



CRE-DH

Centre of
Research Excellence in
Disability and Health

STOP THE SPREAD
SAVE LIVES

RECOMMENDATIONS FOR A TAILORED COVID-19 RESPONSE FOR PEOPLE WITH DISABILITY

in partnership with



What has happened in Melbourne over the last two weeks is a serious warning for all Australians about the potential for coronavirus to spread and the ongoing risks for people with disability.

We have moved from a situation where State and Territory government responses are relatively consistent to one where there are differentiated responses even within the same State or city. This raises new questions about how to respond to the **health, educational and social care needs of people with disability** living in areas with high rates of infection, at the same time as how people with disability in other areas might be encouraged to return to pre-COVID-19 activities. It also shows the importance of planning so coordinated responses to emerging outbreaks can be rapidly mobilised, no matter where these occur.

With community transmission escalating this month, the Victorian government has implemented Stage 3 restrictions across metropolitan Melbourne and Mitchell Shire. Hard lockdowns of high-rise public housing estates have also occurred in response to outbreaks in these environments. Importantly, there are now multiple clusters including a large outbreak in a school in Melbourne's outer west as well as infections reported among aged-care workers. The situation is rapidly changing and it is critical that governments are able to respond to the needs of disabled people, as a priority.

We commend the Victorian government for its actions to protect and support residents now under lockdown in a highly complex environment requiring multicultural, health, mental health, aged care and family safety responses, as well as support for people with disability, their families and carers.

We outline some immediate actions that Victorian and Commonwealth government agencies could do for people with disability, some of which may already be underway.

1. We recommend proactive community outreach to households:

This could be coordinated through local councils and community organisations who could actively refer people to services. The outreach would identify all people who require additional supports, whether or not they are NDIS participants or identify as a person with a disability.

Community workers could reach out to individual households and:

- assess immediate health and social welfare needs including personal care, mental health and behavioural support
- develop a plan for each person with disability and household on what would happen if one or more family members becomes infected and needs to self-isolate or if their current living situation is untenable (e.g. at risk of abuse and neglect)

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- provide information in Easy Read and/or Easy English and community languages
- provide emergency contact numbers including disability hotline, mental health services, family violence services and health care professionals with specialist expertise in disability to assist them if they become unwell or need further information
- ascertain whether they have access to phone and internet to contact services and receive information, and organise internet access if they do not have access
- provide face-to-face training on infection control and use of face masks
- assess whether they have access to essential medicine and health care and ensure that they receive their medicines and access to health care by contacting relevant providers.

We recommend that community workers undertake welfare checks on households at least every second day, so emergent issues can be identified and problems can be averted. *We recognise that not every person or household will want such a comprehensive response and that many may choose to opt out.* We also believe that these measures provide some safeguarding for people with disability at risk of violence, abuse and neglect in the pandemic, something that has already been reported.

We suggest that the response is coordinated through local government, local residents' groups and community services with sufficient resourcing. Trained community workers and educators, with deep knowledge of local communities, employed through community organisations (e.g. Multicultural Centre for Women's Health, Disabled People's Organisations) could be used. Volunteers with a background in disability and medical and health sciences students (e.g nursing, social work and occupational therapy) could also be deployed. **Importantly we recommend that each household is assigned one person they can contact for advice at any time avoiding problems with communication.** The volunteer model has been used successfully for people with disability in natural disasters through disability advocacy groups in Queensland and neighbourhood centres in NSW.

2. Specific health care and social welfare initiatives could include:

- where taking nasopharyngeal swabs is difficult or impossible, ensure that saliva testing is available
- ensure doctors and nurses testing patients have the resources to communicate with people with a range of disabilities and, where necessary, are accompanied by community workers with appropriate background in disability
- as recommended in the Commonwealth Government's [Management and Operational Plan for People with Disability](#), develop health care specific plans for people with disability covering testing, health and hospital care and advanced life saving support which can be presented to health care providers unfamiliar with their care
- reach out to the Office of the Public Advocate, Disability Services and Mental Health Commission and Family Safety Victoria and other related State and Commonwealth agencies to assist with identifying the most 'at risk' people quickly

- for people who rely on others for informal support for personal care and mental health needs, enable their supporters to be able to continue that care provision in a safe manner and where this is not possible arrange for alternative support to be provided
- provide for people with disability for whom confinement to home is very challenging to be able to go outside, with appropriate safety standards in place
- community workers and volunteers work alongside police and other services such as child protection so they respond appropriately to the particular needs of people with disability
- identify emerging issues for people with disability, their families and carers, by actively monitoring social media and respond quickly to concerns raised.

3. In terms of the provision of disability services we recommend:

- that the National Disability Insurance Agency and Local Area Coordinators reach out to all participants and assess whether an urgent plan review is required
- that the Victorian government, National Disability Insurance Agency (NDIA) and NDIS Quality Safeguards Commission (NDISQSC) proactively work with disability services in the affected areas to provide support to residents (whether NDIS participants or not) in a safe way. Detailed directives from these agencies are required, rather than leaving these critical decisions to individual service providers
- ensure that NDIS participants are able to access all the services they require irrespective of whether they have sufficient funding in their plans, and provide alternative support if services such as day programs are closed
- reach out to NDIS participants in affected areas to offer rapid plan review if required
- pay family members who provide additional support to a person with disability because formal support is reduced or ceased
- extend temporary visas and increase the number of hours international students can work if they are providing disability support
- provide compensation for support workers who have to cancel shifts because they are sick and do not have paid leave
- ensure personal protective equipment (PPE) is available and being used appropriately
- audit services to ensure they are complying with public health directives.

4. In relation to the health of children and young people with disability returning to education we recommend:

- where students cannot return to school, have their school facilitate opportunities to engage with friends and classmates on a social basis
- provide alternative transport options to school buses to enable physical distancing and other infection control measures
- provide school staff with training in infection control
- audit schools to ensure they are compliant with public health directives
- encourage families and schools to develop individualised return to school plans for children who have underlying health conditions which place them at risk if they are infected with COVID-19. Templates for plans are available on the Commonwealth government Department of Health [website](#).
- ensure schools and disability services need to have pandemic plans that are actively audited.

We recommend that all State, Territory and Commonwealth governments reach out to local communities to develop tailored community responses, proactively plan with people with disability, families and carers and identify someone that can be contacted if the need arises.

We are happy to work with the government, the community and advocates to help tailor the response for people with disability. We believe action is urgent to prevent the terrible outcomes for people with disability seen in other parts of the world, including preventable deaths from COVID-19 and cases of abuse and neglect during the pandemic.

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