

National Disability Services Submission: Commonwealth Government COVID-19 Response Inquiry

1.0 About National Disability Services

National Disability Services (NDS) is Australia's peak body for non-government disability service organisations, representing more than 1000 non-government service providers. Collectively, NDS members operate several thousand services for Australians with all types of disability. NDS provides information and networking opportunities to its members and policy advice to all governments. NDS is committed to improving the disability service system to ensure it better supports people with disability, their families and carers, and contributes to building a more inclusive community.

2.0 About this submission

NDS welcomes the opportunity to provide input into this inquiry. Our response focusses on the following terms of reference: *Mechanisms to better target future responses to the needs of particular populations* with a specific focus on people with disability and the disability service sector that supports them. It will explore strategies to support people with disability and the disability sector respond to the ongoing need to manage COVID-19 or other infectious diseases and the risks they present.

This submission draws on data and evidence gained through our annual State of the Sector survey, member consultations and previous submissions made to various inquiries and throughout the period of the pandemic (links listed in attachment Appendix A).

3.0 Support for people with disability and disability service providers

At the height of the pandemic the National Disability Insurance Agency (NDIA) introduced time limited initiatives to help ensure participants and staff received vaccinations, were protected by Personal Protective Equipment (PPE) and had improved access to polymerase chain reaction (PCR) tests and rapid antigen tests (RAT). These initiatives were welcomed, however in some cases were slow in coming and were withdrawn too quickly.

Some providers have resumed normal operations, but for others (as indicated by 67 per cent of respondents in [NDS's State of the Disability Sector](#) survey – attached to this submission), the effects of COVID-19 persist and are expected to endure.

The Commonwealth government leads the development and communication of a range of initiatives aimed at supporting people with disability to minimise the additional risks that COVID-19 may present. Other measures such as support to National Disability Insurance Scheme (NDIS) participants to assist with ongoing costs of PPE; funding to support NDIS participants and disability support workers access vaccinations, and measures to support NDIS participants living in shared living arrangements continue. Disability Worker COVID-19 Leave Grants also enable workers to receive a payment when required to take personal leave due to COVID-19.

4.0 Recommendations

4.1 Co-designed disability guidance

Much has been learned about how to respond to COVID-19 since early 2020 and this has been used to improve responses to the risks that COVID-19 (and potentially other pandemics) pose to people with disability. By establishing this inquiry, the government has clearly signalled that there is more to learn, and there is an opportunity to capitalise on the collective experiences, expertise and wisdom of people with disability and those at the coal face.

NDS recommends that government develop and implement a co-design process to develop a set of practical and consistent guidelines for the disability sector that recognises the diversity of settings in which disability support is provided. This needs to go beyond disability residential settings to reflect the supports that people with disability utilise, the ways in which they use these supports, the contexts in which these supports are provided and their role in supporting the rights and inclusion of people with disability.

4.2 Fund/make available nationally available disability specific infection prevention and control training

Throughout the pandemic there was an evident lack of disability specific information and guidance. Too often guidelines designed for the aged care residential sector were rebadged for the disability sector, without adequate recognition of the settings in which disability support is provided. This extended to infection prevention and control (IPC) training modules. These were either very general or very clinical in nature.

NDS, with the support of funding from the Victorian Government, developed training modules to meet worker diverse health literacy needs, reviewed and by the NDIS Commission and [listed](#) on their website, Department of Health, the NDIA, and tested with the sector. This training is still available and relevant however as there is no funding there is a small cost (\$50.00) to complete this training. Given the turnover within the sector and current viability issues facing many providers, even this relatively low cost is too high.

The provision of and access to a free national online disability specific training program would ensure that information and training coincides with best practice, is consistent and available to meet the needs of new workers entering the sector and refreshes the knowledge of existing workers.

4.3 Establish, maintain and resource PPE and RAT access across the disability sector

The increased ongoing use of PPE is considered to be a cost of doing business for disability providers ([NDIS 2022-2023 Annual Price Review Report, 2023](#), pg.: 5), yet the actual cost is not reflected in NDIS pricing. In some cases, participants may choose to use some of their support budget to purchase PPE.

While some measures exist to support the costs of managing a COVID-19 outbreak in supported independent living settings, this is limited to residential services. [Guidance](#) for disability residential services produced by the Communicable Disease Network notes that providers should ensure that their outbreak management plans include supply of key materials. This clearly extends to providers of other disability supports such as personal care and community and centre based social participation activities. Providers of these non-residential types of

support more typically include small providers and sole traders, who may be less equipped to purchase key supplies or maintain a stock of these.

Establishing, maintaining and resourcing ongoing easy access to these 'key materials' across the entire disability sector should be a priority for government.

4.4 Establish data collection, sharing, analysis and distribution protocols

Significant gaps in the data available to inform and evaluate disability related COVID-19 prevention and response initiatives have been identified. Data relating to people with disability, their specific living circumstances, and the nature of the supports that they received was lacking. For people who were not NDIS participants, even less was known. Issues with information sharing even at an aggregate level still exist. This includes data related to the ongoing impact of COVID-19, including long COVID and on mental health and wellbeing. This makes it difficult to evaluate whether existing measures aimed at supporting people with disability for example, adjusting NDIS support plans or services, difficult.

Recommendations relating to data collection, sharing and use have been made across previous inquiries including the Disability Royal Commission. NDS recommends that progress against these recommendations be monitored, and any identified gaps remedied.

4.5 Continue to review and improve the ways in which information is provided

During the peak of the pandemic, the emphasis was on providing relevant information to people with disability. This focus was justified, and efforts to present information in various formats, such as easy-to-read formats and languages other than English, progressively improved over time. However, gaps remain and there is an opportunity to continuously improve information about COVID-19 and, in particular vaccinations. Government should develop a suite of communications aimed at people with disability from culturally and linguistically diverse background as a priority. This would assist people with disability, their families and workers, noting that for many workers, English is not their first language.

Feedback indicates that information and guidance delivered by community members through short videos are better understood than written options.

4.6 Maintain and improve knowledge of in-reach based supports and services

The National COVID-19 Health Management Plan for 2023 notes that additional supports for people with disability such as in-reach vaccinations aim to increase the accessibility of vaccinations and anti-viral treatments. In-reach type supports proved valuable in raising the vaccination rates of people with disability through the first waves of the pandemic.

However, feedback is that the ongoing availability of these services is not universally understood by the sector or in some cases by primary health care providers. Providers report that when seeking an in-reach assessment of an individual, telehealth is the default option. This is not always a suitable option for people with disability.

Further education across health and the disability sectors is required.

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Appendix One: Links to NDS Relevant Submissions

Please note that only specific Commonwealth related COVID-19 related submissions are linked here. NDS has also provided input through Commonwealth budget submissions, submissions to the National Disability Insurance Agency and through various state and territory inquiries.

- [Submission to the Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID-19 and repeated COVID infections \(2022\)](#)
- [Submission to the Disability Royal Commission Omicron Issues Paper \(2022\)](#)
- [NDS CEO witness statement to Public Hearing 12 of the Disability Royal Commission: The experiences of people with disability in the context of Australian Government's approach to the COVID-19 vaccine rollout \(2022\)](#)
- [Submission to the Senate Select Committee on COVID 19 \(2020\)](#)