**Submission to the CRPD Committee General Discussion on Article 11**

**on persons with disabilities in situations of risk and humanitarian emergencies**

**About AKIM**

AKIM is a person-centered organization striving to achieve inclusion and improve the quality of life of 35,000 people with intellectual disabilities and 140,000 family members in Israel. AKIM operates in 67 branches and 88 municipalities in the Jewish and Arab sectors managed by parents and volunteers. We envisage an Israeli society offering maximum inclusion and opportunity for persons with intellectual disabilities in all facets of life – housing, employment, education, and recreation. Holding a consultative status at the ECOSOC since 2021, we herein submit our recommendations for the general discussion on Article 11.

Our position is based on the accumulated experience in Israel from a number of risk situations:

**The Covid-19 pandemic**

As in all countries in the world, the global coronavirus pandemic also hit Israel. To prevent the spread of the pandemic, a number of lockdowns were imposed across the country, and guidelines were set for quarantine, movement restrictions, and social distancing. The education and welfare services operated sparingly, and for some episodes were closed altogether. During this period, we learned a lot about the great importance of protecting the rights of people with disabilities, precisely in these times, and about the unique and creative ways to continue providing services for the welfare of people with intellectual disabilities and their families.

**Rocket Fire into Israeli Territory**

Unfortunately, there have been several rounds of rocket fire targeting the civilian population, usually in the southern district of Israel and in communities surrounding Gaza. In recent years rocket firing has also reached Gush Dan (central region) and the north of Israel. During rocket attacks, the daily lives of Israeli civilians in southern Israel are completely disrupted. In order to protect themselves, civilians are forced to reach a protected shelter in 30 seconds from the moment the alarm is activated in the surroundings of Gaza and Ashkelon, within 45 seconds in Ashdod, and within 90 seconds in Tel Aviv.

For this reason, during rocket attacks, residents of the south spend long hours in the protected shelters day and night. In addition to the harm to their daily routine, they experience significant damage to their quality of life and mental health (manifested by anxiety, fears, insomnia, learning difficulties, and more). In most cases, when rocket attacks intensify, the State of Israel responds with military operations. The last of these was about a year ago.

We at AKIM assist people with intellectual disabilities and their families, who live in at-risk areas in times of emergency. Among other things, we work to evacuate people to safer areas, provide increased support to people with disabilities and their families through a hotline, make information accessible through linguistic simplification, hold group counseling in AKIM's supportive housing, and more.

Concerning the General Comment on article 11, regarding the rights of persons with disabilities in situations of risk, we suggest that attention is driven to the following points:

1. **Inclusion in the Community**
	1. Action should be taken to include people with disabilities in the community, to enshrine the right of every person to live in the community, and to reduce the number of people living in large institutions (for example, in epidemics for fear of mass infection, and for the purpose of preventing violence in situations of lockdown and isolation).
	2. At the same time, the physical, health, and mental well-being of people with disabilities living in large and segregated institutions must be preserved through increased supervision by families, and the State, to prevent violence against people, particularly in isolation or quarantine situations.
2. **Access to medical and mental health care**
	1. Access for people with disabilities and their families to health services, including mental health services, should be ensured.
	2. The supply of food, medicine, and other essential equipment necessary for people with disabilities must be ensured.
3. **Education and welfare services, and support**
	1. Action should be taken as much as possible to continue providing educational services to children and adolescents with disabilities, considering their specificities and needs.
	2. People with disabilities and their families should be provided with financial support and welfare services (e.g., due to the loss of a job).
	3. People with disabilities and their families should be provided with emotional support.
4. **Anti-discrimination**
	1. Discrimination or violation of the rights of persons with disabilities to receive medical treatment should be prohibited and condemned (e.g., setting guidelines for prioritizing medical care in emergency situations).
	2. People with disabilities should not be discriminated against when setting movement restrictions due to health or security emergencies, as a result of exaggerated concern for the preservation of human life. The result is a violation of their mental well-being, and their human rights in emergency situations.
5. **Information Accessibility**
	1. Information on emergency situations must be made accessible to all persons with disabilities, including methods for coping and the dissemination of guidelines for the public. It is important to make information accessible – including ensuring accessibility through the use of simple language.
	2. Digital means that enable contact with family members and other support circles must be made accessible, for example in situations of quarantine and isolation, including accessibility to platforms such as Zoom app, and video calls.
6. **Nothing about us without us**
	1. Ensuring that people with disabilities participate in decision-making processes during crises, especially regarding decisions affecting their own lives.
7. **Improving the interface between security personnel, police, and rescue forces, and people with disabilities**
	1. Action should be taken to improve the security and rescue forces' coping with people with disabilities by establishing unique intervention teams that include professionals, direct acquaintances with people with disabilities, and more.
8. **Legislation**
	1. Preparations must be made and legislation passed regarding State obligations towards people with disabilities in emergency situations that regulate evacuation procedures, provision of medicines, continuity of welfare services, access to information, and more.
9. **The rights of minorities with disabilities in emergency situations must be taken care of.**
10. **The use of people with disabilities as human shields in combat situations should be condemned.**

Attached to the position paper are:

* Summary of AKIM's Inclusion Index for 2020 – on the difficulties of people with intellectual disabilities and their families during the COVID-19 pandemic.
* Akim's reference to a call for proposals on the rights of people with disabilities in situations of military conflict.

**The 6th Inclusion Index of People with Intellectual Disabilities in Society for 2020**

In 2013, AKIM Israel launched the Inclusion Index for People with Intellectual Disabilities in order to examine the degree of inclusion of people in Israeli society. In light of the COVID-19 pandemic, in 2020, the 6th inclusion index sought to focus on the effects of the pandemic on people with intellectual disabilities from their point of view, from the perspective of their families and staff members who support them in out-of-home housing in the community.

To hear the voices of persons with intellectual disabilities we conducted 9 focus groups, in which 58 adults with intellectual disabilities participated, among which 16 live at the family homes and 42 in AKIM's supportive housing, both in the Arab and Jewish communities.

Structured and accessible discussions were ~~also~~ held within self-advocacy groups (groups of persons with intellectual disabilities that meet regularly as a local leadership group representing themselves and their members under the guidance of group facilitators and/or staff members from supportive housing. 7 groups conducted a face-to-face conversation, and 2 groups met and held their conversation using the Zoom app.

In addition, an online survey was distributed to family members and the staff supporting people in the housing system. It should be remembered that the families had to deal with a difficult reality. Families had to deal with the fact that educational, employment and leisure frameworks available for persons with disabilities were closed for a long period of time, so families had to provide 24/7 support themselves. For some time, families were denied the opportunity to visit their loved ones living in the community housing framework, experiencing concern and anxiety for their physical and mental well-being. Part of the time they were also denied to entry the housing frameworks where they live, and had to rely on communications with the staff, and partial communications by phone and online with their loved ones.

During the pandemic, the housing support team experienced severe challenges and invested unprecedented efforts that were never required before (long lockdown days in which they required double shifts, working with people in quarantines and treating confirmed patients, working with protective equipment while providing physical care and increased personal and emotional support to people). Therefore, it was important for us to hear their feelings and their voices.

**So what have we learned?**

* **The support of people with intellectual disabilities during the pandemic was characterized by a transition from overprotection (for example, a ban on meeting family members and outings for fear of infection), and a curtailing of basic human rights (freedom of movement, the right to choose, the right to family ties, etc.).**
* **There was also a change in the concept of health, which included a shift from concern for health in its narrow sense – physical health, to health in its broad sense – including mental health and quality of life.**
* **The importance of deepening the use of digital media in order to maintain the quality of life.**
* **Deepening understanding and assimilation of the importance of family and social ties. This issue is critical even in normal times and is a cornerstone of a human-centered approach. During the pandemic, its importance was intensified.**
* **The difficulty of people with intellectual disabilities who are at high medical risk due to morbidity to cope with Covid-19 (defined as "red"), who remain confined to their homes, remains the same and is the most difficult coping.**