

Submission to PM&C Covid-19 Inquiry

Alliance20 is a group of disability support organisations that have come together to work with governments and others to support the National Disability Insurance Scheme (NDIS). The group is comprised of 25 organisations and in total these organisations support around 100,000 people with disability who are NDIS participants. The group includes some of Australia's largest disability NGO service providers, such as Life Without Barriers, Aruma, Endeavour Foundation and the Possability Group.

Alliance20 and its member organisations undertook considerable work in assisting people with disability and staff stay safe in respect of Covid. Organisations also assisted in providing vaccinations and worked with various government agencies in addressing issues to do with Covid management and support.

Based on our experience, the following observations and recommendations are provided to the Inquiry from the perspective of disability service providers.

1. Disability Support is an 'Essential Service'

Early in the pandemic there was considerable discussion about the idea of 'essential services' that would need priority in respect of a number of matters. While we recognise that the work on such a definition was ultimately largely inconclusive, disability support did not appear to be prioritised in these considerations. The possible reasons for this are discussed in Point 2 below.

We believe that it is imperative that in any future pandemics, or in other emergency situations, that disability support services be prioritised alongside aged care and other priority areas to ensure that people with disability are protected and that support services continue uninterrupted.

Recommendation 1:

That the disability service sector be considered an essential service (or similar) and prioritised as such in all aspects of planning for future pandemics/emergency situations.

2. People with Disability and the Disability Provider Sector

There are estimated to be around 4.2 million people with disability in Australia. It is a significant challenge to ensure that all of these Australians receive the right and timely information and support in an occurrence like a pandemic. We appreciate that governments can contact and assist people with disability in a number of ways, but we point to a subset of people who access disability supports through the NDIS.

Around 600,000 people access the NDIS. There is a diverse range of disabilities and an even wider range of support needs in this group. Alliance20 organisations support people with all disability types with many support people with intellectual disability, some of whom have high and complex support needs. The types of supports provided by Alliance20 organisations include:

- 24/7 supported accommodation services (often called group homes)
- in-home supports where staff support people in their own homes (this may include high-level personal care)
- supported employment settings.
- day activities/skills building/community access programs.
- therapy services
- a broad range of other services

Under the NDIS, people with disability are able to manage their own supports. Consequently, government agencies, like the National Disability Insurance Agency (NDIA), understandably (and quite appropriately), may not be aware of people's individual living arrangements, their family/other supports or circumstances. Contact and engagement with people with disability can be done in a number of ways, including through the NDIA, advocacy groups, the Disability Gateway, the Disability Support Pension system and the disability provider sector. However, it is recognised that there are no simple channels to identify at risk individuals with a disability.

This issue is particularly important for people in disability supported accommodation where the accommodation providers may be the most significant contacts in a person's life.

Because of the needs of people with disability, the range of services and the importance of ensuring that people with disability and staff are supported, it is important that the disability provider sector, through entities such as Alliance20, National Disability Services and Ability First Australia, are involved in ongoing planning for pandemics/emergencies. The diverse structure and operation of the disability sector, which is unique and significantly different from the health and aged care sectors, must be recognised.

Recommendation 2:

That the disability service sector be recognised as an important partner/stakeholder and be prioritised as such in all aspects of planning for future pandemic/emergency situations.

3. Availability of PPE

Unfortunately, in the Covid pandemic, the disability sector had considerable difficulty in accessing PPE. Whilst it is appreciated that this was a community-wide issue, the sector did not feel prioritised in respect of information about PPE availability. Access to the National Stockpile was also largely not feasible for the sector. This issue is related to Points 1 and 2 above.

Recommendation 3:

That the disability service sector be considered and prioritised in all aspects of planning for future PPE availability for pandemic/emergency situations.

4. Staff Supports

Unlike other 'care' sectors, there are no formal minimum requirements for staff to work in the disability sector. Similarly, unlike residential aged care, our sector does not have a medical/nursing infrastructure on which the sector is organised.

Therefore, staff knowledge of PPE, the transmission of disease and so on may be more limited in the disability sector. Further, as stated, staff work in a wide range of settings. These issues mean that disability support staff should be considered as a specific target group in respect of planning and responses for future pandemics and emergency situations. This relates to all areas of the responses to the pandemic, including access to vaccinations.

Recommendation 4:

That the disability workforce be specifically be considered and prioritised in all aspects of planning for future pandemic/emergency situations.

5. State/Territory Differences

Many disability providers work in more than jurisdiction with services provided across borders and staff and clients also live and work in border areas. The lessons from the Covid pandemic are that the differences in a range of public health measures, particularly Public Health Orders (PHO) and mandates, led to confusion, expense and delays. Further, the issue that the disability support sector and system is not closely related to the day-to-day experience and engagement of state government agencies, particularly health agencies, exacerbated this situation.

Recommendation 5:

That the Covid Inquiry, when considering harmonisation of state/territory arrangements, specifically consider the need for the disability sector to be prioritised in all aspects of planning for future pandemic/emergency situations.

6. Financial Supports

The structure of the NDIS, as stated, is that participants 'purchase' services through payments related to the implementation of their individual plans. As such, the NDIA initially provided supplementary Covid payments, for example for the provision of additional staffing, cleaning and RATs, through individual plans rather as payments directly to providers.

While this can be appropriate in a number of settings, in respect of many services, especially supported accommodation services, a service payment to cover additional expenses is more appropriate (rather than supplemental amounts paid through participant plans).

We note and acknowledge that the NDIA did eventually assist in this manner. However, we repeat the need for more efficient financial support for disability services in such circumstances.

This is an area that would benefit from future consideration through a consultation process with relevant stakeholders.

Recommendation 6:

That in consideration of emergency financial support to ensure continuity of service to people with disability, government agencies be able to assist in a timely and appropriate

way. Further consultation with the disability provider sector should be undertaken in respect of this issue.

7. High and Complex Needs clients

A number of people with disability accessing NDIS-funded services, especially supported accommodation services, have high and complex needs. As such, individual arrangements need to be made for some people in respect of health responses, vaccination provision and communication.

Disability service providers know these clients well and are able to assist with all necessary support measures. We ask that this issue be noted in the planning and management of future pandemic/emergency events.

Recommendation 7:

That the Covid Inquiry note that there are a number of people with disability who require particular supports because of their vulnerability or the complexity of their support needs; and ensure that provisions to consider the needs of this group, in conjunction with individuals' service providers are included in planning for future pandemic/emergency situations.

8. Information availability

The needs of the disability community in respect of Covid include:

- The availability of Easy English information for people with intellectual disability
- Information in various formats for people with vision/hearing needs
- Information should be simple and able to be easily understood by staff, carers and family members.
- Government announcements and PHOs that directly affect the disability sector should be clearly communicated as such (and not as an adjunct to aged care as happened in the recent pandemic).

Recommendation 8:

That the information needs of people with disability and the broader disability sector be specifically considered in future pandemic/emergency situations.

Yours sincerely

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