likes of this type of pandemic, no‑one expected it I don't believe, and things have emerged very rapidly, but we could have been better prepared. That is even from a country that is a high‑income country. So even though ‑ if we don't have it embedded in not only our plans but our practices around planning for emergencies and responding to them ‑ if we don't have it embedded in those plans and guidelines that people with disability, DPOs, must be involved, actively involved all along the way, then it's a little bit too late to worry or think about doing that once an emergency hits, and we have had two major emergencies in this country.

So I think one thing we've really learnt is how valuable that engagement with DPOs can be, what value we can add to the planning and now response to emergency and that we need to be seen as an essential service. That might seem very simplistic, but the very strong message I'm hearing when you dial into these webinars and whatever from people with disability is that advocacy and DPOs need to be seen as essential to planning and response, the importance of outreach and that we need to be resourced in a different way to do that. So it may not fit within our ongoing resourcing capacity. If it doesn't, if we can't do this work, then we need to be resourced to respond to it effectively. So that would be the key things that stick out for me for DPOs.

KYLIE SHAE: Thanks, Sam. I wonder, Mika or Seta, if you want to just dig a bit more into what's behind this question, which is really I think asking about those factors that are the ones that put people with disability at a more vulnerable position when we come to something like a pandemic, so the economic issues. We know that people with disabilities are amongst the poorest of the population very often, that they're often not employed, that we do have really weak social protection systems in many of the countries that we're talking about, so a lot of people may be unregistered or previously identified as having a disability, so when this comes and social protection, economic top‑up, for example, gets there, people aren't even registered in the first instance. So I think this question is really trying to get at what is going on in our communities, if we're not prepared, what can we do better? Seta?

SETAREKI S MACANAWAI: Okay. It's an excellent question again. I think to me disability inclusion matters. I think we cannot continue to treat and see disability inclusive development as just a buzz word as something to be done tokenistically. COVID‑19 ‑ this pandemic knows ‑ probably the lack of disability inclusion because it was unexpected, it had to be done and done quickly and at the cost of living the furthest behind. So for me we talk about accessibility standards, things that countries need to have in place now, consultation with persons with disabilities or women's groups or youth groups, whatever the target group is, having conversations with them and have plans that are ready to be rolled out when they're called upon.

What happened when messages were coming out during the pandemic, they were not accessible, they were not accessible to persons who are deaf, to those who are blind. The push for physical distancing, social distancing, does not apply to everybody, though it was forced to be for everybody. I think we need to do a better job thinking, planning, documenting, resourcing on what inclusion for persons with disabilities is in any given setting rather than be caught by surprise when a crisis happens.

So I think we really need to shift ‑ Sam talked about it being part of the system. We need to ensure that it is part of the game and not something that is just being thought of or need to address during crisis. That to me is a big structural change, an attitudinal change, funders like DFAT are calling for it. Are countries being honest enough? Are they receptive enough to look at their systems, look at their policies, identify the gaps and patch them up around inclusion for persons with disabilities?

So those to me are the big changes that need to happen in the Pacific to make sure that what happens with the pandemic and affecting persons with disabilities are not repeated. Thank you, Kylie.

KYLIE SHAE: Thank you very much, Seta. Mika, I'll give you the last word on this question and I think that will be the last question. I apologise to those of you that have put questions there that we haven't had a chance to respond to. This always happens. It's not that they weren't important. I was just trying to pull through those that would really draw out from our speakers. Mika, is there something you would like to add to that issue of really kind of readiness around and what we can do to reduce the vulnerability of people with disabilities even though I actually think that word vulnerable is something we need to be careful with? But over to you, Mika.

MIKA KONTIAINEN: Thanks, Kylie. This is a really interesting issue and you can tackle it from all sorts of different directions. We know for a start that people with disabilities are disproportionately affected by the socio and economic factors around COVID‑19. They're at higher risk of contracting COVID‑19 and this is partly due to the barriers that may limit or prevent them from accessing public health and hygiene information, adequate resources to implement good hygiene, reliance on physical contact with the environment and a need for contact with support persons, all of which challenge the call for social distancing.

Many people with disabilities are also at elevated risk of serious illness and death if infected by COVID‑19 due to pre‑existing health conditions and other risk factors. An additional challenge for people with disabilities is the disruption of and access to the health services that they routinely rely on.

Now, how to actually address these ‑ there's a whole range of factors that need to be considered. One of the things that struck me in particular in the very early stages of the pandemic was the lack of accessible communication, including sign language, in sharing advice through people on what the pandemic was and how to actually respond to it. There was also real problems in lack of access to services and programs including health centres and food and other essential distribution centres or programs.

We also saw some real problems that were clear violations of human rights in some countries where medical triage principles that were put in place were actually discriminating against and violating the rights of people with disabilities because they were being put last in the treatment and the response.

How to actually respond to this in the longer term, how to tackle the structural and societal factors? One key element ‑ and this is echoing Sam's comments and also Seta's comments ‑ is ensuring that people with disabilities have voice so that they have the opportunity to meaningfully engage in the design, implementation and the monitoring of programs that are intended to benefit the community so that those programs benefit all members of the community, not those who are able bodied. So recognising that, we need to ‑ Sam uses the expression recognising that DPOs are essential services. We definitely need to continue to support the capacity building of disabled peoples organisations so that they can effectively engage in the policy dialogue that will frame what the future response to a pandemic or any other crisis is. Thank you.

KYLIE SHAE: Great. Thank you very much, Mika. I think that that is a fantastic closing statement from the speakers and our panel and I would really like to thank you all for joining us today.

I'm now going to do a very quick wrap‑up which is really just a whole series of thank yous. So on behalf of the ADDC, I'd like to thank ACFID for their partnership in hosting the webinar and also I'd like to highlight ACFID's continued support of disability‑inclusive practice as a founding principle which is embedded within the ACFID code of conduct and we always get such great support from ACFID and ACFID members on this issue. So thank you very much for that.

Thank you also to our speakers Seta, Samantha and Mika for your insights and for your on‑the‑ground experience and also to Alex and Whitney for sharing the guidance report on making research inclusive, and don't forget if you're really interested ‑ I hope you are ‑ to join at least one of the webinars that Whitney shared.

Thank you also to behind‑the‑scenes work of our ADDC executive officer, Lucy Daniel, who put a lot of time and thought into the content for this panel and for the webinar, so thank you very much for that, and also to Vicky Wong from ACFID on all things related to making a webinar actually work and I greatly appreciate your technical confidence in putting the whole thing together. So thank you very much for that.

Last but by no means least thank you to all of the participants for your focus and attention on the issue, for the work that you are doing in your own organisations to strengthen a strong, practical, rights‑based and inclusive approach to Australia's international development activities and also for your questions today and I am sorry that we weren't able to answer all of them. However, you can of course join the ADDC and join the forum which name I can't remember ‑ the network that we have and that's a really great opportunity to explore options and opportunities for your disability‑inclusive practice and you can also contact the speakers directly.

Finally, I'd just like to remind you that when the webinar closes you will be directed to an exit survey and we highly value your feedback and we warmly encourage you to take a few moments to respond to the survey. I think you would all appreciate it is through feedback that we can hope to spiral upwards, to strengthen and improve our work. So we really do look forward to hearing from you through the survey. With that, I think we are going to close dead on time and I'd like to thank everyone once again. Thank you very much. Bye.

THE WEBINAR CONCLUDED AT 4.29PM