



Submission to the Royal Commission into Violence, Abuse, Neglect and
Exploitation of People with Disability

**The Impact and Responses of the Omicron wave of the Covid19
Pandemic for People with Disabilities Issue Paper**

29 April 2022

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Who is the Physical Disability Council of NSW?

The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disabilities across New South Wales. This includes people with a range of physical disability issues, from young children and their representatives to aged people, who are from a wide range of socio-economic circumstances and live in metropolitan, rural and regional areas of NSW.

Our core function is to influence and advocate for the achievement of systemic change to ensure the rights of all people with a physical disability are improved and upheld.

The objectives of PDCN are:

- To educate, inform and assist people with physical disabilities in NSW about the range of services, structure and programs available that enable their full participation, equality of opportunity and equality of citizenship.
- To develop the capacity of people with physical disability in NSW to identify their own goals, and the confidence to develop a pathway to achieving their goals (i.e. self-advocate).
- To educate and inform stakeholders (i.e.: about the needs of people with a physical disability) so that they are able to achieve and maintain full participation, equality of opportunity and equality of citizenship.

Recommendations

Recommendation 1

State and Federal Governments should meet with disability advocacy organisations to evaluate management of the Omicron wave of the virus, specific to the protection of the disability community. Governments and disability peaks should work in co-design to determine processes and mechanisms to effectively collaborate across future pandemic events.

Recommendation 2

Federal and State health authorities must provide targeted, up-to-date health information for the physical disability community (including clear information on potential risk factors, appropriate measures to prevent infection and vaccine options) as a matter of priority in future pandemic events. Health information must be provided in a manner that is accessible to all disability cohorts.

Recommendation 3

Guaranteed interim funding should be provided to both State and Federal disability advocacy organisations during all national emergencies to ensure that services can focus on the provision of advocacy and support for the disability community.

Recommendation 4

People with disability who are identified as being at increased risk during future pandemic events and their carers, should be prioritised in the allocation of protective resources such as PPE, vaccines, and RATs. Unlimited access to these resources should be provided free of charge to this cohort by the most accessible means possible.

Recommendation 5

Governments should recognise the important role digital technology has played during the pandemic for significant parts of the disability community. Governments should work to ensure that all people with disability have equitable access to digital technology, including access to affordable digital devices, training in how to use digital technology, and reliable broadband connections.

Recommendation 6

The interests of the disability community (and any other at-risk groups) should be considered when formulating public messaging. All messaging should be drafted so as not to exclude the disability community.

Recommendation 7

State and Federal Governments should ensure that the health and welfare of the disability community are met before the rollback of any public health orders. The disability community should be given advance notice of any intention to rollback health orders, and opportunities to raise concerns or objections.

Recommendation 8

Vaccination processes need refinement. People with disability who are at increased risk, including those in aged care and group homes, residential aged care and supported accommodation staff and all in-home carers need to be prioritised in the allocation of vaccines.

Greater overall accessibility needs to be built into the vaccination process, including accessible booking systems, vaccination venues, the provision of in-home vaccinations for those who need them as well as clearer information of the relative pros and cons of the different vaccines available to allow people with disability to make an informed decision about which vaccination would be best for them.

Recommendation 9

State and Federal Governments should implement measures to ensure that data is available to understand and respond to the impacts of pandemic events on people with disability as a subsection of

the population. Such data should include rates of infection, hospitalisation, and mortality, as well as vaccine and booster rates across the disability community.

Recommendation 10

State and Territory Governments need to facilitate the provision of direct 'on the ground' support for people with disabilities and their families during pandemic events, including: mental health support, access to household basics in the event of supply shortages, and surge staff to fill gaps across all care contexts, if people with disabilities cannot otherwise access the care they need.

Recommendation 11

Governments should ensure that people with disability and their carers are guaranteed the right to safe and flexible working conditions during pandemic events.

Recommendation 12

Governments need to ensure that people with disability and their carers are not forced to choose between income security and their safety. Requirements around the receipt of income support, such as active job-seeking which might place people with disability at risk should be suspended for as long as necessary and reinstated on a case-by-case basis.

Introduction

As the peak representative body for people with physical disability in NSW, PDCN appreciates the opportunity to respond to the Issues paper relating to the impacts of Federal and State Government responses to the Omicron wave of the Covid19 Pandemic. It is clear to us that the Government's response to the Omicron variant of the virus is yet another example in which people with physical disability have been left without the supports and resources they should have been afforded under the UNCRPD. People with disability have been left uncertain, afraid, and alone and now risk becoming increasingly invisible as the rest of the community embraces the so-called 'covid normal'.

We write this submission with a sense of frustration. For the past two years we have advocated tirelessly for basic supports and services for people with physical disability from both Federal and State Government. We called for the roll out of free or greatly subsidised personal protective equipment (PPE) from the National Stockpile and increases to the Disability Support Pension to account for additional Covid related costs. We called for clear and accessible health information for the disability community, including information on who might have increased susceptibility, prioritised access to vaccines and RATs, and in-home testing options for people with limited mobility. We can count limited successes across these areas.

Those at greatest risk of Covid19 feel increasingly isolated. The transition from an emphasis on preventing community spread to personal responsibility in NSW came without warning. The lifting of mechanisms that had provided people with physical disability with a modicum of security, such as QR code check-ins, social distancing and mandatory mask wearing was highly distressing and alienating for many within our community, some of whom will continue to isolate indefinitely until they feel safe enough to re-enter the broader community.

At the same time, both at the Federal and NSW level, disability advocacy organisations faced funding uncertainty. PDCN, like many other disability organisations across NSW was required to tender for funding during the pandemic under the Disability Advocacy Futures Program, diverting time and resources which would have been better spent managing the increased advocacy workload generated by the pandemic.

Whilst we are grateful to now have an increased certainty of funding, the increased workload and funding instability of the past two years has taken a toll on the disability advocacy sector.

Across the duration of the pandemic PDCN has maintained contact with our membership to understand the experiences of our members and their priorities and concerns. It is important to note that physical disability does not increase vulnerability to Covid19 in itself, and that our members' experiences across the pandemic have been diverse and varied. A large proportion of our members have had the resources and supports to manage independently without need for Government support or assistance, whilst others have struggled and continue to do so.

We have responded below to the questions that are most relevant to our members' experiences.

Question 1: What have been the experiences of people with disability, their family, support workers and carers during the Omicron wave of the COVID-19 pandemic? We are interested to hear about the impacts of the pandemic on people with disability, including the things that worked well, in addition to challenges.

Prior to the Omicron variant being declared, many people with disability already had established routines and mechanisms to prevent or minimise transition of the virus. Mechanisms such as QR code check-ins, work from home recommendations, social distancing and mandatory mask wearing,

plus access to vaccines and boosters, whilst not in many ways ideal, had helped build confidence that Australia was on track to combat the virus as an 'whole of community' responsibility.

Many of our members reported that they found the pandemic to be frustrating, and longed to be able to reconnect with family and friends. Those who felt that they were at increased risk continued to maintain isolation, with many reducing the use of paid care providers, preferring to receive day to day support from family. Many had already isolated for an extended period and were looking forward to being able to socialise again in the short-term future. Member contacts across May 2021 showed that while many were frustrated, there was a sense of optimism that restrictions would be able to be lifted and those at heightened risk would be able to resume activities within the community.

Jim has been isolating by choice for the past 16 weeks, and only really going out to see the doctor. He is a social person, and is looking forward to getting back into social activities in the next few weeks and is not feeling anxious about this.*

Amanda has been isolating as per the instructions from the retirement village she lives in. She hasn't seen her family since Xmas and will continue to self-isolate for now until after the protests to see if there is a peak in cases. She is not concerned that the retirement village's precautions are too prescriptive. She's keen to get back to volunteering at church and the local library.*

For those with access, the use of technology was vital both to socialise and to receive healthcare services that were no longer available face to face. Telehealth was widely used, with many members viewing this as either equal or preferable to face-to-face medical services. People reported using telehealth for ongoing medical treatments such as physiotherapy.

The sense of optimism was enhanced by the growing rates of vaccination across the State – which were heavily emphasised by Government and reported across media and tight restrictions on the movement of those who had elected not to vaccinate. Our experience is that many people with disability who had vaccinated felt confident that there would be less risk of transmission, and that they would be less susceptible to serious complications if they did contract Covid19.

More could have been done to ensure that the disability community were aware that Covid19 would be expected to continue to circulate and to provide support and guidance on how people with disability could continue to protect themselves as restrictions eased.

As the Omicron variant took hold in December 2021, and the NSW Government remained committed to easing restrictions, the disability community was placed at increased risk.

This was due, not only on account of the State Government's reduction in the use of mechanisms to limit transition and track cases, but also through a messaging shift at both National and State Level which simultaneously downplayed the health risks posed by the Omicron variant and promoted individual responsibility to avoiding infection, as opposed to the more community minded approach we had seen promoted across earlier strains of the virus.

Messaging such as 'Freedom Day', 'covid normal' and the switch to focusing on economic recovery as opposed to community safety, all served to draw a line between vulnerable people and the broader community, undermining the commitment that the community had previously exhibited towards adhering to the mechanisms keeping our community safe.

PDCN was fortunate at this time to have access to health information directly from the NSW Ministry of Health through regular Disability Community of Practice meetings and was therefore able to gain some understanding of the prevalence of the various strains of the Covid virus and to receive advice around specific health issues which we used both to advocate for the retaining of mechanisms like

QR code check-ins – necessary to allow people to know if they have been in contact with active cases, and prioritised access to RATs.

This was the only consistent link to the NSW Government we were provided with during the pandemic, and otherwise relied on the publicly available information from the Federal Department of Health and NSW Government websites and media for updates and information.

We also advocated for the broad expansion of in-home testing and boosters for people with disability who were experiencing difficulties accessing PCR testing facilities and vaccination centres and worked across media to highlight the continued vulnerability of our members and the gaps in support they were experiencing.

One of the main challenges when the Omicron variant first took hold was a lack of access to Rapid Antigen Tests (RATs). These tests were vital to our members at increased risk of Covid to test both themselves and those who they were in contact with, including family, friends, and paid care staff. People with physical disability faced numerous challenges accessing RATs. Members reported having limited capacity to search for tests across multiple stores, having to send carers out to find RATs, which increased their chances of contracting Covid19, and the significant costs associated with buying the number of tests they needed to keep safe, especially when living on income support with one member reporting that she had spent more than \$1300 on RATs alone - [Woman living with muscular dystrophy forced to spend \\$1,300 on rapid antigen tests for in-home carers | National disability insurance scheme | The Guardian](#).

The provision of free RATs for people with disability living in group homes and other institutional settings was contrasted by the experiences of people with disability who lived within the community. This was only partially mitigated by the later capacity to claim RATs for participants of the NDIS (to be deducted from their existing funding) and the Federal Government's provision of 10 free RATs for limited numbers of concession holders – a drop in the ocean in terms of the quantity of supplies needed by people with disability who receive daily care.

The reality of the situation currently is that many vulnerable people with physical disability remain in a state of limbo, made harder by the fact that for many, life has mostly returned to how it was prior to the pandemic. Protections are being steadily rolled back, while expectations are mounting that people will return to doing the things that they were expected to do prior to the pandemic, be that go to work, attend school or university, or attend services face to face.

I've taken what I think is personal responsibility. I've stopped going out to things, and not putting myself at risk. But I can't survive without support workers coming in and helping me go to the toilet.

Every day they report numbers, and they say, 'That person had an underlying medical condition'. That doesn't make it OK that they died.

Carolyn Campbell-McLean, PDCN member.

We are extremely worried that the people most vulnerable to Covid19 will become increasingly invisible and that progress towards social inclusion for this cohort will be lost.

PDCN is also gravely concerned about the overall mental health and wellbeing of this group, including family members who have isolated with vulnerable family members and taken on extra caring responsibilities.

Question 2: What are the main concerns of people with disability about 'living with COVID' and the prospects of further waves and variants of COVID-19?

A major concern is that as we move into the endemic stage of the Covid19 virus, people with disabilities will face growing pressures to reintegrate into the community before it is safe for them to do so. Public messaging around no longer requiring face masks, returning to work in offices, the return to face-to-face teaching and the reduced reliance on online systems such as telehealth, will adversely impact people who continue to be at risk.

Whilst the pandemic has been a traumatic experience for many with disability, one of the positives that has been commented on is that many of innovations and adaptations that we saw in how we socialise, work, access services and engage with businesses increased social inclusion for people with physical disability, leading one of our members to comment *'It's a shame it took a pandemic to get us here'*. We are keen to retain what advances have been made during the past two years especially in the contexts of healthcare, employment, and education.

Vaccination, whilst reducing the severity of Covid19 for vaccinated individuals, does not prevent the spread of the virus and could make the virus harder to detect due to symptoms being minor and harder to detect.

As the virus becomes endemic, we are concerned that State and Federal Governments may be less proactive in combatting transmission or ensuring that herd immunity is reached. The overall uncertainty – how long Covid will remain in the community, how it will evolve, the potency of any future strains, and how long people will continue to need to take additional precautions, are concerns shared across the disability community and have led to an overall sense of fatigue.

The Covid19 pandemic has demonstrated that the Government can successfully mandate that people adhere to certain rules to prevent the spread of life-threatening illnesses across the community. Simple steps like good hygiene and the wearing of masks have been demonstrated to be highly effective in preventing the transmission of air borne illnesses, and it is hoped that the Government continues to call for such measures in the future, whether that be for Covid19 variants, or other infectious diseases, for instance, influenza, which has been a long-standing cause of death across the winter months.

We are concerned that there has been a lack of recognition of the impacts of the pandemic on the overall health and wellbeing of people with disability as a cohort. Many of our members had to suspend services and treatments like hydrotherapy and physiotherapy which were vital to retaining their functional capacity.

Some have reported that their functional capacity has decreased, and many have reported heightened feelings of stress and anxiety and loneliness. We suspect some of our members have been traumatised from the pressure of the last two years and we would expect State and Federal Governments to provide access to appropriate supports and services to address this moving forwards.

Question 3: What actions have been, or should be, implemented to make it easier for people with disability to keep COVID-19 vaccinations and boosters up to date? What barriers have people with disability faced in trying to access vaccines or boosters?

Most of our members and their families were keen to be vaccinated as soon as possible to ensure protection from Covid19. Our members were a priority group with many presenting with one or more of the following:

- Over 65 years of age
- Having disability
- Having an underlying medical condition

Disability and aged care workers were also prioritised for vaccination.

Despite being a priority cohort, people with physical disability reported many challenges associated with gaining access to the vaccinations.

The process of booking vaccinations was complex – the online system developed by the Federal Government was complicated and not necessarily accessible to people who are blind or vision impaired. There was no capacity to amend vaccination appointments via the portal, with most people finding the phone line more useful for both booking and modifying vaccination appointments.

Accessibility of vaccination centres posed another issue. Initially our members reported that it was difficult to identify accessible vaccination hubs, including those with disability parking. Vaccination centres were often not located in local areas, requiring people to travel out of their local areas. Members advised that they often did not know about the accessibility limitations of venues until they arrived for vaccinations, leading to poor experiences of the process.

Those members who required taxis to transport them to testing facilities paid high prices for this service, particularly where they were required to use drive through facilities and experienced long wait times. There was also concern from drivers as to their own safety and level of risk in undertaking these journeys.

Members who were vision impaired reported that they were often unable to access vaccination hub staff to assist them to physically access the venues, even when calling ahead to request this service. Our members also struggled physically with the lengthy queues across many hubs. There was no capacity to provide feedback on the accessibility of the venues or the overall vaccination process. When medical centres and pharmacies were able to provide vaccinations, this improved accessibility considerably.

Many people with disability were concerned about the reported risks associated with the Astra-Zeneca vaccine. We believe that information in relation to the different vaccines, their potential risks and efficacy was not managed well, with the result being that Astra Zeneca was viewed as considerably less safe. We are aware of several at-risk individuals who postponed their vaccinations until the Pfizer vaccine was readily available due to concerns about blood clotting and other potential complications.

What actions should have been taken?

There were several actions that could have been taken to improve access to vaccinations for people with physical disability.

Clearer information needed to be provided in terms of the relative pros and cons of the different vaccines available to allow people to make an informed decision about which vaccination would be best for them. Even now, there are reports of parents of children with disability who have not vaccinated their children due to concerns about the safety of the vaccine - [Anti-vax parents leaving children with disabilities unprotected from COVID-19 \(smh.com.au\)](https://www.smh.com.au/health-and-wellness/anti-vax-parents-leaving-children-with-disabilities-unprotected-from-covid-19-20210511)

All people with disability at increased risk of Covid19 should have had access to in-home vaccinations. This is something that PDCN has been advocating for since the start of the pandemic. We are aware that some GPs have provided in-home vaccinations in limited circumstances and were advised by the NSW Ministry of Health that people could contact their local Public Health Networks (PHNs) to request this service, but there was no guarantee that this service would be provided. There were reports that some Public Health Networks (PHNs) offered at home testing (called the *flying squad*), but this was not widely publicised.

Vaccination venues should have been established in accessible public venues, with access to seated waiting areas for queueing. More vaccination centres needed to be established in the first instance,

and positioned to better reflect known community boundaries. Limited numbers of vaccination hubs, particularly in regional areas, meant that people with disability and their carers often had to travel some distance to unfamiliar areas to receive vaccinations.

Some way to track estimated wait times at vaccination hubs, have an indication of quieter times across vaccination hubs, or fast track vaccinations for people with disabilities would also have been valuable to our members.

The online booking process should have included the capacity to specifically search for accessible venues, or hubs where assistance staff were readily available and included the capacity for the individual to flag accessibility needs to venue staff in advance.

We also needed better tracking of vaccination rates of people with disabilities. While we can track the rates of NDIS participants who have been vaccinated, this only represents an estimated 10% of the disability community overall. Accurate reporting of the rates of people with disability receiving vaccinations, and the capacity for people with disability to provide feedback on their vaccination experiences, in terms of the booking process, the accessibility of the venue, and the vaccination process itself, would have allowed barriers to be identified and addressed more expediently.

In relation to disability carers and aged care workers, key challenges appear to have been having time to access the vaccination hubs and concerns about the risks associated with being vaccinated, or between the different vaccination options. It is imperative that disability carers and aged care workers, like health professionals, are vaccinated to prevent transmission of the Covid19 virus to people with disability who may be at increased risk.

More could have been done to promote vaccination of these workers by offering vaccinations within their workplaces, guaranteeing support and protections for loss of earnings, and operating 24-hour vaccination hubs or even hubs that operated outside standard business hours.

Vaccines should have been mandated for this cohort earlier than 14 October 2021. We would suggest that disability carers and aged care workers should be required under legislation to be fully vaccinated unless they are issued with a medical contraindication certificate.

Question 4: Have people with disability experienced barriers to accessing quality health care during the Omicron wave of the pandemic?

In a word, yes!

We are aware that people with physical disability have faced challenges in accessing their usual healthcare during the Omicron wave of the pandemic. There were several reasons for this.

People at increased risk of Covid19 have reported being hesitant to leave their homes due to the high transmission rates across the community. Many of our members had already experienced a reduced access to ongoing health services, like physiotherapy or hydrotherapy, and were already actively avoiding hospitals and GP clinics as these were seen as high-risk areas for contracting the virus.

We anticipate that many people with disabilities have avoided routine procedures such as pap smears, mammograms, and skin checks etc across the past two years and we are aware of several of our members who had elective surgery treatments postponed over this period or who experienced significant delays in receiving surgery on account of reduced hospital staff.

Mechanisms to reduce transmission of the virus in hospitals, such as limiting visitor numbers, was sometimes interpreted to include carers, meaning that people with disability who needed to attend hospital were often left without vital carer support.

There was no definitive information about how to perform daily care activities such as showering or feeding safely if a person with disability or their carer contracted Covid19. In such contexts, it is often impossible to use full PPE.

Initiatives which supported continued access to healthcare

A major initiative that supported continuity of healthcare for people with physical disability who had access to electronic resources, was increased access to telehealth services.

Many of our members, when asked if they were able to retain specialist health services during the pandemic advised that they were able to have these sessions via telehealth and were generally satisfied with this format. PDCN members particularly spoke to the advantages of being able to have simple services, such as the renewal of scripts, done via telehealth, making it no longer necessary to attend a medical centre.

Another major benefit we saw across this time was the inclusion of an increased number of telehealth treatments as subsidised treatments under Medicare Benefits Scheme. These inclusions allowed 'hospital in the home' patients to continue to receive treatment from specialist medical practitioners when practitioners were unable to attend hospital due to COVID-19 restrictions, as well as ensuring affordable access to specialist care for people with disability needing medical care during this time.

Telehealth offers many advantages to people with physical disability as a simpler and more efficient way to receive healthcare. While acknowledging that it is not appropriate across all contexts, many PDCN members have expressed a desire to see telehealth services continue as a standard healthcare option into the future.

Question 5: Have people with disability and the disability workforce been given clear, accessible, and timely information during the Omicron wave of the pandemic? What barriers are experienced by people with disability, their family, support workers and carers when seeking access to personal protective equipment (PPE), rapid antigen tests (RATs) and Polymerase chain reactions (PCRs)?

Significantly more could have been done to prepare the disability community for inevitable new strains of the Covid19 virus. It appeared that the State and Federal Governments gave less focus towards notifying the community about the Omicron strain because it was seen as a more benign variant and less of a risk to the general population.

The higher rate of transmissibility and the rapid spike in infection numbers caused significant levels of stress and anxiety across our membership. Although PDCN had direct lines of contact with the NSW Ministry of Health across this time via the Disability Community of Practice Group, we received minimal information, if any, on projected rates of infection or hospitalisation for this variant, and as such, were unable to provide any useful disability-specific information to our members.

Barriers experienced by people with disability, their family, support workers and carers when seeking access to personal protective equipment (PPE), rapid antigen tests (RATs) and Polymerase chain reactions (PCRs)

By the time that the Omicron wave hit, many people with physical disability had pre-established ways to access PPE such as masks, hand sanitizers etc. PPE was widely available within communities and prices had stabilised.

Rapid Antigen Tests (RATs) on the other hand, were relatively new to Australia and supplies were limited. We had numerous reports of people with disability being unable to source RATs in their local areas, either because shops could not order them or because any RATs that were available were quickly sold out.

People with physical disability, particularly those who require daily care from a range of different service providers and family members, need significant numbers of RATs to regularly test both themselves and the people they are in contact with. The cost of RATs (averaging around \$16 a test) represents a significant financial outlay, particularly for people with disability on income support, and this was compounded by businesses which took advantage of high consumer demand by price gouging.

We have consistently advocated for both PPE and RATs to be provided free to people with disability at increased risk of Covid19, their families and carers, preferably via the national stockpile. The Federal Government's announcement on 6 January 2022, that concession card holders would be able to access up to 10 free RAT kits over three months, at a maximum of five in a single month, was perceived as a paltry attempt to address community need - it was only available to a subset of concession card holders¹, and still required people with disability or their carers to source their own RATs in the first instance.

We believe that the Federal Government could have done more to control the distribution of RATs to ensure that those at increased risk from the Omicron variant were prioritised in the supply of these tests – experiences across essentials throughout the pandemic have demonstrated that a 'free-for-all' supply model disproportionately disadvantages marginalised communities – and this was observed yet again in the accessibility of RATs.

In relation to PCR testing, many of the same issues experienced across vaccination centres applied to PCR testing facilities. While it was significantly easier to access a PCR testing centre due to many offering a 'walk in' option, a significant number of venues were not physically accessible, and there could be significant wait times to be tested.

While PCR centres were highly prevalent in inner city areas, and generally able to be readily accessed via public transport, people in regional areas had less testing venue options and what options that were available were not necessarily well serviced by public transport.

Question 6: Has sufficient support been provided to effectively prevent and manage COVID-19 infections at home? What have been the impacts on people with disability who have had to isolate due to a positive case in their household or workplace?

There was a significant information gap at both Federal and State level. Information on how to effectively prevent and manage Covid19 in the home is vital to ensuring that our members stay safe and can continue to access essential daily care and support.

We note that Covid19 information for people with disability on the Federal Health Website has not been updated since October 2021, and what information that is available on the NSW Health website focuses almost exclusively on accessible resources for people with cognitive and intellectual disability - [COVID-19 information for people with disability \(nsw.gov.au\)](https://www.nsw.gov.au/health-and-care-services/conditions-and-diseases/covid-19/covid-19-information-for-people-with-disability).

While we appreciate the importance and value of this information for those in the cognitive and intellectual disability community, it is frustrating that there is no equivalent information for people with physical disabilities, as isolating can be incredibly challenging for our membership, particularly when we have provided input and expertise to the Ministry for more than two years on this need. There must be access to useful information on how people with physical disabilities in isolation can continue to receive essential care such as feeding or showering, where PPE is not always feasible. Additionally, health guidelines on providing care for people with disability at home when COVID positive was highly sought after by our members, and none could source this through any government website.

¹ This included Pension concession card; Commonwealth seniors healthcare card; DVA gold, white or orange card; Health care card

We note that the Federal Government set up a hotline linked to the Federal Disability Gateway Resource for people with disability to contact with disability related questions during the pandemic, although none of our members have reported having used this number.

The Disability Gateway main webpage does not appear to provide any specific Covid19 related materials, and we are unsure how useful the hotline and website would be in practice.

Question 7: What have been the experiences of people with disability in accessing disability supports during the Omicron wave? Is there more that governments and relevant agencies should be doing to support disability service providers to keep providing services during future COVID-19 waves or other emergencies?

Access to ongoing disability supports, both formal and informal, have been a major challenge for people with physical disability living outside residential care during the Omicron wave of the Covid19 pandemic. There is no clear pathway for support for people with disability if they cannot access care that is usually provided by informal carers, such as family members.

Likewise, responsibility for 'surge' staff to fill gaps in formal care outside of residential settings have been left up to disability service providers or people with disability themselves, which in some cases has led to our members being without essential care services like showering for a week or more.

We believe that there was scope for the State and NSW Governments to facilitate the provision of more direct 'on the ground' support for people with disabilities and their families during the Omicron wave by organising and co-ordinating the mobilisation of surge staff to fill gaps across all care contexts, including residential care settings, formal care in the home and informal in-home care and support.

Question 10: Were people with disability, disability representative organisations and disability advocacy organisations adequately consulted in 2021 when governments were preparing to ease restrictions? How have people been consulted during the Omicron wave and to inform emergency preparedness, planning, and response for future phases of the pandemic and the winter season? What is required for more meaningful consultation?

As far as we are aware there was no consultation with the NSW disability community prior to the NSW Government making its decision to ease restrictions. Had there been any opportunity to engage with government at that time, we would have advocated for the retention of several restrictions, including QR code check ins and continued broad mask mandates, to ensure that our community remained as safe as possible. We would also have advocated for a range of safeguards to ensure that people with disability at increased risk from Covid19 were fully supported across this time.

The physical safety of people with disability was our key priority when the NSW Government started to phase out restrictions. People with disability were exposed to unacceptable health risks and undue stress during this time, with no support from the NSW Government. Had PDCN had the opportunity to contribute to planning across the phase, we would have recommended the following:

1. A slower phasing out of restrictions

The pace that restrictions were lifted did not give people with disability the opportunity to adjust to the lifting of restrictions. These measures might have included sourcing PPE and RATs, developing plans to ensure continuity of care if carers became infected, stockpiling essential household supplies, negotiating ongoing working from home arrangements with employers, getting boosters, etc.

2. Public messaging focused on minimising community transition

As restrictions were rolled back, there was a marked change in public messaging with an increasing theme of 'personal responsibility'. This was highly distressing to an already fatigued community whose members had already maintained high levels of vigilance for close to two years. The NSW Government could have done more to emphasise the continued need to protect those at risk across the community.

3. Access to free RATs and PPE

The opening of the State heightened demand for RATs. Many of our members struggled to access RATs across this time, despite RATs being vitally important to keep this cohort safe. We would have advocated for the state government to arrange for the provision of unlimited numbers of free RATs and PPE for people with disability at increased risk of Covid19 as a pre-emptive measure to support our community as restrictions were lifted.

4. Access to mental health support

The detrimental impacts of the pandemic on the mental health of people at increased risk from the virus, including people with disabilities, was not adequately considered by the NSW Government when restrictions were lifted. This was a high anxiety period for people who had already had a long period of extended stress. It would have been highly advantageous for State and Federal Governments to have rolled out initiatives at this time to ensure that people at increased risk were able to receive free mental health support during this period.

5. Guaranteed job protections and income support

One of the main concerns for people at increased risk of Covid19 with the opening of the state was around pressure to return to workplaces or to recommence jobseeker commitments. There would have been significant benefits in the State and Federal Governments explicitly stating that people at increased risk of Covid19 (and their primary carers) must not be forced to choose between their health and economic security and should be able to retain options such as work from home and not be automatically required to actively look for work under job-keeper.

6. Procurement of surge staff

The Federal Government should have organised surge staff to fill anticipated gaps across residential care (both Aged Care and Disability) in anticipation of increased rates of employee absenteeism. Plans should have been put in place to provide support for people with disability who rely on informal care, if their carers need to self-isolate – for instance, the mobilisation of Primary Health Network (PHNs) staff to provide in-home emergency care support.

PDCN had limited opportunities to provide information and advice to the NSW Government during the Omicron wave of the pandemic. The opening up of the State coincided with a transition to a new Premier, followed swiftly by a new Minister for Families, Communities and Disability Services. These major shifts left us without the established communication channels we might otherwise have utilised to advocate for the interests of our members.

The only consistent opportunity that PDCN has been given to provide information and advice to government in relation to the Omicron wave has been through Ministry of Health Disability Community of Practice Group (Disability COP) and the Non-Government Organisations Community of Practice Group (NGO COP). While these COPs had originally been extremely useful as forums for information exchange and collaboration between the Ministry and the disability sector, by December 2021, they were predominately used as a conduit for the Ministry to simply provide health information to the sector.

In situations of national emergency, such as pandemics or natural disasters, it is vital that the interests of people with disability, as a cohort at increased risk, are not overlooked in Government planning.

It is a grave concern that national disasters like pandemics, with the potential to disproportionately impact our members, have occurred a several times across recent history, and yet State and Federal Governments both appeared ill-prepared to be able to offer even the most basic level of protection for people at increased risk of Covid19, let alone the rights and protections accorded to people with

disability under the United Nations Convention on the Rights of Persons with Disabilities (the UNCRPD) in these circumstances.

We believe it is critically important that the State and Federal Governments critically evaluate their management and leadership over the Omicron wave with the involvement of the disability community with a view to learning how to better respond to the needs of the disability community across these sorts of national incidents. It is critical that people with disability are not 'left behind' in future pandemics.

A way to facilitate this would be through embedding consultation with people with disability across all sections of government as standard practice to ensure ongoing Government awareness of the disability community – critical for pre-emptive policy development and planning around national emergencies, and to also provide pre-established channels for Government to receive specialist expertise during national disasters. We appreciate that it will never be possible to fully anticipate and plan for national disasters, but Federal and State Governments can take proactive steps to ensure that the needs of people with disability across specific emergency contexts can be quickly established and accounted for.

There needs to be an acknowledgement that involvement of the disability sector must extend across all elements of government planning. The requirements of people with disability need to be understood and appreciated across the provision of public information, healthcare, the development of community resources, the provision of financial and social supports and more. Co-design with the disability community should be embedded across all elements of emergency preparedness and planning, with an emphasis on pre-emptive planning based on scientific predictions and modelling.

There also needs to be clear channels for people with disabilities to advise Government about barriers and challenges they may be facing across systems and structures that have been rolled out – for instance, the capacity to flag accessibility issues with Covid19 testing clinics. The disability community needs to have confidence that any systemic concerns raised will be referred to the appropriate channels and addressed expediently.

It is also vital that we have sufficient data to be able to understand the impacts of pandemics on people with disabilities as a subset of the broader population. We are hopeful that the national disability data set, currently being developed, will enhance the capacity to track the impacts of public policy decisions on the disability community – for example, rates of vaccination, hospitalisation, and pandemic related fatalities.

Question 11: What has been the impact on children and adults with disability accessing education and training during the Omicron wave of the pandemic? What reasonable adjustments have been made in schools and by schools for home-based learning, childcare centres, and higher education institutions to support the education and training of people with disability during this period? We are also interested in hearing about any impacts on the employment of people with disability during this period. We would like to hear about any particular experiences people with disability may have had in an Australian Disability Enterprise or in the Community Development Program during the pandemic.

Information from our members and their families would indicate that children with disability and their families felt relatively well supported to access education and training over the Omicron wave of the pandemic.

Support was primarily provided by educational institutions and teaching staff who went to considerable lengths to ensure that the specific needs of children and younger people with disabilities were met during this time. Teachers worked hard to ensure that students were provided with opportunities to remain connected with their classmates and teaching staff.

As face-to-face teaching recommenced, the provision of free RATs for primary and high school students, the deep cleaning of schools and the use of face masks were viewed very positively. The timing of the reintroduction of face-to-face teaching worked well in the context of vaccinations for children aged 5-12 years, with many children being able to secure their first vaccination prior to the commencement of the school year.

Students with disabilities undertaking tertiary education were likewise well supported. Universities quickly transitioned to online learning. Students with access to technology (i.e. computers and reliable internet) were able to participate in lectures and tutorials, with some commenting that they would like to have hybrid teaching available moving forwards.

Question 13: How has the severe weather and flooding in New South Wales and Queensland during February and March 2022 contributed to challenges for people with disability during the Omicron wave? We are interested to hear how the response to these concurrent emergencies addressed the needs of people with disability, in terms of their health, safety, shelter and support (for example, access to disability support, health services, and/or income support). We are also interested in the extent to which people with disability have been able to access critical information.

People with disability have again been disproportionately impacted as a subsection of the community during severe weather and flooding across QLD and northern NSW.

We have reports of people with disability having lost their homes and expensive assistive technology. NDIS participants have been advised that they can arrange for the repair of assistive technology (to a capped amount) that has been damaged during the floods regardless of whether they have funding in their plans, through contacting the NDIS contact centre, but no such service exists for people with disability excluded from the NDIS.

We know that at least three people over the age of 65 years died in the floods in Lismore, however there is no way to determine whether these individuals had any level of physical disability which might have reduced their capacity to evacuate.

The disability services sectors across these regions have been majorly impacted, with many businesses unable to continue to provide vital care services to the disability community. We anticipate that people with disability who previously used these services are now more reliant on family for care and support - a situation that may not be sustainable in the long term. While we expect many disability organisations will reopen, we are concerned that some won't, which may result in gaps in care and less consumer options for the disability community in the longer term.

The flooding and major weather events have made it significantly more difficult for people to maintain social distancing and self-isolate. Many people have been forced to live with relatives in cramped conditions, and this has provided increased opportunities for transmission of the virus between household members. We are also aware of people who have had difficulties accessing booster shots, medications, and disability specific products. Access to vital resources such as household essentials is a major concern for people with disabilities, who have reduced capacity to physically travel to access basic supplies and less capacity to financially absorb price gouging if this occurs.

While we do not have direct reports of people with disability experiencing homelessness or housing insecurity, we anticipate that this would be the case, and that people with physical disability will have significantly less options across both temporary and long-term housing options on account of the lack of accessible (and affordable) housing/hotel/motel options available in these communities. Again, we anticipate that the impacts of the floods on the housing options for people with disabilities will be experienced over an extended period due to high demand for housing across depleted markets.

Research after the 2017 floods, indicated that people with disability were more likely to be impacted by flooding due to 'socioeconomic disparities'.² The need to prioritise the housing needs of people with disability was a key expert recommendation from the 2017 Lismore floods³, but we are unaware of any specific housing and homelessness support being offered to the displaced members of the disability community across any of the flood affected regions.

Concluding comments

The NSW Government's fast-tracked rollback of social distancing measures in the face of a new and highly transmissible variant of the Covid19 virus undermined any confidence that the disability community had in the State Government's support of people with disability during the pandemic.

As a recognised subsection of the population at increased risk from the Covid19 virus, it is incomprehensible to us that the NSW Government did not think to inform the disability community of its intentions, nor put in place any safeguards to ensure that people with disability were not placed at heightened risk.

The NSW Government disregarded its commitments under the UNCRPD to protect people with disability in national emergencies in the interests of rebuilding the economy, while Government messaging such as "freedom day" and "Covid normal" emphasised what we already know - that people with disability are often invisible to decision-makers and the interests of the disability community are seldom considered relevant or important across public policy decisions.

People with disability who are at increased risk from the Covid19 pandemic are unable to realise a 'covid normal'. They will continue to live with stress and anxiety which has been greatly precipitated by the State Government's shift in public messaging from themes of community togetherness to personal responsibility. It is our fear that this subset of the disability community will become increasingly forgotten and neglected in their homes as Covid19 becomes endemic and Covid19 supports and services are rolled back.

Both the NSW and Federal Governments should be answerable to this cohort. There were significant actions that the State and Federal Governments could have done – and still can do - to ease the stress and anxiety of the disability community. People with disabilities, their families, carers, and the disability advocacy sector, have been keen to offer expertise and work in codesign with the government throughout the pandemic, but the State Government to date, has shown limited interest in facilitating this process.

2 Bailie, J., Longman, J., Villeneuve, M., & Bailie, R., *Homeless and looking for help – why people with disability and their carers fare worse after floods*, The Conversation, March 15, 2022, <Homeless and looking for help – why people with disability and their carers fare worse after floods (theconversation.com)> accessed 13 May 2022.

³ Ibid.