# COVID-19 **Response Inquiry**

# Roundtable Summary – Experience of people with disability

Date: Tuesday 4 June and Wednesday 5 June 2024

**Hosts:** Ms Robyn Kruk AO, Professor Catherine Bennett, Dr Angela Jackson, Commonwealth Government COVID-19 Response Inquiry

**Participants:** These roundtables brought together members of key standing advisory groups to government including people with lived experience.

### Purpose of this roundtable

- Australians with disability faced increased risks from COVID-19. The inquiry has heard the Australian Government's COVID-19 pandemic response had a significant impact on many people with disability.
- These roundtables provided key disability sector representatives with the opportunity to share their views on what the Australian Government did well and what could be improved for a future crisis.
- The inquiry has also received views and experiences through a range of other engagements including interviews, submissions and focus groups.

#### What we heard at the roundtable

- There were examples of positive actions taken by the Australian Government for people with disability. Increased flexibility in use of funding in NDIS plans was identified as beneficial. However, the overall response was slow and many actions came long after they were first needed with delays impacting negatively on people living with disability
- Considerable advocacy was required to prompt key actions by the Australian Government. The path for raising issues to government was unclear early in the pandemic. The advice and evidence of academics and advocates presented to government had varying levels of influence across different agencies. The Government should ensure there are clear avenues to escalate concerns and advise decision makers rapidly during a health emergency. This could be achieved through a committee reporting to the future Australian Centre for Disease Control.
- The pandemic revealed a lack of knowledge and experience regarding disability within the Australian Government and an understanding of their health risks in a pandemic. This was especially apparent in relation to people with disability living in the community and not within the NDIS. This contributed to responsibility shifting and delayed action on measures that addressed the needs of people with disability.

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Clarifying the roles and accountabilities of government agencies, including at state/territory level, and developing increased disability awareness across government will help deliver a quicker, and more effective, health and social care response.

- People with disability need the same access to health care as everybody else. The varied needs of people with disability, and their families and supports should be taken into account to ensure ongoing access to the health system and when developing measures such as public health orders that restrict access to key supports, testing and in-reach vaccination programs. This should include support and information for those who may need to provide consent.
- Publication of accessible communications was too slow early in the pandemic. This should be prioritised early in a response to a future crisis. Governments should invest in building their capability to produce accessible communications, including Easy Read communications. This is equally important outside a pandemic incident.
- Advocacy groups, organisations and trusted people stepped in to fill gaps left by governments during the pandemic, particularly regarding production of resources and translating information into accessible formats. Concerns were raised that existing capability may be diminished as part of proposed savings.
- The NDIA, in consultation with the disability community, should document lessons learned from the COVID-19 pandemic and incorporate this into a pandemic plan. A disability pandemic plan would reduce delays in government action in a future emergency, including people with disability in the community and in their own homes.
- Many disability support workers work for multiple organisations, across multiple sites and across other sectors including aged care. Governments should seek to increase stability and job security for disability support workers, to improve workforce preparedness and continuity of supports.
- Ensuring the NDIS provider workforce has fundamental capability in supporting access to health services will improve preparedness for a future health emergency. Roles such as Disability Liaison Officers in Victoria, proved a valuable resource in helping people with disability navigate the health system.
- Disability support workers and carers are essential workers and many people with disability rely on them to survive. The National Medical Stockpile should include personal protective equipment for people with disability who require this equipment for routine care and support in their own home.
- Australia's data collection about disability is currently inadequate, as reliance on NDIS or Centrelink data represents only a fraction of people with disability. Australia lacks data systems which can identify people with disability, by disability type. If this was available routinely in both primary care and acute care settings, public health responses could be much more proactive by reaching out to those individuals and offering them solutions and access to vaccines and treatments that are tailored to their needs.
- The Australian Government should commit to investing in enhancing its data systems, analytic capability, linkages and data transparency. The National Disability Data Asset could improve data if it links appropriate datasets to give a whole of population view.