COVID-19 INSIGHTS
Towards just futures

People with disability

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Key points

The COVID-19 pandemic poses immediate risks for people with disability and their families and carers. They are experiencing:

- higher vulnerability to COVID-19 due to pre-existing health conditions and reliance on support workers

- disruption to essential supports and services particularly for those who struggle online

- strain on families who can't access respite or informal supports

- greater adverse impacts of social isolation

- increased economic insecurity.

In the longer-term the gap in social and economic participation for people with disability and their families and carers—already unjustifiably wide—could grow. Pre-existing issues such as low employment, social isolation and inadequate support could be exacerbated.

Governments' current focus is rightly on ensuring people with disability remain safe and healthy and continue to receive support to meet their daily needs.

However, as we emerge out the other side of the crisis, policy choices must not only reconnect communities, but make them more inclusive. Enabling people with disability to participate fully in the community is the best safeguard against adverse impacts for them in future crises. It is also an economic imperative given the projected state of our economy.

Much of the roadmap has already been laid for us through the National Disability Strategy and the NDIS, both of which were built on the voices and expertise of people with disability themselves.

We must renew our efforts to achieve the ambition of these innovative policies. Key actions include:

- **embedding strong governance and co-design by people with disability across all public policy.** This could be driven by a renewed National Disability Strategy and National Disability Agreement

- **investing in community-based solutions which maximise existing resources and build inclusion,** including realising the intended scope of the NDIS Partners in the Community program for all people with disability. Efficiency in a period of high government debt will come from leveraging unfunded community supports and breaking down barriers to inclusion

- **redoubling our efforts on the employment of people with disability.** We must create systemic responses with national levers that stimulate local change, including promoting the employment of people with disability in the NDIS

- **proactive government intervention to ensure that the disability sector is sustainable,** and that all people with disability can have their needs met

- **accelerated research and data capacity to inform policy and program development**, including understanding the situation of those not in the NDIS.

Situation before COVID-19

People with disability are a diverse group. They have differing needs and aspirations according to their personal circumstances, including education, gender, age, sexuality, and ethnic or cultural background. Some experience multiple, overlapping disadvantages.

- Around 18 per cent of Australians – or about 4.3 million people – have a disability.

- Just over 10 per cent of Australians, or 2.65 million people, are carers. Over one-third of primary carers live with a disability themselves.

People with disability experience poorer outcomes than the general population, including:

- **high unemployment.** They are twice as likely to be unemployed as people without a disability, twice as likely to be long-term unemployed (over a year) and more likely to be underemployed

- **high rates of poverty.** Forty per cent of the people living in poverty in Australia have a disability

- **barriers engaging in education.** Thirty-two per cent of people with disability aged over 20 have completed Year 12, compared to 62 per cent of those without disability

- **poorer health**, higher rates of chronic illness and co-morbidities, and difficulty accessing adequate healthcare

- **discrimination**, and higher rates of violence and abuse that the general population.

The NDIS provides individual funding to the approximately 10 per cent of people whose disability is considered significant and permanent. The scheme also has a broader mandate to support all people with disability to connect to their community and mainstream services, and to build the community's capacity to be inclusive.

Specialist disability support services are only one part of a broader, interacting system of supports that people with disability engage with, including mainstream services such as health, education and transport, and community supports such as libraries and gyms, and family and mental health services.

Impacts of COVID-19

People with disability have demonstrated extraordinary resilience, flexibility and adaptability during this crisis. Nonetheless, COVID-19 presents significant and unprecedented challenges for people with disability, their families and carers, and the disability sector as a whole. Many of the immediate challenges are also being experienced by the general population—health and wellbeing, economic security, access to essential services and digital inclusion—but are amplified and unevenly distributed.

Health and access to healthcare

Evidence from previous pandemics shows that health inequities worsen, as marginalised communities have fewer resources (financial and social) and struggle to access necessary supplies and services. Australia has done remarkably well in controlling the community spread of the virus, and restrictions are starting to be eased. However, until there is a vaccine, further outbreaks are possible. People with disability are at higher risk of contracting COVID-19 and of experiencing serious complications if they do, due to:

- **high rates of chronic illness and immune and respiratory conditions** caused by certain impairments. Aboriginal and Torres Strait Islander people with disability are particularly vulnerable due to a higher number of co-morbidities, high rates of poverty, and a lack of culturally appropriate care.

- **barriers accessing preventive information and hygiene.** People with disability are reporting that they cannot always access the information they need to keep themselves safe (due to lack of Auslan, accessible digital technology, captioning, relay services, and easy-to-read formats), not enough support to understand communications and a lack of access to internet or reliable telecommunications

- **reliance on close physical contact with support persons**. More than half of people with disability report needing help with daily living activities such as eating, dressing, toileting and household chores. Support workers often perform many interactions each day as part of their job, and people with disability and service providers are reporting difficulties accessing enough personal protective equipment (PPE) such as masks, gloves and hand sanitisers

- **discrimination.** Pre-existing barriers and discriminatory practices and unconscious bias can be exacerbated in crisis situations and are particularly problematic for people with complex needs or behaviours

- **limited access to health supports.** During the pandemic, people with disability may also struggle to easily access regular medications, sterilising equipment and hand sanitiser, medical consumables, as well as the ongoing healthcare they need from GPs, therapists and specialists.

Disruption to essential supports

People with disability and their families and carers rely on a wide range of services and supports in their daily lives. Through our work as NDIS Partners in the Community we are witnessing the ways in which these services have been disrupted by COVID-19, with profound impacts.

- **The move to widescale digital servicing is exacerbating existing inequalities and creating new ones**. People with disability have on average lower digital inclusion than the general population. Those from CALD backgrounds, lower socioeconomic groups, people with intellectual disability, and older participants and carers face barriers accessing digital technology due to limited resources and/or digital literacy. There are few options for those who cannot engage online to have their needs met.

- **Many parents report that online services are unsuitable for children with ASD.** Social skills groups for children with ASD are difficult to translate online, and using a screen for long periods without the personal, face-to-face connection with a worker can be triggering.

- **Some services simply do not translate well into online delivery**. For example telephone counselling services are inappropriate for people living in supported residential buildings who are unable to tie up the phone for an hour session. Disability supports can be deeply personal. Quality is often based on trust and rapport, which can be difficult to build over the phone.

- **Service gaps are emerging for personal support workers, home maintenance and physical therapies**. Some providers are struggling to meet the increased demand for workers resulting from restrictions on group and other activities; and

reduced workforce capacity for workers who have their own care responsibilities and health to consider. Losing access to a known and trusted support worker can be distressing, particularly for people with psychosocial disability or histories of trauma.

- **Many people are choosing to reduce or cease services as they are vulnerable to COVID-19, increasing their stress and care responsibilities.** This is particularly difficult for people who require 2:1 support workers.

- **A delay or disruption in services or therapies can have profound impacts,** particularly for children with developmental delay or disability and those who rely on physical therapies for their mobility.

There are some positives though. Some people in areas with thin service markets are now accessing therapy appointments more quickly from providers in other geographical areas. While online delivery is not as effective, as an interim solution it has brought some relief to parents seeking timely interventions for their children.

Many providers are also adapting in innovative ways, such as offering virtual travel tours for friends who used to attend a day centre together, and more holistic delivery as therapists collaborate on video conferencing.

Access to education

Parents around the country are currently grappling with supervising their children's learning at home as schools are closed, often while working from home at the same time. For parents of children with a disability, the challenges can be acute.

- **Children with disabilities may be excluded from education if online instruction is not made accessible to them**, including through adapted material and communication strategies. Not all video conferencing, online tools and communication methods are accessible to all people with disability and their families.

- **Students with disability often have additional learning aides in the classroom, who are not available in the home.** This is compounded for sole parents, and parents juggling the education of other children.

- **Specialist schools tailored models of education, including sensory breaks, may not lend themselves to** online learning or home schooling.

These issues compromise the learning and progress of children with a disability, and place extra pressure on carers who may be coping with reduced childcare and respite support and supporting other children at the same time.

Social isolation, mental health and strain on families

There has been much commentary on the anticipated immediate and longer-term impacts of COVID-19 social isolation, particularly for older adults. However, less attention has been paid to the impacts for people with disability, who already have higher levels of psychological distress and are often more socially isolated, with fewer social connections and networks of informal support than the rest of the population.

- **The closing of community infrastructure such as drop-in centres, libraries and gyms can decrease already limited connections.** Those who do not have close family or friends and rely on the support of services which are now moving to tele servicing, are particularly at risk of increased social isolation.

- **Disruption to routines for people with intellectual disability, ASD and/or psychosocial disability can be distressing**. They may have difficulty adapting to this new norm or struggle to understand why it is required.

- **People with psychosocial disability and those in supported accommodation are particularly vulnerable to harm from isolation.** They may also find it harder to recommence social interactions after the lockdown period eases.

- **There is significant strain on families who can no longer rely on their informal supports and have limited opportunities for respite with the closure of schools and face-to-face services.** Parents are also having to implement strategies at home to continue to progress their child's development, without the professional support of a therapist in person. Challenging behaviours can escalate when routines are disrupted and supports cannot be accessed. This strain will be disproportionately felt by women, who already carry the higher burden of caring and now home schooling, and by sole parents.

Economic insecurity

The economic impacts of the COVID-19 crisis cannot be overstated. Since late March nearly 800,000 Australians have lost their jobs. Millions more have had their work hours reduced. People with disability and their carers, already often economically insecure, are being hit hard.

- **People with disability are reporting increased living costs as a result of the COVID-19 crisis**, including higher costs of groceries as the cheapest brands sell out with panic buying; increased costs of private transport; higher utility bills; and shipping and delivery charges. Many people with disability live on or below the poverty line, with insecure work, making even small increases impactful. The decision to exclude recipients of DSP and the Carer Payment from the $550 a fortnight coronavirus supplement has also raised concerns about equity in the community.

- **People with disability and their carers will be hit hard by the recession which has been triggered by the COVID-19 crisis.** Past experience of recessions demonstrate that those who were already disadvantaged in the labour market will be hit the hardest. Even before COVID-19, this group included people with disability and their carers.

Policy and program responses to date

Internationally, there have been limited policy responses addressing the specific impacts of COVID-19 on people with disability. Around the world, people with disability are feeling left behind, according to the UN Special Rapporteur on the rights of persons with disabilities. In many countries, responses were only implemented after disability advocates mobilised to develop policy recommendations and campaign for their adoption.

In Australia, disability specific measures were initially less publicly visible, particularly compared with the aged care sector. However, the Commonwealth Government has progressively (and with increasing speed) announced a suite of measures addressing the immediate health and support needs of people with disability and their families and carers:

- An advisory group was established on 3 April to develop a disability response plan for the specific health needs of people with disability during the pandemic. The comprehensive Management and

Operational Plan for COVID-19 for People with Disability was released on 18 April.

- A dedicated phone line to provide accessible information, and counselling and outreach services to assist people with disability was established on 9 April.

- The NDIA has introduced a number of NDIS-specific measures, including plan extensions up to 24 months; a priority grocery delivery service for NDIS participants; allowing participants to use their core support funds for support coordination; proactive outreach to 62,000 high-risk participants; a 10 per cent price loading for providers to cover increased costs; and, after some confusion, allowing participants to use their NDIS funds to purchase devices to continue accessing supports online.

Longer-term implications

The COVID-19 crisis has also amplified a number of pre-existing issues in Australia's disability policy and program response, with potentially lasting impacts.

- **Reliance on digital platforms to access services.** The government is encouraging the use of online matching platforms during the crisis to allow NDIS participants to rapidly access support workers. This is in line with pre-COVID trends toward the digitisation of government services. Consultations with our frontline staff working directly with people with a disability and their carers during this crisis recent have highlighted the strengths and limitations of online servicing. This works well for many people, however those who are already vulnerable – such as CALD populations and people on low incomes – are further disadvantaged when left to navigate the market for services online.

- **Sustainability of the disability sector**. COVID-19 is reshaping the demand and supply of services in the NDIS market and there is some debate about the adequacy of measures aimed at keeping disability providers afloat. Many services outside of the home have ceased and demand for therapies and support workers has also reduced. Providers face decreased income and increased costs and risk including replacement staff and additional upskilling requirements, infection

exposure, additional cleaning and hygiene measures, and PPE. Pre-existing issues such as financial viability for NDIS registered providers; the slow pace of market growth; persistent thin markets[1]; and workforce issues such as casualisation and shortages in allied health could be exacerbated.

- **Scope of the NDIS.** Thus far the implementation of the NDIS has failed to realise the contribution of community to the cost of the scheme, or to implement community capacity building and linkages at the required scale, particularly for people with disability who do not have NDIS funded plans. The COVID-19 crisis could prompt a contraction of the scope and purpose of the NDIS to only the delivery of individual funding to 10 per cent of people with disability, rather than the broader mandate for community capacity building and linkage support for all people with disability.

- **Adequacy of social security.** Tightening eligibility criteria for the Disability Support Pension (DSP) since 2009 has led to an increasing number of people with disability being on the much lower JobSeeker Payment (formerly Newstart): 41 per cent of JobSeeker recipients have a reduced capacity to work due to disability or chronic illness. During the crisis, the JobSeeker Payment has been doubled and mutual obligation requirements have been suspended. Once the crisis is over, the inadequacy of the JobSeeker Payment and the inefficacy of employment services will be compounded for people with disability, as they face fewer opportunities and higher barriers to entering the labour market. The DSP is also below the poverty line, and economic security for recipients is further compromised by their additional costs and severe shortages of accessible, affordable housing.

Post-COVID recovery: actions for more inclusive communities

Governments have so far rightly sought to mitigate the immediate risks to the health and wellbeing of people with disability, their families and carers. As we begin to emerge from the acute crisis period, policy thinking is turning to our social and economic recovery.

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[1] Thin markets are markets with few or no providers, or few participants. Thin markets may occur in certain geographic locations, or in different support types or participant

cohorts, such as participants with certain specialised support needs.

COVID-19 has laid bare the importance of community connection, and seen innovative, grassroots responses from communities supporting and enabling each other. There are post-crisis opportunities to increase inclusion and participation of people with disability and their families, by leveraging existing infrastructure to build community resilience, opportunities and networks from the ground up. There is overwhelming evidence that this will benefit not only people with disability and their families but our whole society both socially and economically.

In many ways the roadmap for this has already been laid for us by the National Disability Strategy (NDS) and the NDIS. The NDS outlines a whole-of-life approach to building inclusion and participation across government portfolios—not just disability-specific but embedding disability in mainstream policies.

The NDIS was built upon realising the rights and participation of people with disability and their families through three 'tiers' of impacts:

- **societal level:** normalisation of disability by creating awareness within the general community of the issues that affect people with disability, and the contributions of all people with disability to our community

- **systems level:** inclusive mainstream and community services and support to navigate and access them

- **individual level:** adequate resourcing to meet needs and innovative approaches to connecting people to community.

Much progress has been made through the NDS and NDIS, but we are yet to fully realise their transformative ambitions.

We must redouble our efforts to achieve the ambition of these innovative policies by:

1. **Embedding mechanisms for strong governance and co-design by people with disability and their families across all public policy and planning**

Inclusive communities can only be achieved if people with disability and their families are meaningfully included in all levels of policy making and governance. Strong governance by, and accountability to, people with disability will be critical for the next stage of implementation of the National Disability Strategy, the ongoing implementation of the NDIS, and post–COVID-19 recovery efforts.

It is essential to include in this process those who are hard to reach and not usually consulted—such as people with intellectual disability, psychosocial disability and those from low socioeconomic backgrounds.

2. **Realising the full scope of the NDIS Partners in the Community program (Local Area Coordination and Early Childhood Early Intervention) to drive community solutions to participation of all people with disability and their carers**

The Partners in the Community program was designed in the NDIS as the key mechanism for connecting people with disability to opportunities and supports in their communities, and for making those communities more inclusive. The role of Partners was based on the model of Local Area Coordination (LAC) delivered in regional and remote areas of Australia and in the United Kingdom prior to the establishment of the NDIS. LAC was designed to maximise the impact of existing resources by building community capacity, resilience and networks of support for people with disability and their families.

There has been extensive work by the Productivity Commission, the NDIA and Partner organisations in conceiving what this important function should look like, but due to the imperative to rapidly transition people into the Scheme it is yet to come to fruition.

This represents an untapped opportunity to be leveraged in the post-COVID recovery efforts, and for shoring up the sustainability of the NDIS. As the Productivity Commission outlined in their design of the NDIS, leveraging unfunded community supports and breaking down barriers to participation for people with disability contributes to cost-efficiency by reducing reliance on specialised services and support.

3. **Redoubling our efforts on disability employment**

The economic impact of COVID-19 necessitates even greater effort on disability employment, education and training. Without specific policy intervention, people with disability and their carers will be further marginalised in the labour market. National policy levers that stimulate change at the local level will be critical. These could include:

- effective, evidence-informed disability employment services

- social procurement that creates opportunities for people with disability

- wage subsidies

- transitional labour markets and social enterprises

- increasing employment of people with disability in the NDIS, an opportunity yet to be maximised

- a national VET equity program.

Efforts will need to be collaborative and multi-sectoral, bringing together business, government, education and training providers, disabled people's organisations, researchers and experts, community organisations, local councils, unions and peak bodies.

The BSL has some key learnings to be leveraged from our work on employment for young people, refugees and asylum seekers, and mature aged workers.

4. **Building capacity for proactive market stewardship that connects local market conditions to national measures**

The disruption experienced by the disability services sector as a result of COVID-19 has exacerbated critical pre-existing issues about the way people navigate the market for services in order to have their needs met, and the role of government in market stewardship. To date, the NDIA has focused its actions in overseeing the market on price setting, ensuring minimum standards and monitoring market entry. Responsibility has been fragmented between governments. It is clear that further intervention is required to ensure effective and equitable market development across Australia as the NDIS continues to mature.

An effective market stewardship approach must:

- be guided by the principles of effectiveness, sustainability, and most importantly, equity

- provide navigational support for those who struggle to use online platforms to access and engage with suitable services

- build capacity to leverage real time market insights from the Partners in Community which are the key link between people with disability, government and local markets and are well placed to gather market demand and supply data

- continue addressing barriers to entry of new players in the market, and enhance data reporting

to include the composition and diversity of markets across regions

- align the effort of governments at the COAG level around training and career development to build the supply of skilled workers into the sector, while also addressing barriers to attracting and retaining workers such as low pay, insecurity and poor opportunities for career progression

- use alternative commissioning approaches where necessary to supplement thin markets

- document innovation in market development and reform.

5. **Accelerating efforts to use research and data for policy and program improvement.**

The Productivity Commission outlined a foundational role for data and research in their design of the NDIS, and 'innovation, quality [and] continuous improvement' are embedded in the Principles of the NDIS Act. While the NDIS is building a world-class dataset on the delivery of support to people with disability, the potential of this data to generate an evidence base for innovative and effective supports has not yet been realised. Work is under way on this within government, but it requires greater collaboration with the research community, providers and Partners in the Community.

A dataset of comparable depth for people with disability who do not meet access the NDIS is also critical; this could be driven through a renewed National Disability Agreement.

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