# Speakers:

1: Michelle Moss: Director Policy and Strategic Engagement - Queenslanders with Disability Network (QDN)

2: Nigel Webb: Board of Directors - Queenslanders with Disability Network (QDN)

3: Kirsten Dean: Campaign director – Every Australian Counts (EAC)

4: Sarah King: Director for Queensland Community and Engagement – National Disability Insurance Agency (NDIA)

5: Fran Vicary: State Director Queensland - NDIS Quality and Safeguards Commission

6: Ian Montague: State Manager Queensland - National Disability Services

7: Max Wise: Assistant Director-General - Department of Communities, Disability Services and Seniors

8: Terry Green: Manager of Regulatory Operations - Department of Housing and Public Works

Speaker 1:

Nigel Webb: Board of Directors - Queenslanders with Disability Network (QDN)

Nigel speaking from a QDN member perspective, being on the Board of Directors Nigel is up to date with the problems facing those with disability and their lives in COVID.

*“Some of the key concerns that people have been expressing is that some services have stopped and people with disability have not been notified when these services have decided to place restrictions on them. Some services adapted the way in which they deliver supports, even in my own service delivery I was told they wouldn't be delivering social and civic participation activities for a particular period of time, when we are all in lockdown for a couple of months.*  
*Families and friends have been stopped from coming into people's homes which is of particular concern because it's important that people maintain contact with those people they're closest to. Many families and friends may be the best persons to assist the people to communicate in various circumstances”*

Some of the specific lessons that Nigel has experienced personally coincided with what he was hearing from the community:

* Working from home does require some additional resources, a lot of people don't have access to the right hardware, technology or even connectivity
* Access to telehealth and some zoom interactions are useful for some people with disability in regional areas where they would have previously had to travel some hours to get to appointments
* Communication and disability support are essential for people with disability to get their basic needs met and enable people to be connected
* Services need to be prepared and planned around what they can do if there is an outbreak
* There's still a potential for an outbreak in the disability community
* Making sure that people with disabilities are supported to make a COVID plan

*“Communication is always critical with people with disabilities, so I think that is another key message I'd like to leave this session with is that, continue to engage; there's been a number of people that have communicated to QDN and me personally they've felt particularly isolated at different times because they may not have the usual contacts with people for a variety of reasons. I would just encourage everybody, if you know someone that may have a history of being isolated, to reach out and find ways to communicate with them and just say hey, it's really important we do that and working together to keep people with disability safe”*

# Speaker 2:

Kirsten Dean: Campaign director – Every Australian Counts

Kirsten is presenting from a national perspective about what's happening with people with disability and their families.

As you may know, Every Australian Counts is the grass roots campaign that fought for the introduction of the NDIS earlier in the lockdown period of April and May, we went to the Every Australian Counts community and conducted a survey. More than 700 people responded and there were three key messages, the family, community, and government/NDIA expressed:

* The first being great frustration and anger, they felt that they had been forgotten.  
  In the pandemic, they felt they were the afterthought that lots of plans went ahead without any real consideration of the impact on people with disability and their families.  
  They saw it in lots of small things but also in really big things like people on the disability support pension or the carer's payment, not receiving the additional Coronavirus supplement.  
  That made people angry and frustrated because it happened right while they were experiencing increased expenses because they had to manage their own disability from the impact of the pandemic.
* The second set of key messages we really the need for more help, we heard lots of stories about budgets that were stretched to breaking point because they were trying to get essentials and those essentials were more expensive at the time but also things that they needed to keep themselves safe and well like PPE and paying increased prices for these.
* The third set of messages which was basically ‘Weve got a lot on our plate’- juggling a lot, there's a lot of things happening and lots of those things aren't to do with the NDIS nor is it within NDIS control but we need it to be as simple easy and quick and as responsive as possible because we have so much on our plate.

In Victoria there has been outbreaks of the virus in disability residential services. Most sadly of all there has at least two deaths as a result. When it is said at least two deaths it is because there's still an issue with collecting data about how outbreaks - where they are and how they are being managed and who they're affecting.  
Lots of shared facilities and people quite at risk and would fall into vulnerable populations and probably the outbreaks in settings like boarding houses are a real concern for people with disability, their families and advocates in the sector.

*“The other reflection that I would give in Victoria is our rules around personal protective equipment, PPE have changed in the last month as a result. So now in Victoria people who are providing support not only have to wear face masks but they also have to wear eye protection, either a face shield or goggles, and if you work in an environment where there is likely to be spitting, or yelling or something where there's likely to be air borne transmission, you have to wear the full PPE kit and what that has meant is a lot of support workers who have never had to use PPE before are now having to use it.”*

# Speaker 3:

Sarah King: Director for Queensland Community and Engagement – National Disability Insurance Agency (NDIA)

Presenting from the national level and the NDIA’s changes in response to COVID to support participants and providers to manage during the COVID pandemic: What are your rights as participants and where to get assistance?

The NDIA continues to make adjustments to prepare participants and providers and there's been a range of different changes over the past period and I'll summarise those, firstly the agency has attempted to make applying for the NDIS safer and easier by making the access request form and supporting evidence forms available to download from the website to ensure continuity of support for participants and manage the impact of staff needing to focus on urgent needs related to COVID, a change was made to enable some participants plans that might have been due to expire to be automatically extended for a further 12 months.  
Rather than all planning occurring in person the planning meeting has shifted wherever possible to a telephone meeting. Participants can still attend our offices and they're all still currently open, but to support social distancing, we encourage people to call, email or use the web chat.

To ensure the agency is connecting in with participants, and we did ring through to 70,000 participants through the first phase of the scheme. We are continuing that approach and it's really to make sure that we are checking on people's wellbeing and ensure that the supports are still meeting people's needs.  
Participants are able to spend up to $1500 on localised technology assistive technology from their budget which will enable them to continue to use the supports in their plans, participants in the COVID restricted parts of Queensland can claim face masks shields and gloves if they receive at least one hour a day of face to face living supports, can purpose using the core support budgets, the cost of wearing PPE outside of the home is still an everyday expense and you can't use NDIA funds to pay for that.

If a participant is diagnosed with COVID supported independent living is claiming deep clean of a residence and for higher intensive supports including staff increases, personal protective equipment, professional laundering and any ancillary costs related to a person's diagnosis.

There are online resources that have been developed and the providers include matching platform to quickly and easily connect with support workers in their area job boards to help find additional staff and links for information in relation to provider obligations by the NDIS quality and safeguards commission.

So, at the agency we really do value and need and want your feedback, concerns, queries, always.  
There are a range of ways you can get in touch with us, if you are unhappy about the support or service that you are receiving and you might want to speak to your provider. If your issue is not resolved you might want the assistance of your planner or speak with your ECEI provider, LAC or support coordinate if you have one or contact the agency. If you're still not happy with the service that you're receiving you're able to change your provider. Formal complaints are usually taken from the NDIS Quality Safeguards Commission.

# Speaker 4:

Fran Vicary: State Director Queensland - NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission regulates the quality and services of NDIA funded service delivery. During COVID, there has been lots of complaints from participants regarding service delivery. The commissioner has set up a centralised response to the COVID complaints and we also require providers to send us a form on our website. We have been sending out letters to participants telling them of their rights and what we are doing, what we are offering.

We have regular updates on the website and from a state perspective, I as the state director, have been having communications and meetings with Queensland health, trying to put the rights of people with disability at the centre of their health directives. That has worked to a varying degree.

We have the NDIS code of conduct and practice standards which is a key tool that we use to regulate services and as things change of course within Queensland. We started off with the southern suburbs of Brisbane having extra restrictions for disability and aged care so we sent out immediate notifications to providers in that area and that was extended to the Gold Coast.

The reportable incidents in the legislation, like death, assault, sexual assault or, these things need to be reported to the commission within the time frame in 24 hours by registered providers. We also have a compliance section and investigation section and a behaviour support section. The key interaction with the participants, family members and support workers and that is the complaints team. Anyone can make a complaint to the commission about any element of service delivery that has been impacted by anything, not just COVID.

# Speaker 5:

Ian Montague: State Manager Queensland - National Disability Services (NDS)

NDS is a peak body like the chamber of commerce for disability. Ian is presenting from a sectors perspective and its reaction to the pandemic.

This is to the best of my knowledge, the first time we've had to comply with health directions. We have been learning how to interpret them and how to keep up with them. They have been changing frequently as needed, this is new for us as a sector.

We know that service is essential but it did take the system a bit of time to work that out. When COVID was announced many service providers saw a significant reduction in demand for services as people made their choice and it was not uncommon for services to experience a 50 percent reduction in service. A significant change to any business. Health directions, required services to cancel particular services, impacting on what providers could do. We had staff within our sector that also withdrew their labour.  
  
A reduced demand, reduced capacity to deliver, reduced ability to deliver, has absolutely put a strain on the sector, strain on staff, the strain on ability to deliver quality services and to make sure that safety of both participants and staff are protected, and all of those things absolutely put a strain on the sustainability of businesses.

The questions that providers have been continually asking themselves is can we deliver a quality service in the restrictions imposed, keeping our clients, staff and community safe and keeping the business going.

The Royal Commission is still active and while they stopped public hearings they kept working in the background and in some cases were asking organisations to provide detailed information to the commission at a time when the providers were trying to deal with COVID, they had multiple, seeking information about particular topics and that's been difficult for the sector and certainly difficult for my own organisation to keep up with the volume of work in the background.

As you would be aware many government, including state and territory as well as Commonwealth in this have had their own responses to COVID. Many of these arrangements which had to be introduced quickly often didn't have the detail or the context around them. So a thing which was very welcomed like job keeper, the rules of how that was to be engaged and whether not for profit organisation delivering NDIS services could access it was very unknown for a long period of time and accounting firms like KPMG couldn't keep up with the information or get clarity. I suggest that the NDIA has been making significant changes in the background as well, as they're known to do.

Some services have stopped particularly around group programs but new services were introduced like telehealth.

There's no doubt COVID has sped up innovation in the sector, the sector almost daily is building skills in crisis management and dealing with the unexpected.

It's not been perfect and I acknowledge the fact that there have been mistakes made and improvement is needed but I think there has been a general effort to make it work. Ultimately I think the sector has been strengthened during COVID and now in the future are better prepared because forecasts are while we make it past this pandemic others may be there in the future we are perhaps more flexible and maybe more focused and certainly more resilient like everybody else.

We want to make sure that staff are safe and that is something that we are passionate about but also legally responsible for.

We want access to PPE when and if it is needed and we want people including participants to be well trained and knowledgeable about the use. It's not going to be for everybody and it's going to be difficult for some groups.

Having said that, we are very concerned about staff and the infection rates and in the Victorian situation approximately the ratio two staff members infected to one person with a disability. We need to improve on that.  
  
I think it's fair to expect to be safe and receiving essential services. If you are feeling unsafe not supported, please let your provider know. Be an active participant, consider and plan what your response is, know your strengths and needs, crisis planning has absolutely highlighted, the importance of being prepared and I absolutely acknowledge the great work QDN have been doing in the sector with people with a disability in doing some of that thinking.

Finally can I ask that everybody, that you communicate with compassion and empathy, as you are would like to be communicated with yourself. As I said the sector and its staff are also under a lot of stress at the moment.

# Speaker 6:

Max Wise from the Department of Community Disabilities and Seniors to talk about the how the department has been providing to disability and services in COVID.

The role our department plays, being a major shareholder in the NDIS, is we want so see public value derived from what the Queensland government invests in the NDIS, shaped around seeing NDIS participants get the outcomes we want them to get.  
We want to see a sector that's strong, competitive and sustainable. We want it to be productive from a government investment point of view and we would really like for there to be great confidence in the NDIS.

In Queensland the transition to the NDIS hasn't yet finished – its not yet a full scheme situation and it's been a period of significant change. COVID19 has added layers of confusion to that: who knew there were public health directions that could impact service delivery of what is a national system, which now has state nuances to its operations and services providers, and Commonwealth agencies and the Quality and Safeguards Commission have to be agile and quickly comprehend what the changes are and what it means to them. Also what it means to recipients of the services.

This is where the role we are trying play comes in. What we are attempting to do is stay engaged with the issues impacting people with disability and the sector. We have kept regular contact with peak bodies like QDN and NDS throughout the whole process, which have been absolutely fabulous.

On the engagement front, trying to work with those Commonwealth agencies and pass on information to them as soon as it comes to hand really, that's the other area we've tried to be of use and that's around communication. So understanding the complexity and pace of change, what we've attempted is pretty much seizing opportunities to connect with Queensland Health, sometimes on very short notice, about how the Public Health Directions might be shaped and how they should look through a disability lens.

We've tried to get out information fast as we can through our own networks, E-blast distribution that goes to about 12,000 people. We have a web portal, we've tried to translate the Public Health Directions, to be as meaningful as they can be for the sector and so they can provide a quick reference guide.

Speaker 7:

Terry Green from the Department of Housing and Public works who will talk about the guidance his department has been providing to supported accommodation providers and their residents.

The key message I wanted to get across, in Queensland which captures most boarding houses.  
If you are a resident of a boarding house or if you have a client that lives in a boarding house and you are concerned that the provider of the accommodation is stopping your client getting the appropriate disability assistance please contact us.

We have a direct line of communication to both residential services industry, and individual operators of services. In most instances when an issue is brought to our attention, we can contact the service provider on the same day and start almost immediately to try to get the access issue addressed.

An example of that is most recently in Maryborough we had a problem where the service provider installed a new gate but didn't provide the pin for the worker to come in and assist the residents, that was something we intervened in making sure the pin was provided appropriately to the service providers and that the resident would have continuity of access of care.

We found with the introduction of the chief health officer directives a number of the residential services who are captured under the disability accommodation providers' directive being too quick to implement potentially undue restrictions on residents.

In those instances we've contacted that service provider and negotiated to have appropriate access and continuity of service.

So again, I stress, if you have any concerns please contact us, this is absolutely essential that these services continue and we have found that there are some accommodation providers who have misunderstood what their obligations are, or thought that they meant something, well interpreted them in a way which was overprotective.

The second point I wanted to raise is planning, very important, the department of housing have been working with family and community and the industry to develop a rapid response plan which would provide information to operators, resident, support people, about who does what if there is an outbreak at a residential service.

We have been very lucky, had a few scares but thankfully no outbreaks at a residential service but if there was to be an outbreak it's clearly understood it would be difficult for people to isolate with the living arrangement and there would be instances where residents would need to be moved to safe alternate accommodation.

The plan goes to looking at how services can be re-established after the outbreak at the centre is resolved.  
Beyond the rapid response plan working with the individual regions notably, to sit under the rapid response plan and how the, the people on the ground in the health regions would be working with accommodation providers to make sure that residents are adequately supported including residents with disabilities and we've been talking to health about testing, and it is recognised by health that people who live in those congruent living arrangements are a priority for COVID19 testing.

Should there be an outbreak we would want to see all the residents of those services tested very quickly and for those results to be turned around as quickly as possible so we have all data and assurance that people are being cared for in that scenario.

Speaker 8:

Michelle Moss: Director Policy and Strategic Engagement - Queenslanders with Disability Network (QDN)

I wanted to give a quick overview for people again about the importance of as we've heard throughout all the speakers today of planning. From early as COVID emerged, we talked about the importance of getting the facts, making a plan and staying connected, because of the work QDN have been involved with the University of Sydney, funded by the department of communities disability and seniors how do we make disaster responses and emergency preparedness more inclusive of people with disability.

QDN along with many of the organisations on this panel are on the advisory committee for that project.  
We were very quickly able to work to think about what would be important for people with disability, to assist them in this as we know, the word unprecedented public health emergency.

We were able to develop the person-centred emergency preparedness planning tool which was tried and tested around natural disasters to develop that for COVID. If you haven't yet to take the time to look at that resource and to have your own individual COVID plan in place, the tool is to help you think through what do I need to do if I have to plan to stay at home for a long period of time or what do I do if someone I know, someone who supports me or lives in my house gets COVID or if I get it myself.

It's important to have the plan in place and as we heard about it's important to communicate that with others, with the support people, your family so everybody has been aware of what needs to be put in place in that situation so you can continue to get the essential services and supports that you need across the critical areas of your life.

The PCEP, looks at eight areas of people's needs and capacities and then takes you through a process of what do I do, where do I do it and who do I do it with, so you can think about in that situation what do I need to have in place, what do I need to have prepared and as I said communicate that plan with the people in your support networks.

There's been lots of positive experiences where people have had plans in place and what difference that has meant to their services continuing, and for them to be able to access the essential health and food and supports that people need. So I encourage people to have a look at that and to work through it as a planning tool, sharing it with the support people in your life whether they're paid or informal supports, and get that plan in place.

It has been made into an Australian resource. There is an easy English version of it that's available on QDN's website.

And most recently, the work of our peer leaders who have been leading conversations over the last six months with people with disability planning around this planning tool have worked to develop a work book that takes people through the broader emergency planning: <https://collaborating4inclusion.org/pcep/>