

Submission of the NSW Ageing and Disability Commission to the Commonwealth Government COVID-19 Response Inquiry

Background

The NSW Ageing and Disability Commission (ADC) was established on 1 July 2019, with the objectives of protecting older people and adults with disability from abuse, neglect and exploitation, and protecting and promoting their rights.

A key role of the ADC is to respond to reports about older people (65 years and over or, if Aboriginal and/or Torres Strait Islander, 50 years and over) and adults with disability (18 years and over) in NSW who are subject to, or at risk of, abuse, neglect and exploitation in their family, home and community, including by providing advice, making referrals, and conducting investigations.

In June 2023, the ADC's Ageing and Disability Advisory Board released a paper, [*Preparing for the future: Learning from the impacts of the COVID-19 response on older people, people with disability and carers in NSW*](#) ('the paper').¹ The paper drew together the public evidence on the impact of the COVID-19 response on these populations and identified areas to improve planning for future pandemics or disasters. This work was undertaken in light of the fact that many older people, people with disability and carers have experienced greater and additional impacts from the COVID-19 response due to their increased susceptibility and exposure to the virus and their higher-than-average reliance on the services and support networks that were disrupted by protective measures.

Our submission highlights key aspects of the paper that are pertinent to the Inquiry's terms of reference and provides a copy of the paper for the Independent Panel's consideration.

Key points

1. Governance, including roles and responsibilities of Commonwealth, state and territory governments

The paper identified the need for more efficient information sharing and a greater understanding of the roles between the Commonwealth, State and Territory governments. It was noted that clearer governance arrangements would have enabled better, more informed, responses and clearer coordination of leadership, removing confusion in relation to setting and enforcing public health policies.

The 'siloeing' of aged care, disability, and carer support services, and the disconnection of these systems from state-based public health responses led to lack of clarity as to who was responsible for addressing the needs of these groups. It is recommended that a range of protocols established during the crisis should be maintained and would result in a more integrated care response in the future, including stakeholder forums to inform policymaking, and embedding requirements for consultation with these groups and their representatives.

In light of the experiences reported in the paper, and the work of the ADC, this inquiry provides an opportunity to consider how future actions could be centralised to ensure greater governance in relation to the coordination of information and appropriate responses in times of crisis. We note that there is currently no central agency in NSW that has

responsibility for overseeing the actions across NSW government agencies to address the known gaps and areas of weakness from the pandemic, and to ensure that we have adequate policies and are appropriately prepared to respond to future pandemics or disasters. This is particularly important in relation to the older people and people with disability.

2. Key health response measures

Access to adequate personal protective equipment (PPE), accessible and affordable COVID-19 testing opportunities, and timely vaccination – all requirements for gaining access to many services and businesses, and to the community in general for some periods – was contingent upon timely and accessible supply, which was a challenge for all community members but particularly complex for many older people, people with disability and carers. This further limited access to essential supports and in many cases increased the risks of contracting or transmitting COVID-19 for these cohorts.

Additionally, public health information and messaging was often unclear, inconsistent and non-inclusive. While Service NSW, NSW Health and the Australian Department of Health and Aged Care made a number of improvements to their information sources over time in response to feedback from sector peak organisations, issues persisted in the accessibility and content of public health information for older people, people with disability and carers.

3. Broader health supports for people impacted by COVID-19 and/or lockdowns

Older people and adults with disability were at a heightened risk of abuse during the pandemic, with preventative health measures reducing the oversight mechanisms that aim to protect them. The paper identifies that in a crisis period there needs to be better access to services and supports, including measures to manage priority access of at-risk groups to essential services, and expand digital literacy and access to older people, people with disability and carers.

We also highlight the need to enhance mental and physical health by:

- including measures to enable isolated people to remain connected
- maintain community 'safe spaces' for older people, people with disability and carers
- prioritise programs to help re-establish social connection as the environment changes (for example as COVID-19 restrictions eased).

4. Financial support for individuals

The COVID-19 public health orders gave rise to concerns about heightened financial vulnerability and coercive control, with the ADC receiving reports of older people and people with disability providing access to financial accounts to others and subsequently having their access to their bank accounts and other protective supports such as solicitors restricted.

Additionally, financial pressures increased during the pandemic due to difficulties maintaining employment and the rising cost of living, causing many people to struggle to afford basic necessities. Many older people, people with disability and carers in particular experienced financial pressure during the pandemic. As a result of increased caring responsibilities, and due to increased risk of infection or severe illness, many older people, people with a disability, and carers lost employment and in-turn a stable income. Price increases and supply shortages for essential goods and services only increased financial pressure for these groups.

Despite being among the first to lose work and experience higher living costs as a result of lockdown, the Age Pension, Disability Support Pension, and Carer Payment were ineligible for the additional Coronavirus Supplement payment. This was commonly perceived as a lack of recognition of the financial insecurity experienced by older people, people with disability, and carers.

5. Community supports

COVID-19 heightened the risk of abuse, neglect and exploitation of adults with disability and older people and reduced access to safe alternative or short-term accommodation to escape violence. Notably, preventative measures against the spread of COVID-19 led to the closure of community access, day program activities, and other in-person support services, a consequence of which was reduced oversight mechanisms that aim to protect older people and adults with disability, and a reduced ability to report abuse safely and away from the subject of an allegation.

6. Mechanisms to better target specific responses to the needs of particular populations

Older people, people with disability and carers in NSW consistently reported a range of challenges throughout the pandemic, including that they were often unable to access important public health information. Some of the key issues included being unable to locate the right information at the right time, and the absence of tailored information in plain language and accessible formats, such as Easy Read publications, relay services, captioning, large print and Auslan.

There was a need for key information to be communicated in a range of languages, including First Nations languages. There was also a need to engage more with trusted communication methods for these communities, such as through word of mouth and hard copy translated materials.

It is noted that these materials did develop over time, with the NSW Government delivering a large amount of audio-visual content in multiple languages in collaboration with culturally and linguistically diverse (CALD) communities, along with targeted publications and videos for people with disability during the Omicron wave. Ongoing, tailored information from the government remains critical, particularly for at risk groups as the virus and new variants continue to spread in the community.

What worked well in NSW

There were positive steps taken in NSW as part of the pandemic response, including:

- consultative and information sharing mechanisms that were set up by key government agencies, such as NSW Health's COVID-19 Disability Community of Practice
- flexibility that was provided in grant funding that enabled grassroots networks to be developed and mobilised to coordinate localised support initiatives, including streamlined information and advice on accessing support services
- new and expanded funding opportunities that were provided to support frontline service delivery, including to combat social isolation for seniors, and to support homelessness and domestic violence services
- agreed arrangements that were developed to ensure a coordinated whole-of-government approach to the joint management of COVID outbreaks in residential aged care in NSW.

Overall, a more integrated approach to planning and communication, and more inclusive and accessible public health information and initiatives are required to reduce the risk of adverse health and social outcomes among these target groups and better prepare these communities for future pandemics or disasters.

[The full paper, including recommendations, can be accessed on the ADC's website.](#)

ⁱ https://ageingdisabilitycommission.nsw.gov.au/documents/Impacts_of_COVID-19_Background_Paper_June_2023.pdf