



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

Issues Paper

**The impact of and
responses to the Omicron
wave of the COVID-19
pandemic for people with
disability Issues paper**

25 March 2022

Please be aware that some parts of this issues paper may be distressing or raise issues of concern for some readers.

There are a range of services available if you require support after reading this paper. Contact details for these services are located at the end of this paper under the heading 'Support to respond to this issue paper'.

Introduction

On 17 February 2022, the Royal Commission issued a [Statement of ongoing concern](#)¹ about the impact of the Omicron wave of the COVID-19 pandemic on people with disability. We identified ten areas of particular concern, including the way that people with disability are still not being appropriately prioritised during this phase of the pandemic in relation to health care, disability support and the vaccine/booster rollout.

The purpose of this paper is to invite people with disability, their families and supporters, as well as members of the wider Australian community to share information to enable us to better understand:

- the impacts of the current wave of the pandemic on people with disability
- the effectiveness of government planning to ensure the health and safety of people with disability when restrictions to manage COVID-19 were eased in late 2021 and early 2022
- whether responses by government and service providers to the Omicron wave have been effective in lessening its impact on people with disability
- the experiences of people with disability who have been affected by the recent severe flooding in Queensland and New South Wales or other emergencies
- what is needed to protect people with disability from new COVID-19 variants and future waves of the virus.

We particularly wish to gain insights from people with lived experience of disability, their families and carers and people working in the disability sector.

A list of questions is included at the end of this paper. The questions are a guide. You do not have to answer every question. More information about how to respond to this Issues paper is at the end of the paper.

If you wish to share an individual experience of violence, abuse, neglect or exploitation, experienced by you or another person with disability, please consider making a submission or registering for a private session. You can tell us about your experiences in your own language. We will provide interpreters and translators. You can contact us in writing, by telephone or by sending a video. More information about each of these is on our [website](#).

Attachment A sets out the Royal Commission's working definitions of violence, abuse, neglect and exploitation.

Addressing the impacts of the COVID-19 pandemic on people with disability

In the early stage of the pandemic, people with disability, their families and supporters gave numerous accounts via social media, submissions and other communications about the trauma they were experiencing because of the pandemic. We heard about isolation, fear of contracting the virus, lack of access to information and loss of services experienced by people with disability, including those from First Nations and culturally and linguistically diverse communities.² In the March 2020 Royal Commission's Statement of Concern we asked Australian governments to take all necessary measures to ensure the protection and safety of people with disability during the pandemic, especially people living in disability residential settings and First Nations people with disability.³

We considered it necessary to hold public hearings to investigate the experiences of people with disability during the COVID-19 pandemic and the adequacy of the Australian Government's responses to protect them. The first hearing (Public hearing 5) was held in August 2020. A second hearing (Public hearing 12) was held in May 2021 to investigate the effectiveness of the Australian Government's COVID-19 vaccine rollout for people with disability.

The Report on Public hearing 5: Experiences of people with disability during the ongoing COVID-19 pandemic (PH 5 Report) was tabled in the Australian Parliament on 30 November 2020. The report found that there had been a 'serious failure' by Australian Government agencies to consult people with disability in the critical early period of the pandemic.⁴ This failure contributed to the absence of policies specifically addressing the needs of people with disability and the challenges they faced in an emergency unprecedented in modern times.⁵ In April 2021, the Australian Government responded to the report, supporting 15 of the 22 recommendations, supporting another 6 recommendations in principle and noting the remaining recommendation.⁶

The Report of Public hearing 12: The experiences of people with disability, in the context of the Australian Government's approach to the COVID-19 vaccine rollout (PH 12 Report) was released as a draft in September 2021 and subsequently finalised and tabled in the Australian Parliament on 29 October 2021. It found the vaccine rollout for people with disability had been 'seriously deficient' and that people living in disability residential care had been 'deprioritised' in the rollout without public explanation.⁷ In October 2021, the Australian Government responded to the report accepting 6 of the 7 recommendations and noting one.⁸

The Royal Commission remains concerned that people with a disability may still not be sufficiently prioritised for essential services and protection from infection during the Omicron wave of the COVID-19 pandemic. In the February 2022 Statement of ongoing concern,⁹ we noted the pandemic continued to expose the underlying inequities, discrimination and exclusion people with disability experience in the delivery of fundamental services and supports.

In February and March 2022, severe weather and flooding in parts of Queensland and New South Wales led to evacuations and further service disruptions. In media reports, disability service

providers and advocates called on all levels of governments to give priority to meeting the needs of people with disability affected by floods.¹⁰ This issues paper is an opportunity to seek additional information from people with disability affected by other current disasters.

Key human rights obligations and frameworks for emergency response

Our approach to the impact of and response to the Omicron wave draws on three key frameworks: the United Nations Convention on the Rights of Persons with Disabilities (CRPD);¹¹ the Sendai Framework for Disaster Risk Reduction 2015-2030 (Sendai Framework);¹² and the Emergency Management Targeted Action Plan (Action Plan)¹³ of the Australian, state and territory governments.

Convention on the Rights of Persons with Disabilities

The Royal Commission's terms of reference explicitly recognise the human rights of people with disability and recognise that Australia has:

international obligations to take appropriate legislative, administrative and other measures to promote the human rights of people with disability, including to protect people with disability from all forms of exploitation, violence and abuse under the CRPD.¹⁴

We therefore approach our inquiry informed by the human rights of people with disability, especially the rights recognised in the CRPD.¹⁵ The PH 5 Report and the PH 12 Report set out the human rights framework under the CRPD within which the Australian Government's responses to the pandemic were assessed. Key provisions that informed the findings and recommendations in these reports included:

- article 4(3), which requires in the development of policies concerning people with disability that States Parties consult closely with and actively involve people with disability through their representative organisations
- article 11, requiring States Parties 'to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including ... humanitarian emergencies and the occurrence of natural disasters'
- article 25, by which States Parties recognise people with disability have the right to enjoy the 'highest attainable standard of health without discrimination on the basis of disability'.

Sendai Framework for Disaster Risk Reduction

The Sendai Framework is an international agreement for reducing and preventing disaster risks.¹⁶ Australia endorsed the Sendai Framework in 2015.¹⁷ The Framework emphasises that people with disability and disability representative organisations need to be involved in disaster risk assessments.¹⁸

Australian frameworks and action plans for emergency response

Australian, state and territory governments have recently committed to a range of actions to safeguard people with disability affected by national emergencies and disasters. These actions are set out in the Action Plan¹⁹ associated with Australia's Disability Strategy 2021-2031.²⁰ It provides a working plan for the years 2021–22 to 2023–24 and will be updated as appropriate.²¹

The Action Plan builds on two general frameworks the Australian Government has in place to prepare for and respond to disasters, the National Disaster Risk Reduction Framework²² and the Australian Disaster Preparedness Framework.²³

Impact of the Omicron wave on people with disability

The World Health Organization recognised Omicron as a SARS-CoV-2 variant of concern on 26 November 2021.²⁴ At National Cabinet on 30 November 2021, it was reported that six cases of the Omicron strain had been detected in Australia.²⁵

The advent of the Omicron wave in Australia coincided with the transition from a national strategy of suppression of the virus by preventing all community transmission to 'living with COVID-19'.²⁶ This approach was intended to enable the community to function normally and minimise disruptions, while managing COVID-19 consistent with public health management of other infectious diseases.

By mid-January 2022, locally acquired COVID-19 infection in Australia reached unprecedented levels.²⁷ Delta was still the predominant strain but the Omicron cases had increased substantially²⁸ and Omicron was anticipated to become the dominant variant in Australia.²⁹

High community infection rates resulted in major workforce shortages in disability and health services, with people with disability at risk of being left without critical support. People with disability, especially those who were not fully vaccinated, faced increased risks of infection from support workers and members of their households.³⁰ Disability groups noted a failure to provide adequate personal protective equipment (PPE) and a lack of access to polymerase chain reaction (PCR) tests and rapid antigen tests (RATs).³¹

The situation continues to evolve. Public health authorities have advised the Australian community to expect further waves of COVID-19 in coming years due to waning vaccine immunity and seasonal variation.³² Although it appeared that the Omicron wave peaked in many parts of Australia in late February 2022, the World Health Organization recommended that public health authorities monitor outbreaks of new mutations of the virus.³³ In March 2022, the New South Wales Health Minister was reported as having said that the latest mutation could cause COVID-19 cases to more than double within six weeks.³⁴

Key issues raised for people with disability

In January and February 2022, many national and state-based disability advocacy groups and organisations made public statements expressing fears for the health, safety and wellbeing of people with disability during the Omicron wave of the pandemic. This was in response to what was seen by some as ‘the failure’ in governments’ handling of the Omicron wave for people with disability.³⁵ A number of the fears expressed reflected issues identified in the PH 5 Report and the PH 12 Report.

Concerns have been expressed that governments have eased restrictions without adequate arrangements being put in place to protect people with disability against exposure to a new and highly transmissible strain of the virus. Concerns have also been expressed about the re-emergence of barriers faced by people with disability in accessing necessary supports and services.

We are interested in understanding whether the challenges presented during the Omicron wave and the transition to ‘living with COVID’ hold lessons for future waves of the pandemic and other health emergencies. We also want to hear how the flood disasters in February and March 2022 created challenges for people with disability. Lessons we can take from these emergencies are pivotal to ensuring the health and safety of people with disability are central to planning for future emergencies.

1. Gaps in data collection and reporting

Previous Public hearings

In the PH 5 Report, the Royal Commission discussed the importance of disaggregated data collection. The PH 5 Report found the Australian Government Department of Health’s failure to collect and publish statistics about the rates of COVID-19 infection and death among people with disability was inconsistent with Australia’s obligations under article 31 of the CRPD.³⁶ We recommended the collection and publication of disaggregated data for people with disability on COVID-19 infections and deaths.³⁷

The PH 12 Report found that disaggregated vaccine data in relation to people with disability was not published until six months after the rollout commenced. Even then, the data was limited initially to National Disability Insurance Scheme (NDIS) participants living in shared accommodation, including people in residential aged care.³⁸

Data reflects only a minority of people with disability

To date, most published data relates to COVID-19 infections and vaccination rates for the whole population. The only disability-specific COVID-19 data that is published by the Australian Government Department of Health relates to NDIS participants and the NDIS workforce.

Although not all people with disability will be affected by the pandemic, many people with disability who are not NDIS participants are at risk of being seriously affected. A total of 4.4 million people

are estimated by the Australian Institute of Health and Welfare (AIHW) as living with disability in Australia.³⁹ Of these, 1.4 million people are estimated by the AIHW to have ‘severe or profound’ disability.⁴⁰ Only 502,413 people are currently NDIS participants.⁴¹

NDIS participants

The Australian Government Department of Health has continued to publish the number of confirmed active COVID-19 cases, deaths and recovered cases for NDIS participants and workers. It has reported that at 9 March 2022:⁴²

- 2,026 NDIS participants were classed as infected with COVID
- over the two years since March 2020:
 - 6,036 NDIS participants were infected with COVID and recovered
 - 68 NDIS participants died from COVID.

COVID-19 mortality statistics

On 15 February 2022, the Australian Bureau of Statistics (ABS) released COVID-19 mortality statistics.⁴³ These statistics are compiled from medical certificates specifying the cause or causes of death, recorded in state and territory Registries of Births, Deaths and Marriages. These data sources also provide demographic information about the deceased person (for example, age, sex and country of birth). A person’s disability status, however, is not always clear from this data and the ABS does not disaggregate data for people with disability.

Data collected by the ABS shows that of the total number of 2,639 registered deaths in Australia where people died with or from COVID-19 from the start of the pandemic until 31 January 2022:⁴⁴

- 2,556 deaths were due directly to COVID-19
- 83 people died of other causes (e.g. cancer) but were COVID-19 positive at the time of death
- chronic cardiac conditions were the most common pre-existing condition for those who had COVID-19 certified as an underlying cause of death.

The Commissioners’ Report on Public hearing 4 (PH4 Report) noted that ‘great distress can be caused if the cause of death is attributed inappropriately in a death certificate to the disability, rather than to a discrete medical condition’.⁴⁵ They identified this issue as an area for further inquiry by the Royal Commission.

As indicated above, the Australian Government Department of Health has published data on the number of NDIS participants who have died with COVID-19 during the past two years. We wish to understand what work is being done, or should be done, to identify other people with disability who die because of or with COVID-19. This includes identifying people in other programs funded by the Australian Government (apart from the NDIS), particularly Disability Support Pension (DSP) recipients.

Pre-existing chronic conditions

In media reports, disability advocates have noted that the focus on pre-existing conditions when reporting COVID-19 deaths minimises the impact of the loss of life and the tragic consequences for family and friends of deceased persons with disability.⁴⁶

The latest ABS mortality statistics have clarified what the public health authorities mean when they report publicly on the number of people who have died from or with COVID-19 and who have other underlying health conditions.

The ABS mortality statistics include a breakdown of deaths due to COVID-19 where there were associated causes of death including pre-existing chronic conditions. These statistics show that a high proportion (69.5 per cent) of people whose death certificates state that they died from COVID-19 also had 'pre-existing chronic conditions', mainly chronic cardiac conditions, dementia, diabetes and cancer.⁴⁷ The ABS explains that:

'People with pre-existing chronic conditions have greater risk of developing severe illness from COVID-19. While pre-existing chronic conditions do not cause COVID-19, they increase the risk of COVID-19 complications and therefore increase the risk of death.'⁴⁸

We know that many people with disability have pre-existing chronic health conditions but so do people without disability. There are also many people with disability who do not have pre-existing health conditions. Our understanding is that the public reporting is not seeking to minimise the impact of COVID-19 on people with disability but to emphasise the additional measures that need to be taken to protect people with pre-existing health conditions from the virus.

Lack of intersectional data - First Nations and CALD

We are interested in ascertaining whether it is feasible for:

- First Nations people with disability, and
- CALD people with disability

to be separately identified in published data on infection and vaccination rates.

Omicron impact for First Nations people with disability

The Australian Government Department of Health has published data on COVID-cases⁴⁹ and vaccination rates⁵⁰ for First Nations people. However, the data is not disaggregated for the 46 per cent of First Nations people estimated to live with disability or restrictive long term health conditions.⁵¹

Recent data shows the impact of the Omicron wave for First Nations people, with 20,322 new cases during 6 December 2021 to 16 January 2022 (although this is likely an under-reporting of cases).⁵² By comparison there were 29,169 cases, including 31 deaths, from the beginning of 2021 until 5 December 2021.⁵³

The Australian Government Department of Health is continuing to discuss the impact of the pandemic with First Nations people, including through the advisory group structures it has established. While published data is not disaggregated by disability status, it appears that more detailed information on vaccine rates for First Nations people with disability has recently been presented to the Advisory Committee for the Coronavirus (COVID-19) Response for People with Disability.⁵⁴

In the PH 5 Report, Commissioners recommended that the terms of reference of the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 should be amended to state expressly that its work is to include providing advice with respect to First Nations people with disability. Commissioners also recommended that the membership of this group should be extended to include at least one member who represents the interests of First Nations people with disability.⁵⁵ The Australian Government supported these recommendations.⁵⁶

We are interested in ascertaining what the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 has heard about the experiences of First Nations people with disability during the Omicron wave. We would also like to know what improvements have occurred as a result of extending the scope and membership of this group to include First Nations people with disability.

Omicron impact for CALD people with disability

No disaggregated data on COVID-19 cases and vaccination rates is available for people from culturally and linguistically diverse (CALD) communities as a population group, and therefore not for people within this group who live with disability.

As noted in the Royal Commission's *Interim Report*, it is difficult to measure how many people with disability identify as CALD. We know that around 643,000 people or almost 15 per cent of all people with disability were born in a country where English is not the main language.⁵⁷ The ABS's COVID-19 mortality statistics show that people born overseas are three times more likely to die from or with COVID-19 than people born in Australia.⁵⁸

Request for input on reforms to data collection

The PH4 Report emphasised the importance of systematic collection of data and rigorous research about the health needs and health care of people with disability. The Report also highlighted the importance of accurate national data on mortality rates and causes of death, particularly for people with cognitive disability.⁵⁹ The COVID-19 pandemic continues to highlight the complexity of issues in this area.

Establishing a strong data-driven evidence base on the experiences of people with disability will lead to benefits beyond the current pandemic. We are interested in hearing about reforms that could be implemented to address the barriers to reporting and tracking health outcomes for all people with disability.

2. Access to vaccines and boosters

Since March 2021, vaccination has been fundamental to the prevention and control of COVID-19 infections in Australia, and for protecting people at higher risk of severe consequences from the virus.

Recommendations 20–22 in the PH 5 Report indicated there should be express guidance on health rationing and ensuring that people with disability were not deprioritised for vaccinations when they became available.⁶⁰

The PH 12 Report recommended that the Australian Government use its best endeavours to ensure that restrictions were not eased until all people with disability have a genuine opportunity to be fully vaccinated, particularly NDIS participants, people living in disability residential settings and all people with intellectual disability, have a genuine opportunity to be fully vaccinated.⁶¹ The Australian Government ‘noted’ this recommendation, indicating that this was a matter for the states and territories.⁶²

The Royal Commission has noted concerns reported in the media that in some areas people with disability have been left behind in accessing vaccinations, including those in rural, regional and remote areas where vaccination rates lag behind the general population.⁶³

Rollout of vaccines

The Australian Government has provided the Royal Commission with data for the period November 2021 to January 2022 which shows that vaccination rates for NDIS participants and DSP recipients were close to the vaccination rates for the general population in most local government areas (LGAs).⁶⁴ The variations among LGAs can most likely be attributed to regional supply issues, specific barriers to accessing vaccines and vaccine hesitancy.

As of 9 January 2022:⁶⁵

- 82.6 per cent of DSP recipients had received their first dose
- 79 per cent of DSP recipients had received their second dose.

The Australian Government Department of Health publishes daily updates on the vaccine rollout for NDIS participants. As of 17 March 2022:⁶⁶

- 86.6 per cent of NDIS participants over the age of 16 had received at least one dose
- 84.7 per cent of NDIS participants over the age of 16 had received at least two doses
- 76.9 per cent of NDIS participants aged 12-15 years had received at least one dose
- 71.4 per cent of NDIS participants aged 12-15 years had received at least two doses.

As of 17 March 2022:⁶⁷

- 88.2 per cent of NDIS participants living in disability accommodation have received at least one dose

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- 86.5 per cent of NDIS participants living in disability accommodation have received at least two doses.

Daily updates published by the Australian Government Department of Health do not provide the number of First Nations people with disability nor culturally and linguistically diverse people with disability who have been vaccinated. However, vaccination data is published daily for First Nations people as a cohort.

As of 15 March 2022:⁶⁸

- 83.8 per cent of First Nations people over the age of 16 had received at least one dose, and 79.4 per cent had received two doses
- 68.1 per cent of First Nations people aged 12 -15 years had received at least one dose, and 59 per cent had received two doses.

Rollout of boosters

On 17 December 2022, a few weeks after the first Omicron cases emerged in Australia in late November 2021, the Australian Technical Advisory Group on Immunisation (ATAGI) issued advice stressing the importance of COVID-19 boosters for protection from the Omicron strain.⁶⁹

On 10 February 2022, ATAGI updated its advice as follows regarding boosters:⁷⁰

- a person is 'up to date' if they have completed all the doses recommended for their age and individual health needs
- everyone aged 16 years and older is recommended to receive a booster dose three months after their primary course, to maintain the best protection and an 'up to date' status
- if it has been longer than six months since a person's primary course and they haven't had a booster, they will no longer be considered 'up to date' and instead will be considered 'overdue'.

On 1 March 2022, all states and territories continue to mandate COVID-19 vaccination for disability support workers through public health orders.⁷¹

Based on data provided to the Royal Commission by the Australian Government Department of Health it appears that, that as at 9 January 2022, 16.5 per cent of NDIS participants (aged 18 and above) and 12.1 per cent of DSP recipients (aged 18 and above) had received three or more doses of vaccine.⁷² The Department has advised there is overlap between these two groups.⁷³

On 17 February 2022, the Australian Government Department of Social Services advised the Senate Community Affairs Legislation Committee that 72.5 per cent of NDIS participants living in residential disability accommodation, and 86.8 per cent of NDIS participants living in aged care, had received a booster.⁷⁴ The booster rate for NDIS participants over the age of 16 was 61.8 per cent.⁷⁵ This figure was approximately 2.5 per cent more than the rate for the general population.⁷⁶

Since 27 February 2022, the Australian Government Department of Health has included booster vaccination data for NDIS participants and NDIS residents in the daily vaccine rollout updates reported on its website. As at 15 March 2022, 162,291 (or 69.6 per cent) of NDIS participants have received more than two doses.⁷⁷

Strategies to increase vaccine coverage

The Royal Commission is aware of strategies to improve access to vaccinations and boosters for people with disability including in-reach vaccination programs provided to disability residential care settings to improve access to vaccinations and boosters.⁷⁸ As of 17 February 2022, 84.5 per cent of disability residential care settings had:⁷⁹

- completed their in-reach program, or
- confirmed that participants will access or have already accessed vaccinations and boosters via community channels, or
- organised in-reach to be available in February and March 2022.

The Department of Social Services has stated that the in-reach program will offer repeat visits in disability residential settings in the future.⁸⁰

Significant efforts have been made since last year to accelerate the vaccine and booster rollout for First Nations communities, with 30 priority locations announced on 14 September 2021.⁸¹

We are particularly interested in ascertaining whether:

- the acceleration of the vaccine and booster rollout to First Nations Communities has improved access to vaccines and boosters for First Nations people with disability; and
- vaccine coverage for people with disability, particularly those at risk of serious consequences if they contracted COVID-19, was sufficient to justify easing restrictions during the period November 2021 to March 2021.⁸²

3. Disruptions to disability services

People with disability often rely on family, friends and support workers to provide essential care, support and services. We have been told that during the Omicron wave of the pandemic, many of these people have not been able to access their usual care, supports and services.⁸³ On 9 March 2022, 2,599 disability support workers were reported as having active COVID-19 infections.⁸⁴

National representative organisations for people with disability expressed concern that the Australian Government's responses to the COVID-19 pandemic and Omicron wave has been reactive. The sector has argued that we need a proactive approach, to ensure continuity of supports for people with disability.⁸⁵

On 1 February 2022, members of the Advisory Committee on Health Emergency Response to Coronavirus (COVID-19) for People with Disability expressed ongoing concerns about difficulties NDIS participants were experiencing finding support workers at short notice due to the high proportion of workers isolating.⁸⁶ According to the meeting communique, the NDIA and NDIS Commission provided information on the emergency workforce arrangements that have been put in place to ensure continuity of supports. Committee members have requested further information on how self-managed NDIS participants can access emergency supports.

We would like to hear the experiences relating to the continuity of supports for people with disability during the Omicron phase of the pandemic from:

- people with disability
- the family and supporters of people with disability, and
- disability service providers.

4. Access to essential health services

Emergencies can exacerbate challenges for people with disability in accessing health care. The Omicron wave of the pandemic has put significant pressure on the Australian health care system. In a joint letter to National Cabinet, disability advocacy groups and peak bodies expressed concern about the capacity of health systems to support people with a disability during the Omicron wave.⁸⁷

We are also interested in understanding the:

- Risk of COVID-19 infection for people with disability in hospital settings where staff are exempted from self-isolating following identification as a close contact.⁸⁸
- Difficulties and risks for people with disability who have complex and multiple care requirements (including people with cognitive disability and those with limited communication skills), where hospital policy has restricted family and care supports entering hospitals.
- Need for timely access to recently approved anti-viral medications⁸⁹ for people with disability who contract COVID-19 and who are at higher risk of severe impacts from the disease (the Australian Government Department of Health has made a commitment to provide these in aged care facilities).⁹⁰
- Quality of the medical treatment in hospital of people with disability diagnosed with COVID-19, including the impact of the associated isolation.

5. Effective infection prevention and control

Barriers to accessing equipment

Submissions and media reports have described a lack of access to PPE, RATs and other necessary equipment, for people with disability, support workers and carers.⁹¹

The PH 5 Report recommended the Australian Government, in coordination with the states and territories, should take all practicable steps to ensure that in the event of the resurgence of COVID-19, disability support workers have priority access to PPE and COVID-19 testing.⁹²

It is understandable that some policies, specifically those relating to the provision of RATs, have been introduced only recently. Measures introduced by the Australian Government to ensure access to PPE, RATs and other necessary equipment have focussed on NDIS participants, NDIS

providers and concession card holders.⁹³ We are interested in understanding how people with disability who are not NDIS participants or concession card holders are affected by this decision.

We also understand that the design of RATs can create barriers for some people with disability. The Australian Government is currently looking into solutions to improve accessibility of RATs for people who are blind or have low vision.⁹⁴

Concerns have also been expressed about the availability of less invasive RATs (such as oral saliva tests in place use of nasal swabs) during the Omicron wave of the pandemic. The concerns include the challenges involved in testing school children with severe psychosocial disorders before they attend school.

The Australian Government has stated that it will provide some saliva RATs to supported independent living providers.⁹⁵ We are concerned these may have not been widely available to people with disability living in the community.

We would like to hear the experiences of people with disability, service providers, support workers and carers when seeking access to PPE, RATs and other necessary equipment.

Updated support and guidance

Advocates have urged governments to provide clear guidance to people with disability, families, services, and support workers on how to prevent and manage COVID-19 infections in the home.⁹⁶

Throughout the pandemic, the Australian Government has published guidelines and other resources about infection prevention and control for the benefit of support service providers and support workers.⁹⁷

However, the PH 5 Report found that the Australian Government provided guidelines on infection management which were designed for aged care facilities. Those guidelines failed to appreciate the differences between those settings and disability accommodation settings and we recommended that more appropriate guidelines be provided to disability support providers.⁹⁸

The Australian Government Department of Health is developing further resources on COVID-19 infection prevention and control in consultation with the Advisory Committee on the Health and Emergency Response to Coronavirus (COVID-19) for People with Disability.⁹⁹ State and territory health departments have also provided guidance on COVID-19.

6. Fear and isolation

We have heard accounts where people with disability have been isolated, secluded for extended periods in their home, without supports, social contacts or internet access. These experiences can have significant impacts on mental health and increase the risk of abuse or neglect for people with disability.

We would like to hear more about the experiences of people with disability, support workers and carers of dealing with fear and isolation during the Omicron wave of the pandemic. This includes any information from advocates and families/carers about the experiences of people with disability in residential settings.

7. Consultation with people with disability

People with disability and their representative organisations are best placed to advise governments and authorities on what is needed to ensure they are kept safe during times of crisis. The Advisory Committee on the Health Emergency Response to Coronavirus (COVID-19) for People with Disability has continued to meet to provide advice to the Australian Government on the needs of people with disability during the COVID-19 pandemic.¹⁰⁰ The Committee reports to the Chief Medical Officer, and informs the Australian Health Protection Principal Committee and the Communicable Diseases Network Australia.

We would like to hear about the nature and extent of consultations with people with disability and their representative organisations, including with people with disability in group homes and in Australian Disability Enterprises (ADEs) in preparation for introducing 'living with COVID' during the Omicron wave.

8. Oversight mechanisms

We have heard evidence and received information about violence, abuse, neglect and exploitation of people with disability in residential settings such as group homes, boarding houses and supported residential services, and the need for formal and informal oversight and safeguarding mechanisms to be in place.¹⁰¹

Throughout the COVID-19 pandemic, governments have introduced measures to prevent and control the spread of the virus. However, some measures have had the effect of restricting the operation of formal and informal oversight mechanisms intended to protect people with disability living in closed residential settings.¹⁰² The PH 5 Report pointed out that:

measures to 'lockdown' facilities might have the unintended consequence of limiting the effectiveness of formal oversight mechanisms such as Community Visitor Schemes and informal oversight by family, friends and advocates.¹⁰³

The lack of face-to-face visits may undermine the role of Community Visitors as a formal oversight mechanism.¹⁰⁴

We would like to hear about the experiences of people with disability living in closed settings during the Omicron wave. In particular, we are interested in:

- whether sufficient oversight mechanisms have remained in place
- what steps should have been taken to protect people with disability from violence, abuse, neglect or exploitation
- the effect of the Omicron wave on specific services such as Community Visitor Schemes.

9. Homelessness and insecure housing

Some state and territory governments have responded commendably to the COVID-19 pandemic through emergency responses to house 'rough sleepers'.¹⁰⁵ Those responses have allowed some homeless people to find long-term housing. Even so, these responses may not have been sufficient to protect people with disability who are homeless or in temporary accommodation from COVID-19.

We are interested in hearing about the effects of the Omicron wave on the:

- risk of people with disability becoming homeless or losing secure accommodation; and
- protections available to people with disability who are homeless or lack secure accommodation against being infected by COVID-19.

10. Violence and abuse in the home

We have heard that people with disability have experienced an increased risk of violence and abuse in the home during the COVID-19 pandemic and that the risk is even greater for women with disability. The Royal Commission published research in May 2021 which identified an increased risk of violence and abuse in the home for culturally and linguistically diverse women with disability during the COVID-19 pandemic.¹⁰⁶

Responses to our *Violence and abuse in the home Issues paper* identified key issues including the following:¹⁰⁷

- increased risk of violence and abuse in the home during periods of transition and change and events that disturb routines, such as lockdowns
- COVID-19 restrictions reducing independence, mobility and control, thereby increasing the risk of coercion and abuse
- First Nations women with restrictive long-term health conditions experiencing an increased risk of physical and sexual violence during the early stages of the pandemic
- COVID-19 restrictions reducing safeguards and oversight for children and young people with disability because they are less visible to people outside of their immediate family.

11. Children and young people with disability

In a joint letter to the National Cabinet in January 2022, Children and Young People with Disability Australia (CYDA) highlighted research examining the experiences of children and young people during the COVID-19 pandemic.¹⁰⁸ CDYA noted that this research may be equally relevant to the experiences of children and young people with disability during the Omicron phase of the pandemic.

Key challenges facing children and young people with disability over the past two years have been associated with remote learning, including:

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- obtaining reasonable adjustments and supports online
 - ensuring children and young people with disability have the same curriculum as their peers without disability
 - maintaining positive student-teacher-parent relationships and communication
 - maintaining social connections with peers.

As students have mostly returned to the classroom, we are interested to hear about any new challenges that may have arisen, such as addressing personal care needs for students with disability while maintaining COVID safe practices.

12. Safety and wellbeing during floods

During February and March 2022, parts of New South Wales and Queensland experienced severe flooding, requiring urgent evacuations from inundated areas and towns. On 3 March 2022, NSW Health issued a Public Health Alert confirming that people isolating due to COVID-19 should evacuate where there was a threat of rising floodwaters.¹⁰⁹

People with disability frequently experience significant challenges during natural disasters, such as a lack of access to information, supports, services and other essentials. They may also encounter barriers in accessing evacuation centres and temporary accommodation. Experts have pointed out that flooding can worsen transmission of COVID-19 and place stressed hospitals under even more pressure. Low COVID-19 vaccination rates in some areas, and among First Nations people disproportionately affected by floods add to the risk of contracting COVID-19–related severe illness and deaths.¹¹⁰

13. Preparing for the future

Disability advocates have expressed concern that the recent transition to ‘living with COVID’ did not consider the elevated health risks for people with disability and the risks of exposure for people with disability in congregate living and institutional settings.¹¹¹ They have also highlighted the lack of systemic preparedness to ensure continuity of essential services and dedicated responsibility.

Public health authorities have advised the Australian community to expect further waves of COVID-19 as vaccine immunity wanes. They say we need to plan and prepare for the emergence of new variants of COVID-19. In addition, we could face a severe influenza season in 2022, after two years of very low numbers due to the infection protection that resulted from COVID-19 restrictions.

National Cabinet discussed on 10 February 2022, that Australian, state and territory governments are transitioning to the final phase of reopening Australia and ‘living with COVID-19’ under the National Plan to transition Australia’s National COVID-19 Response. This final ‘phase D’ of the National Plan involves the further reopening of international borders; minimising cases in the community without ongoing restrictions or lockdowns; boosters as necessary; and management of COVID-19 ‘consistent with public health management of other infectious diseases’.¹¹²

On 11 March 2022, National Cabinet considered a report on Winter National COVID and Influenza Preparedness.¹¹³ Leaders agreed on a nationally consistent approach to manage and both COVID-19 and influenza during winter 2022. The Australian Government committed to investing an additional \$2.1 billion to support health responses and extend the COVID-19 National Partnership Agreement to 30 September 2022.¹¹⁴ National Cabinet agreed to target the most high-risk cohorts for testing and treatments of both COVID-19 and influenza.¹¹⁵

Beyond winter 2022, governments should collaborate closely with people with disability and the disability sector in preparing for future waves of COVID-19. Lessons learnt throughout the pandemic about the government response for people with disability should be considered in this process.

The Australian Government Department of Health is undertaking an internal evaluation of the pandemic response with a view to completing an initial evaluation by March 2022.¹¹⁶ The Department has sought contributions from members of the Advisory Committee on the Health Emergency Response to Coronavirus (COVID-19) for People with Disability, Australian Government agencies and states and territories.

We are interested in how this review might inform future policy and responses.

Questions

The following questions are to assist you in sharing information with the Royal Commission. Please answer as many questions as you wish. You do not need to answer them all and your response does not have to address any of the questions.

Please consider different areas of life in your response. We would also like to understand more about the specific experiences of people with disability in relation to their age, race, ethnic origin, gender identity and/or sexual orientation, including the particular situation of First Nations people and people from culturally and linguistically diverse backgrounds.

We welcome responses from people with disability, their families, carers and support workers, organisations and service providers about the specific difficulties they may have experienced during the Omicron wave of the COVID-19 pandemic. We are especially interested in hearing from people with disability whose health, safety and wellbeing may have been compromised during the Omicron wave of the pandemic.

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.

In particular, what have been the experiences of and impacts of the pandemic on:

- First Nations people with disability
- culturally and linguistically diverse people with disability
- children and young people with disability
- women and girls with disability
- older people with disability
- LGBTQI+ people with disability
- people with disability and co-morbid chronic physical and/or mental health conditions
- people with specific types of disability including people with cognitive disability
- people with disability living in rural and remote communities?

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?

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?

Question 4: Have people with disability experienced barriers to accessing quality health care during the Omicron wave of the pandemic? This includes access to acute or emergency care; access to general practitioners (GPs) and allied health services; access to mental health support; and access to critical tests or regular screening. What initiatives have supported the continuity of health services during the Omicron wave? Have telehealth services worked well? What have people with disability who have contracted COVID-19 experienced in accessing health care whether they are self-managing COVID-19 at home or have been hospitalised?

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)?

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?

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?

Question 8: How can people with disability, including those in closed environments¹¹⁷ and segregated settings,¹¹⁸ be supported to maintain social and community connections during the pandemic? What formal and informal mechanisms have been implemented to support and protect people with disability living in closed and segregated settings during the COVID-19 pandemic to help prevent violence, abuse, neglect and exploitation of people with disability? We are interested in hearing about closed residential settings, including group homes, forensic mental health facilities, prisons and youth detention, and day programs and ADEs.

Question 9: How has the COVID-19 pandemic affected people with disability experiencing violence and abuse in the home? Are you aware of any extra programs and support for people with disability who may be experiencing violence and abuse in the home during the pandemic?

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?

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.

Question 12: Have people with disability experienced homelessness or loss of secure accommodation during the Omicron wave?

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.

Question 14: Is there anything else we should know about the experiences of people with disability during the Omicron wave of the COVID-19 pandemic?

Responding to this issues paper

Responses to this issues paper can be provided by:

- email to DRCEnquiries@royalcommission.gov.au
- letter to GPO Box 1422, BRISBANE QLD 4001
- Phone on 1800 517 199 or +61 7 3734 1900 (between 9:00am to 6:00pm AEDT Monday to Friday). We can make a time with you to take your response over the phone. If you require support in another language you can use the free Translating and Interpreting Service (TIS National), by calling 131 450 and asking to be connected to Blue Knot Foundation's national hotline on 1800 421 468.

Responses can be in writing, an audio recording or a video recording. Responses can be in any language. The Royal Commission will translate the response to English.

We encourage responses by **29 April 2022**. Responses will also be accepted after this date.

Support to respond to this issues paper

Blue Knot Foundation offers specialist counselling support and a referral service for anyone affected by the Disability Royal Commission.

For support please call their national hotline on **1800 421 468** (9am-6pm AEST Monday – Friday, 9am-5pm AEST Saturday, Sunday and public holidays).

In addition to the Blue Knot Foundation, the Australian Government provides support to assist people to engage with the Royal Commission. This support includes:

- free legal advisory services provided by National Legal Aid and the National Aboriginal and Torres Strait Islander Legal Services through the Your Story Disability Legal Service
- advocacy support services provided under the National Disability Advocacy Program.

Further information about these supports, including how to access them, is available on [our website](#).

How we will use your response

All responses will inform the work of the Royal Commission.

We may make your response public, unless you tell us not to. Responses can be made anonymously. We may publish your response on our website. Your response may also be referenced in any public document prepared by the Royal Commission, for example, our interim and final reports.

If you refer to individual experiences or case studies that are not your own, we may need to confirm that the person identified has provided consent for their information to be made public.

Your information will not automatically be made public, even if you would like it to be. Any publication of information is a decision for the Royal Commission.

Attachment A – Definitions and Terms

The Royal Commission has provisionally defined these key terms as follows:¹¹⁹

Autonomy – refers to a person being able to make their own decisions and exercise choice and control over their own life.

Closed environments - facilities or places that may deprive people of their liberty by restricting their ability to leave and limiting those who can enter and access the environments. These include prisons and detention centres, forensic disability facilities and secure mental health facilities. See also ‘segregation.’

Exploitation – means the improper use of another person or the improper use of or withholding of another person’s assets, labour, employment or resources including taking physical, sexual, financial or economic advantage.

Neglect – includes physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the basic necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.

Segregation - may occur when people with disability are separated from the rest of the community or from settings where people without disability access supports and services.

Violence and abuse – include assault, sexual assault, constraints, restrictive practices (physical and chemical), forced treatments, forced interventions, humiliation and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

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Royal Commission
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Exploitation of People with Disability