

**March 2023**

NOT GOVERNMENT POLICY

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# 1. Executive Summary

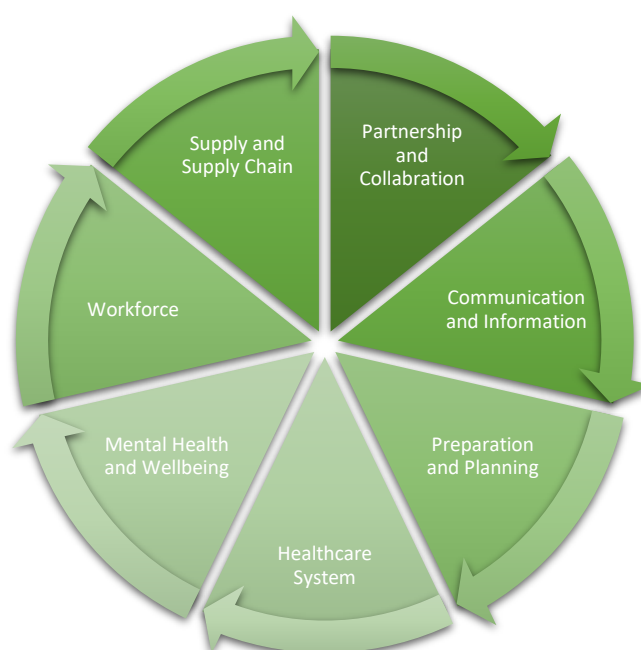
On 19 April 2022, Queenslanders with Disability Network, Health Consumers Queensland, and Queensland Health partnered to bring together disability and key government and non-government stakeholders for a Deep Dive into the COVID-19 response for Queenslanders with disability. This report provides independent findings and opportunities for State and Commonwealth Governments to consider.

The Deep Dive considered COVID-19 measures for Queenslanders with disability since the beginning of the pandemic, and especially through the Omicron wave in Queensland. More than 63 people participated in the Deep Dive, with most participating in person and some via Microsoft Teams technology.

Participants worked through:

- What worked well through the pandemic and the Omicron wave
- Challenges in responses, particularly to the Omicron wave
- Opportunities for forward planning.

In doing so, participants identified seven key themes to inform a roadmap for the future:



Section 2 of this report will summarise the key opportunities that were taken from these themes.

Sections 3 and 4 give an extensive outline of the discussions that lead to these opportunities, providing a deeper analysis of how the sector got to where it is today, and where it should go from here.

## 2. Opportunities for forward planning

Opportunities for future planning identified through the Deep Dive can be driven through the efforts of Commonwealth and State Governments, the National Disability Insurance Agency (NDIA), the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission, service providers, peak bodies, and consumer representatives.

### *Partnership and Collaboration:*

Opportunity		Description
1	Queensland COVID-19 Disability Working Group	Continuation of the Working Group with a broad membership base, including people with disability, to provide high level strategic advice on COVID-19 and/or emergent health-related concerns impacting people with disability.  Consideration of a dedicated resource to support the work of the Working Group and its members.
2	Ongoing partnership between health and disability stakeholders	Continued engagement, partnership and coordination of clinical governance between health and disability services, Queenslanders with disability, and key disability stakeholders.

### *Communication and information:*

Opportunity		Description
3	Consistent information and messages	Greater consistency in messaging between all levels of government to reduce ambiguity for and confusion by all members of the community.
4	Simplified formats	Easy-read versions of guides to Health Directives and other key information published alongside conventional formats to improve accessibility by all Queenslanders and enhance understanding.
5	Targeted communication	Key communication targeted specifically to vulnerable people with disability, including those with underlying health conditions, those with diverse communication needs, First Nations peoples, and people from culturally and linguistically diverse backgrounds, to enhance understanding of, at times complex messaging.
6	Improvements to technology	Wider consideration of communication needs of people with disability in online information and App technology for future events-
7	Co-design	People with disability involved in co-design of public information and communication targeted to people with disability.

### *Preparedness and Planning:*

Opportunity		Description
8	Disaster Management Framework	Continual development of state and national Disaster Management Frameworks, including clear local, state and national plans to deliver on Disability Inclusive Disaster and Emergency Preparedness, Resilience and Recovery with disability representation for all emergency management arrangements (policies, practices and activities) across all levels of Government.
9	Definitional considerations	Reconsider definitions underpinning measures including: “essential” workforce to include disability support workers; and to distinguish between aged care and disability accommodation settings, and consequences of lockdown directives on people with disability living in residential settings.
10	Data and reporting	Strengthen the existing collection to enhance capability to both advise on impacts of emergent events on people with disability, and report in ways that are accessible and transparent.

### *Health Care System:*

Opportunity		Description
11	Consumer voices	Ongoing inclusion of consumer and representative voices in guiding health care system responses and communication appropriate to the diverse needs of people with disability.
12	Consistent knowledge and practice for key health practitioners	Greater access for health professionals to up-to-date training would enhance consistency of knowledge and practice. Similarly, greater consistency and availability of Nurse Navigators would ensure that key health practitioners are able to act as informed decisionmakers.
13	Supports and visitors to people with disability in hospital	Reconsideration of patient access to significant supports and visitors while in hospital would achieve substantial improvement to the health outcomes and experiences of people with disability when hospitalised.
14	Focus on infection prevention and control	Increased availability of in-reach vaccinations, fully accessible vaccination clinics and hubs, greater emphasis on infection prevention and control.
15	Complementary competency across health and disability workforce	Building disability-specific competency amongst health workers would enhance their ability to support people with disability more effectively in health settings  Building health-related competency, including for infection control and prevention, would enhance the ability of workers to better support people with disability receiving disability support

<b>16</b>	Single point of contact	Consider the introduction of a single point of contact through a specific disability health team, to coordinate aspects of specific health needs such as vaccination, management of chronic conditions, and crisis management.
<b>17</b>	Social determinants of health	Consider the inclusion of the concept of “access” to the already established social determinants of health, which include, socioeconomic position; early life; social exclusion; work; unemployment; social support; addiction; food and transportation; housing and the living environment; health services; and disability.

### *Mental Health and Wellbeing:*

Opportunity		Description
<b>18</b>	Accessible and effective mental health supports	In recognising the benefits of quality mental health supports, participants wanted to see those supports accessible to people with disability, beyond standard hours and through diverse service delivery mechanisms and channels and, where possible, co-designed by people with mental health concerns.
<b>19</b>	Equal priority to mental health and wellbeing with physical health and safety	Building on commitments made during the pandemic, government and community continue to recognise the impacts of emergencies on mental health and continue to equally prioritise mental health and wellbeing with physical health and safety.
<b>20</b>	Person-Centred Emergency Preparedness planning	As restrictions lift and ‘living with COVID-19’ becomes the new norm, that individual Person-Centred Emergency Preparedness planning (PCEP) continues to be promoted and used by service providers to reassure people with disability of how they can stay safe, what the ‘new norm’ means for them, and of the availability of reliable assistance and support. Priority should also be given to ensuring that each participant’s support plan integrates these safeguards.
<b>21</b>	Social connections and access to services	Participants supported increased use of technology such as telehealth and assistive technology, as effective tools to support connectedness of people with their family and friends, local services, and the broader community.
<b>22</b>	Maintenance of safeguards	During times of restrictions, continued access to where people with disability are living, including in secure environments, by for example Community Visitors, with a view to balancing access with safety of residents with provision of high quality and safeguarding measures, to reduce risks of abuse, neglect and/or exploitation.



### *Workforce:*

Opportunity		Description
23	Sector portability	Consideration of extending the provisions of portable long service benefits to enable support workers to work between community services and health services.
24	Surge workforce	Consider ways to enhance the business continuity capacity of disability support providers through the upskilling of a reserve workforce that can be activated in times of emergency and recovery.

### *Supply and supply chains:*

Opportunity		Description
25	Review and strategic planning	That consideration be given to a review of supply-related issues that arose through the pandemic, including the Omicron wave, and to the development of a strategic plan that would address issues of supply of critical goods and services in future emergencies, including for vulnerable Queenslanders.
26	Supply chains	That consideration be given to encouraging localised production of critical supplies required in emergencies.

### 3. Context

On 19 April 2022, Queenslanders with Disability Network, Health Consumers Queensland, and Queensland Health collaborated to bring together people with disability and key government and non-government stakeholders for a Deep Dive to consider COVID-19 measures for Queenslanders with disability following the Omicron wave in Queensland.<sup>1</sup>

In welcoming participants to the Deep Dive, Uncle Willy Prince respectfully acknowledged the traditional custodians of the lands from which participants gathered, and elders past, present, and emerging.

Across December 2021 and January 2022, the Omicron wave exponentially increased the number of COVID-19 infections in Queensland from a cumulative total of 2,127 throughout the previous two years<sup>2</sup>, to a cumulative total of 408,129 by 31 January 2022 (7.69% of the Queensland population)<sup>3</sup>. The cumulative data for 7 June 2022 totals 1,208,173 people in Queensland contracted the virus since 1 March 2020, with 23,666 who had an active infection, 312 in hospital, 12 in ICUs, and 1,101 people who had sadly died with the virus<sup>4</sup>.

Between 1 March 2020 and 6 June 2022, a total of 2,424 people with disability in NDIS services in Queensland had contracted the virus since 1 March 2020 (2.25% of the 107,635 NDIS participants in Queensland), with 253 still active, 2,162 recovered, and nine people with disability in NDIS services who had sadly died with the virus<sup>5</sup>.

In March 2022, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability released an Issues Paper on the impacts of and responses to the Omicron wave for on people with disability<sup>6</sup>:

- The World Health Organisation recognised Omicron as a SARS-CoV-2 variant of concern on 26 November 2021. At National Cabinet on 30 November 2021, it was reported that six cases of the Omicron strain had been detected in Australia.
- In the months leading up to the Omicron wave, a number of disability providers requested greater support from all levels of Government in ensuring that the staff and patients of disability accommodation sites were as protected as possible when borders began to open and COVID began to enter the community in earnest.
- The beginning 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

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<sup>1</sup> Helen Ferguson PSM, GAICD, facilitated the Deep Dive on behalf of Queensland Health, QDN and HCQ.

<sup>2</sup> Data represents the cumulative number of COVID-19 infections in Queensland from 1 March 2020 to 30 November 2021: <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-COVID-19/queensland-health-response/statistics>

<sup>3</sup> Data represents the cumulative number of COVID-19 infections in Queensland to 31 January 2022:

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-COVID-19/queensland-health-response/statistics>

<sup>4</sup> Data represents the cumulative number of COVID-19 infections in Queensland from 1 March 2020 to 7 June 2022:

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-COVID-19/queensland-health-response/statistics>

<sup>5</sup> Data represents the cumulative number of COVID-19 infections for people with disability in NDIS services in Queensland between 1 March 2020 and 6 June 2022: <https://www.health.gov.au/health-alerts/COVID-19/case-numbers-and-statistics#cases-in-ndis-services>

<sup>6</sup> The impact of and responses to the Omicron wave of the COVID-19 pandemic for people with disability Issues paper, 25 March 2022:

<https://disability.royalcommission.gov.au/publications/impact-and-responses-omicron-wave-COVID-19-pandemic-people-disability-issues-paper>



COVID-19'. 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. Delta was still the predominant strain, but the Omicron cases had increased substantially, and Omicron was anticipated to become the dominant variant in Australia.

- 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. 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).

In early 2022, as many national and state-based disability advocacy groups and organisations made public statements expressing concerns for the health, safety, and wellbeing of people with disability during the Omicron wave of the pandemic, two notable Open Letters were written representing Queenslanders with disability and supported accommodation providers to the Commonwealth and Queensland Governments.

On 25 January 2022, an [Open Letter](#) signed by Queenslanders with Disability Network (QDN) and Health Consumers Queensland (HCQ) on behalf of 17 key organisations<sup>7</sup>, called on the Commonwealth and Queensland governments to take immediate actions required to prioritise COVID-19 safety measures for Queenslanders with disability.

This Open Letter advised that despite previous work undertaken in Queensland, the Omicron situation at that time presented unique challenges and a clear need for leadership, coordinated planning and targeted measures to ensure the protection, health, and wellbeing of Queenslanders with disability. The Open Letter called for, “people with disability and their families to be formally recognised as a priority cohort to access vitally needed supplies, services, and supports in the same way as the Commonwealth residential aged care sector”, and sought “priority access to testing, vaccinations, boosters, and protective equipment for people with disability, including people with mental health and chronic conditions, supported through the NDIS, Queensland Community Support Scheme (QCSS), and community mental health and community care organisations, and their carers”.

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<sup>7</sup> Queensland Health

- Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
- Department of Communities, Housing and Digital Economy
- Commonwealth Department of Health
- Department of Social Services
- National Disability Insurance Agency
- National Disability Insurance Scheme Quality and Safeguards Commission

A subsequent [Open Letter](#) on 28 January 2022, signed by the Supported Accommodation Providers Association (SAPA), called on the Commonwealth and Queensland Governments to prioritise residents in assisted living for urgent assistance amid the COVID-19 crisis.

These public calls generated a commitment by Queensland Health and key Queensland Government departments to work with sector representatives and advocates, and Commonwealth government representatives, through a Deep Dive forum to identify the issues that presented the most challenging impacts for people with disability. This forum would then identify the key opportunities for improvement through a road map to be activated pending further waves of the pandemic or other emergencies and/or disasters.

On 19 April 2022, over 60 people participated in the Deep Dive. Participants comprised people with disability, including members of QDN; non-government disability service providers; disability and health peak, advocacy, and representative bodies; key State and Commonwealth Government departments; and the NDIA and the NDIS Quality and Safeguards Commission. Participants attended in person or online. A full list of participants is at Appendix 1.

### 3.1 Setting the scene

Sharon Boyce and David Swain opened the Deep Dive by setting the scene and context for the day's focus from the perspectives of consumer and service provider respectively.

*Sharon Boyce:* educator, academic, advocate, and Deputy Chair of the QDN Board, spoke from her home office in Toowoomba where she was recovering from COVID-19. Sharon's key messages highlighted critical needs during the Omicron wave, particularly from a consumer perspective:

- Responsive health and high-level support for people with high disability needs, including continuing availability of high-quality support workers, supply of PPE and RATs, and capacity and capability of hospital staff to support people with high disability support needs
- Input by people with disability to ethical issues including, for example, allocation of respirators
- Competent and capable advocates
- COVID-19 care in the home via a 'Virtual COVID-19 Ward'
- Appropriate education and communication
- Access to ant-viral medication by people with disability with significant health co-morbidities
- Establishment of Queensland's COVID-19 Disability Working Group (Working Group)
- Well-informed health practitioners including, but not limited to, General Practitioners, and nursing and allied health staff in hospital settings.

*David Swain:* CEO Endeavour Foundation, and a Director of Guide Dogs Queensland; former Chair, Community Services Industry Alliance Ltd; and former Chief Operating Officer at Bolton Clarke. David's key messages highlighted critical needs during the Omicron wave, particularly from a provider perspective:

- Support to people with disability with high support needs, including those with significant co-morbidities, through heightened awareness by health care personnel and infection controls to prevent the spread of COVID-19 through people's homes

- Business continuity through ready access to experienced staff
- Access to vaccinations by people with disability with high support needs, including those with significant co-morbidities
- Ready availability of critical responses, services, and supplies:
  - Testing, including RATs
  - Priority treatment
  - Ability to isolate safely, and/or access to care in hospital, pending health requirements
  - Staffing levels
  - Planned discharge to residential care settings, particularly while a person is COVID-19-positive, that is, consideration of capacity for isolation, and sufficient supply of PPE and testing.

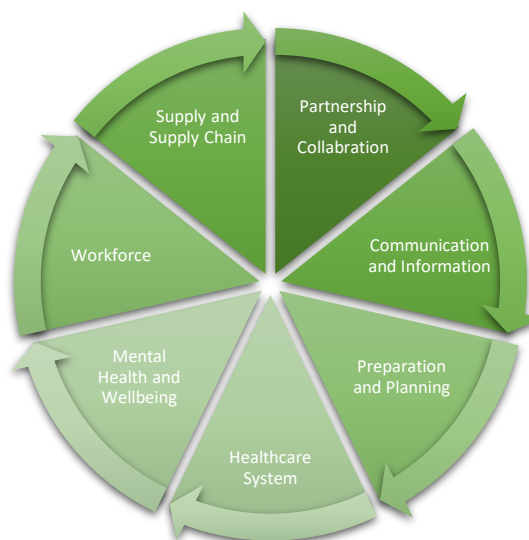
## 4. Key themes and issues

Participants identified key issues impacting people with disability through the pandemic, and especially through the Omicron wave.

Participants identified responses they considered had worked well and that should be retained in any forward plan, along with responses they considered required further work to enhance their efficacy.

Participants particularly identified strategies in respect of the availability of, access to, and efficacy of, the key themes of:

1. Partnership and collaboration
2. Communication and information
3. Preparedness and planning
4. Health care system
5. Mental health and Wellbeing
6. Workforce
7. Supply and supply chains



Participants considered each of these themes through the lens of:

- What worked well
- Challenges that arose
- Suggested improvements, and
- Opportunities for forward planning

Each key theme is presented below in accordance with these lenses.

#### **4.1: Partnership and collaboration**

##### ***What worked well:***

Participants universally agreed the Queensland COVID-19 Disability Working Group (the Working Group), established in 2020, demonstrated broad representation, genuine collaboration, effective planning, responsive communication, and timely guidance and direction.

The Working Group was established to provide strategic and operational policy advice about appropriate mainstream health responses to COVID-19 in support of people with disability in the Queensland community, including developing solutions to support the disability sector response. Its membership represented key Queensland Government departments, the NDIA, the NDIS Quality and Safeguards Commission, key disability member peak bodies and service providers, the Public Advocate, the Office of the Public Guardian, and an eminent academic from the University of Queensland.

Participants also valued opportunities for disability representation, including through QDN, with the Disability Clinical Advisory Group<sup>8</sup> (DCAG), the Residential Aged Care and Disability Clinical Advisory Group (RDCAG/RACDCAG)<sup>9</sup>, and the Queensland Clinical Senate on innovative clinical care responses to COVID-19.

Other positive examples of collaboration included community organisations working together to achieve swift and agile actions, engagement between community and expert groups including that enabled through online technology, and representative groups providing input to the NDIA.

Participants reflected that effective collaboration and partnership relies on the involvement of the right agencies and stakeholders at the right times, involvement of the NDIA and NDIS where relevant, and local engagement with for example Neighbourhood Centres.

##### ***Challenges and improvements:***

While participants universally acknowledged the work and approach of the Working Group, they wanted to see delays in decisions and communication be significantly reduced.

##### ***Opportunities for forward planning:***

1. Queensland COVID-19 Disability Working Group:
  - Continuation of the Working Group with a broad membership base, to maintain a focus on COVID-19 and/or emergent health-related concerns impacting people with disability.
2. Ongoing partnership between health and disability stakeholders:

Continued engagement, partnership and coordination of clinical governance between health and disability services, Queenslanders with disability, and key disability stakeholders.

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<sup>8</sup> Disability Clinical Advisory Group (DCAG): Commonwealth-chaired group with representatives from Department of Health, Department of Social Services, the National Disability Insurance Agency, state and territory health and disability Departments, peak bodies, and consumer representatives.

<sup>9</sup> Residential Aged Care and Disability Clinical Advisory Group (RDCAG/RACDCAG): Queensland Health-chaired group with representatives from across health and peak bodies.

## 4.2: Communication and information

### **What worked well:**

While the public requirement for daily press conference updates waned following the peak of the Omicron wave, participants considered their contribution throughout the pandemic as invaluable in keeping Queenslanders, including through Auslan to those with hearing impairment, up to date with essential public health information and messages.

Participants also valued information provided by trusted organisations for example, QDN and processes such as the COVID-19 Person-Centred Emergency Preparedness Planning for COVID-19 (PCEP)<sup>10</sup>.

### **Challenges:**

Participants identified challenges in the provision of vital information that disadvantaged many people with disability. These included:

- Multiple sources of information often led to inconsistent advice and confusion
- Communication to people with disability and their carers and support workers fell short of that provided those in the aged care system
- Inconsistent communication across different systems including Public Health Units, Health and Hospital Services, and each level of government
- Communication and information that was unable to reach people with diverse communication needs
- The Disability Hotline<sup>11</sup> represented too little information, too late, to be of significant assistance during critical periods of the pandemic

### **Improvements:**

Concurrently, improvements to enhance the efficacy of public health messages and reporting were identified, and included:

- Enhanced accessibility to key information by people with disability with diverse needs through routine use of Auslan, easy-English, and illustrated formats when communicating on vaccinations, Public Health Directives, mask mandates, border closures, daily press conferences
- Direct message alerts to people with visual impairment
- Specific information for people with disability through, for example, a decision tree/visual aid explaining where to go and how to proceed, including for people requiring higher care pathways
- Consistent, joined-up information from and by all levels of government and government agencies
- One phone number and one e-link to ease navigation
- Reminders sent as 'push' text messages to people with disability, with the NDIA sending its 'push' messages to NDIS participants

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<sup>10</sup> Person-Centred Emergency Preparedness Planning for COVID-19 – For People with Disability: an Australian-designed toolkit that helps people with disability to make a plan for how they will act together with their support network during emergencies, Villeneuve, M., Moss, M., Abson, L., Buchanan, R. (2020).

<sup>11</sup> This Hotline appears to be the Disability Gateway, or the National Coronavirus Helpline



- A sticker on every RAT kit with information on 'next steps' to provide consistent advice in the event of a positive result
- Accessible RAT instructions and test results for people with vision impairment
- Community education campaigns, for example, on milk cartons and the back of toilet doors, to achieve greatest reach
- Improvements to the COVID-19 App to enhance accessibility by all Queenslanders, and enhance communication around the individual COVID-19 response tool
- Regular reporting to include data on impacted people with disability

Participants also called for effective public information and communication to be co-designed by people with disability for people with disability.

***Opportunities for forward planning:***

3. Consistent information and messages:
  - Greater consistency in messaging between all levels of government to reduce ambiguity for and confusion by all members of the community.
4. Simplified formats:
  - Easy-read versions of guides to Health Directives and other key information published alongside conventional formats to improve accessibility by all Queenslanders and enhance understanding.
5. Targeted communication:
  - Key communication targeted specifically to vulnerable people with disability, including those with underlying health conditions, those with diverse communication needs, First Nations peoples, and people from culturally and linguistically diverse backgrounds, to enhance understanding of, at times complex messaging.
6. Improvements to technology:
  - Wider consideration of communication needs of people with disability in online information and App technology for future events.
7. Co-design:
  - As possible, people with disability involved in co-design of public information and communication targeted to people with disability.

### **4.3: Preparedness and planning**

#### **What worked well:**

Participants valued the effectiveness of genuine coordination between Commonwealth, State and Local Governments in achieving clearly defined responsibilities, early decisive action, resolving competing interests, and enhancing delivery of cross-agency priorities.

Advance planning was seen as critical in optimising coordinated resource allocation particularly for the delivery, deployment and diversion of vital equipment and staffing.

Participants particularly drew parallels between the effectiveness of such coordination and that delivered through national and State Disaster Management Frameworks.

#### **Challenges:**

Participants identified challenges in the efficacy of preparedness and planning that contributed to disadvantages among many people with disability. These included:

- Commonwealth-State “buck-passing”
- Underestimation of what members of the workforce were considered “essential”
- Limited understanding of the differences between aged care and disability accommodation
- Impacts of aged care lockdowns on residents with disability living in residential settings
- Stockpiling of various goods by members of the community
- Data and reporting limitations on impacted people with disability

#### **Improvements:**

Concurrently, improvements to enhance the efficacy of preparedness and planning were also identified.

Cognisant of the value of reliable data in driving policy and decision-making, participants considered data capture and reporting on the impacts of emergent situations on people with disability can be improved through:

- consistent definition and data integrity
- a funded and well-maintained centralised data repository
- systematic identification of gaps
- data capture to include diversity amongst people with disability including First Nations’ people, people from culturally and linguistically diverse backgrounds, and people within the LGBTIQ+ community
- accessible and transparent reporting to enhance understanding of data by people with disability

Participants also commended the ongoing adoption of Disaster Management Frameworks in health and other emergency situations, particularly noting:

- Benefits in emulating the structure, systems and processes used in disaster management frameworks, including that:
  - people are accustomed to and have confidence in that structure
  - relationships, familiarity, and opportunities in ‘peace time’ are maintained

- National Incident Room can be activated to provide coordinated responses with states and territories to health emergencies, significant events, and emerging threats that impact the community and systems, with clear roles and responses for Commonwealth and state and territory governments
- shift can be made to different technology, to enable more rapid information-sharing
- Command and control structure:
  - embedded in 'peace' time and applied in times of crisis or emergency
- Scalable responses:
  - Commonwealth, State, Local governments would ratchet up as required
  - utilise existing networks, from Health and Hospital Services through to national systems
- Strategic governance and communication:
  - strategic membership at governance tables and how communication works
  - stakeholders involved at the strategic points of planning, decision making, information sharing
  - directions and communications informed by the voice of consumers
- Clear and agreed roles and responsibilities:
  - leadership and role responsibilities clearly defined between Commonwealth and State.

***Opportunities for forward planning:***

8. Disaster Management Framework:
  - Continual development of State and national Disaster Management Frameworks, inclusive of voices of people with disability, and activation at times of significant events and emergencies.
9. Definitional considerations:
  - Reconsider definitions underpinning measures including: "essential" workforce to include disability support workers; and to distinguish between aged care and disability accommodation settings, and consequences of lockdown directives on people with disability living in residential settings.
10. Data and reporting:
  - Strengthen the existing collection to enhance capability to both advise on impacts of emergent events on people with disability, and report in ways that are accessible and transparent.

#### **4.4: Healthcare system**

##### ***What worked well:***

Participants agreed the strategies of embedding tele-health consultations enhanced access to primary and secondary (specialist) health care during the pandemic, and the role of Nurse Navigators and 'hospital in the home', and establishment of virtual wards enhanced access to secondary and tertiary health care. Availability of in-reach vaccinations, and high levels of community vaccination was also strongly supported.

Participants valued the inclusion of representatives of vulnerable groups to health strategies, responses and communications including through State meetings such as the Statewide Health Emergency Coordination Centre (SHECC).

##### ***Challenges:***

Participants identified challenges in the provision of health care that impacted on the health, health care, and recovery of people with disability. These included:

- Inability of people with disability to access supports, and significant visitors, while in hospital
- Inconsistencies in the roles undertaken by Nurse Navigators
- Delays in the rollouts of vaccines, and limits to the availability of in-reach vaccinations
- Limited access to information and education resources and advice by General Practitioners and allied health professionals
- Supply chain issues contributed to scarce availability of PPE and RATs in the National Stockpile and in the community more generally
- Exporting PPE and RATs albeit inadequate local supply
- Limited information about, and communication from, virtual wards
- Limited accessibility to some vaccination hubs
- Lack of appropriate testing facilities
- Inconsistent operation of and access to Public Health Units
- Discharge of people with disability from hospital to shared accommodation without PPE or insufficient PPE availability
- Lack of subsidised price for PPE and RATs required by priority target groups
- Health and Hospital Services poorly prepared for supporting people with disability
- Social determinants of health without the element of 'access' limits the greater efficacy of this framework in population and public health.

##### ***Improvements:***

Concurrently, improvements to enhance the efficacy of the health care system were also identified, and included:

- Consumers at the centre of planning, with consumer voices guiding policy and communications, and ensuring public health information is appropriate for the diverse needs of consumers.
- Consistent implementation of State policies by HHSs.
- Coordinated resource allocation and advance planning for appropriate deployment of resources, including staff

- Systematic mechanism of diverting resources where required, based on needs of group and/or locality
- Coordination between Commonwealth, State and Local Governments to clearly define responsibility at each level, mechanisms for feedback between each level to ensure community and individual needs are met, and accurate data collection to record and report on key measures.

***Opportunities for forward planning:***

11. Consumer voices:

- Ongoing inclusion of consumer and representative voices in guiding health care system responses and communication appropriate to the diverse needs of people with disability.

12. Consistent knowledge and practice for key health practitioners

- Greater access for health professionals to up-to-date training would enhance consistency of knowledge and practice. Similarly, greater consistency and availability of Nurse Navigators would ensure that key health practitioners are able to act as informed decisionmakers.

13. Supports and visitors to people with disability in hospital:

- Reconsideration of patient access to significant supports and visitors while in hospital would achieve substantial improvement to the health outcomes and experiences of people with disability when hospitalised.

14. Focus on infection prevention and control:

- Increased availability of in-reach vaccinations, fully accessible vaccination clinics and hubs, greater emphasis on infection prevention and control.

15. Complementary competency across health and disability workforce:

- Building disability-specific competency amongst health workers would enhance their ability to support people with disability more effectively in health settings
- Building health-related competency, including for infection control and prevention, would enhance the ability of workers to better support people with disability receiving disability support

16. Single point of contact:

- Consider the introduction of a single point of contact through a specific disability health team, to coordinate aspects of specific health needs such as vaccination, management of chronic conditions, and crisis management.

17. Social determinants of health:

- Consider the inclusion of the concept of “access” to the already established social determinants of health, which include, socioeconomic position; early life; social exclusion; work; unemployment; social support; addiction; food and transportation; housing and the living environment; health services; and disability.

#### **4.5: Mental health and wellbeing**

Participants recognised the challenges posed by COVID-19 on mental health and wellbeing as restrictions were introduced and effects were felt on employment, income, schooling, housing and accommodation, service provision, connection with family, and social interaction.

##### ***What worked well:***

Participants acknowledged that, contrary to expectation, the pandemic assisted in improving access by people with disability to some mainstream services and helped people to share experiences and normalise experiences of isolation and consequent impacts on their mental health. As such, it was recognised that mental health is identified as a fundamental element of the COVID-19 response, and that commitments have been made to give equal consideration and support to mental health and wellbeing as to physical health and safety.

Participants also appreciated that: the more communities were connected, the more they became aware of mental health and wellbeing; mental health and mental wellbeing bookend the wellbeing continuum; mental health has shifted up and down the continuum over time in response to stresses and experiences; and effective mental health responses are often those co-designed by people with mental health concerns.

##### ***Challenges:***

- Limited availability of mental health services outside standard hours of 9am to 5pm Monday to Friday, when people were seeking supports commensurate to their needs
- People with mental health concerns caught between hospital and home
- Long-term impacts on social and relational skills, and mental health safety
- Risks of social and interpersonal isolation for people with disability during emergency restrictions, and risks of reduced quality and safeguards
- Impacts of workforce burnout, and family and carer fatigue, on the wellbeing of people with disability

##### ***Improvements:***

While participants valued national and jurisdictional responses to mental health impacts of the pandemic, consideration was needed to address continuing challenges for people with disability experiencing mental health and wellbeing concerns. These included:

- The need for more tailored, targeted information to people who need assistance with, for example COVID-19 tests, and restrictions of movement and interactions; this includes people living in secure environments
- Systematic preparation of an individual PCEP to assure people with disability of support networks they can rely on during emergencies
- Availability of consistent information to assist people with disability regain control by knowing where to go to get answers, how to self-advocate or find appropriate advocates, and where and how to access and use relevant tools



### ***Opportunities for forward planning:***

#### **18. Accessible and effective mental health supports:**

- In recognising the benefits of quality mental health supports, participants wanted to see those supports accessible to people with disability, beyond standard hours and through diverse service delivery mechanisms and channels and, where possible, co-designed by people with mental health concerns.

#### **19. Equal priority to mental health and wellbeing with physical health and safety:**

- Building on commitments made during the pandemic, government and community continue to recognise the impacts of emergencies on mental health, and continue to equally prioritise mental health and wellbeing with physical health and safety.

#### **20. Living with COVID-19:**

- As restrictions lift and 'living with COVID-19' becomes the new norm, that individual Person-Centred Emergency Preparedness planning (PCEP) continues to be promoted and used by service providers to reassure people with disability of how they can stay safe, what the 'new norm' means for them, and of the availability of reliable assistance and support. Priority should also be given to ensuring that each participant's support plan integrates these safeguards. Each participant's support plan anticipates and incorporates responses to individual, provider and community emergencies and disasters to ensure their safety, health and wellbeing and is understood by each worker supporting them.

#### **21. Social connections and access to services:**

- Participants supported increased use of technology such as telehealth and assistive technology, as effective tools to support connectedness of people with their family and friends, local services, and the broader community

#### **22. Maintenance of safeguards:**

- During times of restrictions, continued access to where people with disability are living, including in secure environments, by for example Community Visitors, with a view to balancing access with safety of residents with provision of high quality and safeguarding measures, to reduce risks of abuse, neglect and/or exploitation.

#### **4.6: Workforce**

##### ***What worked well:***

Participants universally agreed that the emergence and widespread acceptance of flexible working arrangements, including working from home and hybrid work measures, and access to online technologies to enable both video and non-video meetings and work-based communication, contributed to high levels of productivity, team cohesion, and worker satisfaction.

##### ***Challenges:***

However, participants identified that significant workforce challenges arose in proportion to the introduction of restrictions; absenteeism through contraction of infection, status as a close contact, and/or vaccination status; and part-time availability through home-schooling and other carer responsibilities. Workforce challenges included:

- Siloed support and funding meant that as no two people have same needs, a support worker's time was split between consumers and their living situations
- The introduction of a new health focus, Infection Prevention and Control (IPC) on the role of support worker had consequent impacts on their time and on the provider's ability to source and pay for supplies of personal protective equipment (PPE) including masks, sanitiser, and cleaning products
- The absence of unvaccinated workers increased demands on the remaining workforce and their hours of attendance, and on providers in managing work allocations under the competing interests of reduced staff numbers and the changing requirements of Public Health Directives
- The absence of a surge workforce during periods of workforce fragility
- High staff turnover from burnout and fatigue
- Government support for providers differentiated between NDIS and non-NDIS providers, for example the NDIA contracted out for the delivery of COVID-19 supports, including a surge workforce, to providers of Supported Independent Living Services (SILS), while in the absence of such a safety net non-NDIS residential services sought supports elsewhere, including through Emergency Department of local hospitals
- During periods of workforce shortage, some providers turned to less experienced support workers and to family members to provide care services.

##### ***Improvements:***

Concurrently, participants identified improvements that could contribute to an available and skilled workforce during times of emergency and recovery, including:

- Provision of formalised disability-specific training to health professionals
- Continued upskilling of the disability workforce through regular provision of specific disability and health-related training
- Business continuity capacity of providers would be enhanced through the availability of a skilled-up reserve workforce

- Portable long service leave between community services was welcomed, however portability between community services and health services would contribute to further workforce opportunities
- Continued sector engagement through key agencies such as QDN, NDS, SAPA, COVID-19 Disability Working Group
- Continued collaboration and partnerships between local service providers including to problem-solve workforce challenges
- Key governance and representative groups, including QDN, NDS, SAPA, the COVID-19 Disability Working Group continue to support local partnerships in developing and rolling-out priority workforce strategies
- Renewed focus on increasing the level of people with disability working in the disability workforce
- Consolidate funding sources to enhance each worker's capacity to support a person with disability whose support is otherwise funded through multiple sources

***Opportunities for forward planning:***

23. Sector portability:

- Consideration of extending the provisions of portable long service benefits to enable support workers to work between community services and health services.

24. Surge workforce:

- Consider ways to enhance the business continuity capacity of disability support providers through the upskilling of a reserve workforce that can be activated in times of emergency and recovery.

#### **4.7: Supply and supply chains**

##### ***What worked well:***

Participants considered that issues of supply of essential goods such as masks, PPE, hand sanitiser, cleaning products, have been an enduring feature under COVID-19 since March 2020 as supply chains were progressively impacted. However, the arrival of the Omicron wave escalated these challenges.

##### ***Challenges:***

Participants raised concerns about the availability of critical supplies including testing facilities and kits, PPE, vaccinations, nutrients, and supplements, particularly through the peaks of the Omicron wave.

Participants also identified significant challenges in ensuring business continuity in the absence of a reserve workforce to step up during periods of considerable workforce absenteeism due to COVID-19. Participants also identified challenges for people with disability seeking appropriate housing in an environment of reduced availability of accessible and affordable housing.

##### ***Improvements:***

Concurrently, participants identified improvements for a more sustainable supply of critical goods and services including in times of emergency and recovery, including:

- Speedy approvals for vaccinations and rapid testing kits, and swifter market responses
- Emergency supply plan to enhance critical supplies in rural and remote communities

##### ***Opportunities for forward planning:***

###### **25. Review and strategic planning:**

- That consideration be given to a review of supply-related issues that arose through the pandemic, including the Omicron wave, and to the development of a strategic plan that would address issues of supply of critical goods and services in future emergencies, including for vulnerable Queenslanders

###### **26. Supply chains:**

- That consideration be given to encouraging localised production of critical supplies required in emergencies

## 5. Conclusion

This report presents 26 opportunities under seven themes as identified by Deep Dive participants to improve responses to people with disability in times of health and related emergencies.

A roadmap comprising these opportunities will enhance partnership and collaboration, communication and information, preparedness and planning, the health care system, mental health and wellbeing, workforce, and supply and supply chains, and improve the experience of people with disability in times of emergent health-related concerns.

This report is presented to Queensland Health to inform future planning for COVID-19 and related waves, and other emergency health responses to best support people with disability.

## Appendix A: Glossary

COVID-19	COVID-19 novel coronavirus, infectious disease caused by the SARS-CoV-2 virus
Disability Hotline	Disability Gateway
HCQ	Health Consumers Queensland
HHS	Hospital and Health Service/s
IPC	Infection Prevention and Control
NDS	National Disability Services
PCEP	Person-Centred Emergency Preparedness Planning
PCR testing	Polymerase Chain Reaction tests
PPE	Personal Protective Equipment in the COVID-19 environment can include surgical masks, particulate filter respirators (such as P2 or N95), gloves, goggles, glasses, face shields, and/or gowns or aprons
QDN	Queenslanders with Disability Network
RAT	Rapid Antigen Tests (self-tests)
SAPA	Supported Accommodation Providers Association



## Appendix B: Deep Dive Forum Findings

WHAT WORKED WELL: summary	
<b>Partnership and collaboration</b>	
<ul style="list-style-type: none"> <li>- Queensland COVID-19 Disability Working Group (the Working Group)</li> <li>- Disability representation with the Disability Clinical Advisory Group (DCAG), the Residential Aged Care and Disability Clinical Advisory Group (RDCAG/RACDCAG), and the Queensland Clinical Senate on innovative clinical care responses to COVID-19.</li> <li>- Community organisations working together to achieve swift and agile actions, engagement between community and expert groups through online technology, and representative groups providing input to the NDIA.</li> </ul>	
<b>Communication and information</b>	
<ul style="list-style-type: none"> <li>- Daily press conference updates</li> <li>- Inclusion of Auslan interpreters through daily press conferences</li> <li>- Information provided by organisations including QDN, and processes such as the COVID-19 Person-Centred Emergency Preparedness Planning for COVID-19 (PCEP)</li> </ul>	
<b>Preparedness and planning</b>	
<ul style="list-style-type: none"> <li>- Genuine coordination between Commonwealth, State and Local Governments in achieving clearly defined responsibilities, early decisive action, resolving competing interests, and enhancing delivery of cross-agency priorities.</li> <li>- Advance planning and coordinated resource allocation in deploying vital equipment and staffing</li> <li>- Adaptation of national and State Disaster Management Frameworks.</li> </ul>	
<b>Health care system</b>	
<ul style="list-style-type: none"> <li>- Embedding tele-health consultations with primary and secondary (specialist) health care during the pandemic</li> <li>- Role of Nurse Navigators, 'hospital in the home', and virtual wards</li> <li>- In-reach vaccinations</li> <li>- High levels of community vaccination</li> <li>- Representatives of vulnerable groups on State meetings such as the Statewide Health Emergency Coordination Centre (SHECC).</li> </ul>	
<b>Mental health and Wellbeing</b>	
<ul style="list-style-type: none"> <li>- Mental health recognised as a fundamental element of the COVID-19 response</li> <li>- Equal consideration and support given to mental health and wellbeing alongside physical health and safety</li> <li>- Effective mental health responses co-designed by people with mental health concerns.</li> </ul>	
<b>Workforce</b>	
<ul style="list-style-type: none"> <li>- Flexible working arrangements, including working from home and hybrid work measures</li> </ul>	

- Access to online technologies to enable video and non-video meetings and work-based communication.
<b>Supply and supply chains</b>
- Supply of essential goods such as masks, PPE, hand sanitiser, cleaning products (pre-Omicron).

<b>CHALLENGES: summary</b>
<b>Partnership and collaboration</b>
- Delays in decisions and communication of the Queensland COVID-19 Disability Working Group.
<b>Communication and information</b>
<ul style="list-style-type: none"> <li>- Daily press conference updates</li> <li>- Inclusion of Auslan interpreters through daily press conferences</li> <li>- Information provided by organisations including QDN, and processes such as the COVID-19 Person-Centred Emergency Preparedness Planning for COVID-19 (PCEP)</li> </ul>
<b>Preparedness and planning</b>
<ul style="list-style-type: none"> <li>- Inconsistent advice and confusion from multiple sources of information</li> <li>- Communication to people with disability and their carers and support workers fell short of that provided those in the aged care system</li> <li>- Inconsistent communication across Public Health Units, Health and Hospital Services, and each level of government</li> <li>- Communication and information unable to reach people with disability with diverse communication needs</li> <li>- Too little information, too late through the Disability Hotline</li> <li>- Lack of routine use of Auslan, easy-English, and illustrated formats for public health messages on vaccinations, Public Health Directives, mask mandates, border closures, daily press conferences</li> <li>- Lack of direct message alerts to people with visual impairment</li> <li>- Inconsistent and disparate information from and by all levels of government and government agencies</li> <li>- Multiple phone numbers and e-links</li> <li>- Few 'push' text reminders to people with disability</li> <li>- Lack of information on RAT kits on 'next steps' in the event of a positive result</li> <li>- Inaccessible RAT instructions and test results for people with vision impairment</li> <li>- Regular reporting lacked specific data on impacted people with disability.</li> </ul>
<b>Health care system</b>
<ul style="list-style-type: none"> <li>- Inability of people with disability to access supports, and significant visitors, while in hospital</li> <li>- Inconsistencies in the roles undertaken by Nurse Navigators</li> </ul>

<ul style="list-style-type: none"> <li>- Delays in the rollout of vaccines, and limits to the availability of in-reach vaccinations</li> <li>- Limited access to information and education resources and advice by General Practitioners and allied health professionals</li> <li>- Supply chain issues contributed to scarce availability of PPE and RATs in the National Stockpile and in the community more generally</li> <li>- Exporting PPE and RATs albeit inadequate local supply</li> <li>- Limited information about, and communication from, virtual wards</li> <li>- Limited accessibility to some vaccination hubs</li> <li>- Lack of appropriate testing facilities</li> <li>- Inconsistent operation of and access to Public Health Units</li> <li>- Discharge of people with disability from hospital to shared accommodation without PPE or insufficient PPE availability</li> <li>- Lack of subsidised price for PPE and RATs required by priority target groups</li> <li>- Health and Hospital Services poorly prepared for supporting people with disability</li> <li>- Social determinants of health without the element of 'access' limits the greater efficacy of this framework in population and public health</li> </ul>
<b>Mental health and Wellbeing</b>
<ul style="list-style-type: none"> <li>- Limited availability of mental health services outside standard hours of 9am to 5pm Monday to Friday, when people were seeking supports commensurate to their needs</li> <li>- People with mental health concerns caught between hospital and home</li> <li>- Long-term impacts on social and relational skills, and mental health safety</li> <li>- Risks of social and interpersonal isolation for people with disability during emergency restrictions, and risks of reduced quality and safeguards</li> <li>- Impacts of workforce burnout, and family and carer fatigue, on the wellbeing of people with disability</li> </ul>
<b>Workforce</b>
<ul style="list-style-type: none"> <li>- Impacts of Infection Prevention and Control (IPC) on roles of support workers</li> <li>- Absence of unvaccinated workers increased workforce demands</li> <li>- The absence of a surge workforce during periods of workforce fragility</li> <li>- High staff turnover from burnout and fatigue</li> <li>- Government support for providers differentiated between NDIS and non-NDIS providers</li> </ul>
<b>Supply and supply chains</b>
<ul style="list-style-type: none"> <li>- Omicron wave exacerbated supply of essential goods such as masks, PPE, hand sanitiser, cleaning products.</li> <li>- Business continuity impacts due to supply issues</li> <li>- Availability of accessible and affordable housing</li> </ul>

## OPPORTUNITIES FOR FORWARD PLANNING

### Partnership and collaboration

1. Queensland COVID-19 Disability Working Group:
  - Continuation of the Working Group with a broad membership base including people with disability, to provide high level strategic advice on COVID-19 and/or emergent health-related concerns impacting people with disability.
  - Consideration of a dedicated resource to support the work of the Working Group and its members.
2. Ongoing partnership between health and disability stakeholders:
  - Continued engagement, partnership and coordination of clinical governance between health and disability services, Queenslanders with disability, and key disability stakeholders.

### Communication and information

3. Consistent information and messages:
  - Greater consistency in messaging between all levels of government to reduce ambiguity for and confusion by all members of the community.
4. Simplified formats:
  - Easy-read versions of guides to Health Directives and other key information published alongside conventional formats to improve accessibility by all Queenslanders and enhance understanding.
5. Targeted communication:
  - Key communication targeted specifically to vulnerable people with disability, including those with underlying health conditions, those with diverse communication needs, First Nations peoples, and people from culturally and linguistically diverse backgrounds, to enhance understanding of, at times complex messaging.
6. Improvements to technology:
  - Wider consideration of communication needs of people with disability in online information and App technology for future events.
7. Co-design:
  - People with disability involved in co-design of public information and communication targeted to people with disability.

### Preparedness and planning

8. Disaster Management Framework:
  - Continual development of State and national Disaster Management Frameworks, inclusive of voices of people with disability, and activation at times of significant events and emergencies.
9. Definitional considerations:

- Reconsider definitions underpinning measures including: “essential” workforce to include disability support workers; and to distinguish between aged care and disability accommodation settings, and consequences of lockdown directives on people with disability living in residential settings.

10. Data and reporting:

- Strengthen the existing collection to enhance capability to both advise on impacts of emergent events on people with disability, and report in ways that are accessible and transparent.

**Health care system**

11. Consumer voices:

- Ongoing inclusion of consumer and representative voices in guiding health care system responses and communication appropriate to the diverse needs of people with disability.

12. Consistent knowledge and practice for key health practitioners

- Greater access by health professionals to up-to-date information and education would enhance consistency of knowledge and practice, as would enhanced availability of, and greater consistency between, Nurse Navigators.

13. Supports and visitors to people with disability in hospital:

- Reconsideration of patient access to significant supports and visitors while in hospital would achieve substantial improvement to the health outcomes and experiences of people with disability when hospitalised.

14. Focus on infection prevention and control:

- Increased availability of in-reach vaccinations, fully accessible vaccination clinics and hubs, greater emphasis on infection prevention and control.

15. Complementary competency across health and disability workforce:

- Building disability-specific competency amongst health workers would enhance their ability to support people with disability more effectively in health settings
- Building health-related competency, including for infection control and prevention, would enhance the ability of workers to better support people with disability receiving disability support

16. Single point of contact:

- Consider the introduction of a single point of contact through a specific disability health team, to coordinate aspects of specific health needs such as vaccination, management of chronic conditions, and crisis management.

17. Social determinants of health:

- Consider the inclusion of the concept of “access” to the already established social determinants of health, which include, socioeconomic position; early life; social exclusion; work; unemployment; social support; addiction; food and transportation; housing and the living environment; health services; and disability.

## **Mental health and Wellbeing**

### 18. Accessible and effective mental health supports:

- In recognising the benefits of quality mental health supports, participants wanted to see those supports accessible to people with disability, beyond standard hours and through diverse service delivery mechanisms and channels and, where possible, co-designed by people with mental health concerns.

### 19. Equal priority to mental health and wellbeing with physical health and safety:

- Building on commitments made during the pandemic, government and community continue to recognise the impacts of emergencies on mental health, and continue to equally prioritise mental health and wellbeing with physical health and safety.

### 20. Living with COVID-19:

### 21. As restrictions lift and 'living with COVID-19' becomes the new norm, that individual Person-Centred Emergency Preparedness planning (PCEP) continues to be promoted and used by service providers to reassure people with disability of how they can stay safe, what the 'new norm' means for them, and of the availability of reliable assistance and support. Priority should also be given to ensuring that each participant's support plan integrates these safeguards.

- Participants supported increased use of technology such as telehealth and assistive technology, as effective tools to support connectedness of people with their family and friends, local services, and the broader community

### 22. Maintenance of safeguards:

- During times of restrictions, continued access to where people with disability are living, including in secure environments, by for example Community Visitors, with a view to balancing access with safety of residents with provision of high quality and safeguarding measures, to reduce risks of abuse, neglect and/or exploitation.

## **Workforce**

### 23. Sector portability:

- Consideration of extending the provisions of portable long service benefits to enable support workers to work between community services and health services.

### 24. Surge workforce:

- Consider ways to enhance the business continuity capacity of disability support providers through the upskilling of a reserve workforce that can be activated in times of emergency and recovery.

## **Supply and supply chains**

### 25. Review and strategic planning:

- That consideration be given to a review of supply-related issues that arose through the pandemic, including the Omicron wave, and to the development of a strategic plan that would address issues of supply of critical goods and services in future emergencies, including for vulnerable Queenslanders

### 26. Supply chains:

- That consideration be given to encouraging localised production of critical supplies required in emergencies

## Appendix C: Deep Dive Participants

Surname	First Name	Company
<b>Alcorn</b>	Ross	Queensland Health
<b>Armstrong</b>	Paige	Queenslanders with Disability Network
<b>Bates</b>	Robert	NDIS Quality and Safeguards Commission
<b>Best</b>	Donna	Queenslanders with Disability Network
<b>Boman</b>	Kerry	Queensland Health
<b>Boulton</b>	Kirrily	Endeavour Foundation
<b>Boyce</b>	Sharon	Queenslanders with Disability Network
<b>Brady</b>	Nadia	Queenslanders With Disability Network
<b>Broadfoot</b>	Stephen	National Disability Insurance Agency
<b>Campbell</b>	Chris	Pharmaceutical Society of Australia
<b>Cassar</b>	Jodi	Department of Social Services
<b>Chesterman</b>	John	Office of the Public Advocate
<b>Chiverton</b>	Lindee	West Moreton Health
<b>Conradie</b>	Mariaan	Multicap
<b>Cortier</b>	Sarah	Primary Health Network
<b>Edward</b>	Grace	Refugee Health Network Queensland
<b>Elliot</b>	Leigh-Ann	Queenslanders with Disability Network
<b>Fisher</b>	Mike	Queenslanders with Disability Network
<b>Forrest</b>	Lisa	Queenslanders with Disability Network
<b>Fox</b>	Melissa	Health Consumers Queensland
<b>Green</b>	Terry	Department of Communities, Housing and Digital Economy
<b>Griffiths</b>	Carissa	Queensland Health
<b>Hakala</b>	Troy	Metro South Hospital and Health Service
<b>Harmer</b>	David	Queensland Health
<b>Houghton</b>	James	Office of the Public Guardian
<b>Howell</b>	Greg	Queensland Health
<b>Idris</b>	Charmaine	Queenslanders with Disability Network
<b>Johnson</b>	Nathan	Supported Accommodation Providers Association
<b>Joldić</b>	Jasmina	Queensland Health
<b>Klinger</b>	Carolyn	Queensland Health
<b>Lee</b>	Des	National Disability Insurance Agency
<b>Lennox</b>	Nicholas	Australian Department of Health
<b>McCarthy</b>	Karen	Queenslanders with Disability Network
<b>Melon</b>	Alexandra	Queensland Health
<b>Mills</b>	Shyla	Palliative Care Queensland
<b>Mokak-Wischki</b>	Semah	Queenslanders with Disability Network
<b>Moors</b>	Jadrick	Queensland Health
<b>Moss</b>	Michelle	Queenslanders with Disability Network
<b>Nieuwenhoven</b>	Paul	Queensland Health
<b>O'Dea</b>	Paul	Queenslanders with Disability Network

<b>Orley</b>	Yvonne	Supported Accommodation Providers Association
<b>Palipana</b>	Dinesh	Queenslanders with Disability Network and Gold Coast Health and Hospital Service
<b>Parker</b>	James	Queensland Health
<b>Pentney</b>	Nicholas	Queensland Health
<b>Phillips</b>	Emma	Queensland Advocacy for Inclusion
<b>Pollard</b>	Louise	Queenslanders with Disability Network
<b>Prentice</b>	Daniel	Queensland Nurses and Midwives Union
<b>Prince</b>	Wilfred	Queenslanders with Disability Network
<b>Rosengren</b>	David	Queensland Health
<b>Rowe</b>	Geoff	Aged & Disability Advocacy Australia
<b>Sarra</b>	Chris	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
<b>Smethurst</b>	Jo	Health Consumers Queensland
<b>Smith</b>	James	Queensland Health
<b>Swain</b>	David	Endeavour Foundation
<b>Thomas</b>	Alison	Australian Government Department of Health
<b>Thorpe</b>	Nelson	Queensland Health
<b>van Hamond</b>	Toni	National Disability Insurance Agency
<b>Webb</b>	Nigel	Queenslanders with Disability Network
<b>Wilde</b>	Joanne	Queensland Health
<b>Willett</b>	Bruce	RACGP
<b>Williamson</b>	Daniel	Queensland Health
<b>Wise</b>	Max	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships